				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	california 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 10/20/25	Date of election if applicable: (Month, Day, Year)		For Official Use Only
1. Type of Recipient Committee: All Committees - Com  Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Compute Per 5)  General Purpose Committee Sponsored Small Contributor Committee	through 1/25  plete Parts 1, 2, 3, and 4.  imarily Formed Ballot Measure  ommittee  Controlled  Sponsored  to Complete Part 6)  imarily Formed Candidate/ fficeholder Committee to Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	t Speci ermination)	erly Statement al Odd-Year Report
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  ETZLAN GONZALEZ FOR MORENO VAL  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP COD  MOTZENO VALLEY CA 925.  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP COD  OPTIONAL: FAX / E-MAIL ADDRESS	E AREA CODE/PHONE	Treasurer(s)  NAME OF TREASURER  EYLLAN GONZ  MAILING ADDRESS  CITY  MOTENO VALLE  NAME OF ASSISTANT TREASUR  MAILING ADDRESS  CITY  OPTIONAL: FAX/E-NAIL ADDRE	ER, IF ANY STATE ZIP CO	55
4. Verification  I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C  Executed on 1/31/25  Executed on 1/31/25  Executed on Dails  Executed on Dails	By		icer of Sponso State Measure Proponent	_

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

FORM	400
Page	of

F1	led Committee	6. Primarily Formed Ballo	n measure or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
ERLAN GONZALEZ					
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	ON AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	Į L	SUPPORT
HORENO VALLEY CITY (	COUNCIL DISTRICT 3				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP				
	MOTENO VALLEY CA 92555	Identify the controlling offic			onent, if any.
	MOLENO VALLEY CA 92555	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO	DPONENT	
Related Committees Not Included	in this Statement: List any committees				
not included in this statement that are control	lled by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
contributions or make expenditures on behall	for your candidacy.				
COMMITTEE NAME	I.D. NUMBER	2			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Can	didate/Officel	iolder Committee Li	st names of
NAME OF TREASURER		officeholder(s) or candidate(s	for which this co	mmittee is primarily forme	d.
COMMITTEE ADDRESS STREET ADDRE	YES NO	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	
	(,		1		
			- 1		☐ SUPPORT
CITY STA	ATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE (	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
CITY	ATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	DFFICE SOUGHT OR HELD	SUPPORT  OPPOSE  SUPPORT
	ATE ZIP CODE AREA CODE/PHONE				□ SUPPORT □ OPPOSE □ SUPPORT □ OPPOSE
		NAME OF OFFICEHOLDER OR		OFFICE SOUGHT OR HELD	□ SUPPORT □ OPPOSE □ SUPPORT □ OPPOSE
	I.D. NUMBER				SUPPORT SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER  CONTROLLED COMMITTEE?		CANDIDATE		SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE NAME  NAME OF TREASURER	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME  NAME OF TREASURER	I.D. NUMBER  CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE NAME  NAME OF TREASURER	CONTROLLED COMMITTEE?  YES NO ESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period	CALIFORNIA 460
from	- I OKIII
through	Page of

, · -g-	from	FORM 400
SEE INSTRUCTIONS ON REVERSE	through	Page of
NAME OF FILER		I.D. NUMBER

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions         Schedule A, Line 3           2. Loans Received         Schedule B, Line 3           3. SUBTOTAL CASH CONTRIBUTIONS         Add Lines 1 + 2           4. Nonmonetary Contributions         Schedule C, Line 3           5. TOTAL CONTRIBUTIONS RECEIVED         Add Lines 3 + 4	\$ 7,300		General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	s 11,861.50	s 31,731.59	Expenditure Limit Summary for State Candidates
7. Loans Made         Schedule H, Line 3           8. SUBTOTAL CASH PAYMENTS         Add Lines 6 + 7           9. Accrued Expenses (Unpaid Bills)         Schedule F, Line 3           10. Nonmonetary Adjustment         Schedule C, Line 3	\$ [1,361.50	\$ 31,731.59	Cumulative Expenditures Made* (W Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE	s 11,861.50	\$ 31,731.59	\$
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	11,861.50 \$ 177.05	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2.7 med 0.15	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts  18. Cash Equivalents		from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

# Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SC	HE	DI	JL	Е	Α

Statement covers period from	CALIFORNIA 460				
through	Page of				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2024	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 440 PAC FOR CANDIDATE J \$1468567 1405 SPIRUCE ST, SUITE G ELIVERSIDE, CA 9250 7	□IND □COM □OTH □PTY □SCC		\$2,000.00	\$ 2,000,00	
10/21/2024	MORENO VALLEY, CA 92555	□IND □COM □OTH □PTY □SCC		\$250.00	\$250,00	
10/21/2024	PLANLEY PARENTHEOD OF ONLANGE AND SAN BECLUARDING COUNTIES COMMUNITY ACTION FUND PAC 801 E. KABULA AVE. CA, 92805 \$ 1282464	□IND □/COM □OTH □PTY □SCC		\$160.00	\$ 100.00	
0124/2024	BEW LOCAL 47 PAC 600 N DIAMOND BLUD BAC DIAMOND BAC CA 91765 B 861332	□IND □YCOM □OTH □PTY □SCC		\$ 1,000.00	\$ 1,000, do	
्राय्म <u>ा</u> रण्य	ÉPIDAE ELABORASES INC 1675 HAIN STREET Privensias, CA 92501	□IND □COM □OTH □PTY □SCC		\$ 3,000.00	\$ 3,606,00	

SUBTOTAL \$ 6,900

#### Schedule A Summary

- 1. Amount received this period itemized monetary contributions.
- (Include all Schedule A subtotals.)..... 2. Amount received this period - unitemized monetary contributions of less than \$100 ......\$ \_\_\_\_

3. Total monetary contributions received this period.

\*Contributor Codes

IND - Individual COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 37,300

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole d		Statement covers period from through			SCHEDULE A (CON CALIFORNIA 460 FORM Page of of	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/29/2024	CABRERA for MAYOR 2022 Morrewo VALLEY, CA 92551	DIND COM OTH PTY scc		\$500,00	\$1,200.0	9U		
11/29/2024	THE BAKER FAMILY TRUST RAY LEE BAKER TRIEE MORENO VALLEY, CA 92551	□IND  ☐COM □OTH □PTY □SCC		\$50.00	\$50.00			
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY						

SUBTOTAL \$

□scc

\*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period CALIFORNIA FORM from through

SEE INSTRUCTIONS ON REVERSE								
NAME OF FILER	AME OF FILER						I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD •	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
				PAID  S  FORGIVEN	\$	RATE	s	S PER ELECTION
TO IND COM OTH PTY SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	SCALENDAR YEAR
				\$ FORGIVEN	\$	RATE	s	\$PER ELECTION
TO IND COM OTH PTY SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	5
				PAID  S  FORGIVEN	s	RATE	s	\$PER ELECTION
†□IND □COM □OTH □PTY □SCC		s	s	s	DATE DUE	s	DATE INCURRED	s
	,	SUBTOTALS \$	;	;	\$	\$		
						(Enter (e) on Sched	ule E, Line 3)	

#### Schedule B Summary

\*\* If required.

(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period.....\$ \_ (Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.) 

Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party SCC - Small Contributor Committee

(May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

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# Schedule B – Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

CALIFORNIA 4

Statement covers period

from\_

			through	Page	of
				I.D. NUMBER	2
CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
□IND		LENDER		CALENDAR YEAR	
□отн РТҮ		DATE		PER ELECTION (IF REQUIRED)	
				5	
□IND □COM		LENDER		CALENDAR YEAR	
□OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	
⊔scc				\$	
□IND		LENDER		CALENDAR YEAR	
OTH PTY		DATE		PER ELECTION (IF REQUIRED)	
□scc		·		5	
□IND		LENDER		CALENDAR YEAR	
□сом □отн		DATE		PER ELECTION	
SCC				(IF REQUIRED)	
		SUBTO	OTAL \$	Enter on Summary Page, Line 17 only.	
	CODE*  IND COM OTH PTY SCC	CODE*  OCCUPATION AND EMPLOYER  (IF SELF-EMPLOYED ENTER  NAME OF BUSINESS)  IND  COM  OTH  PTY  SCC  IND  COM  OTH  PTY  SCC  IND  COM  OTH  PTY  SCC  IND  COM  OTH  PTY  SCC	COUNTRIBUTION OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)  LENDER  DATE  DATE  DATE  DATE	CONTRIBUTOR CODE*  IF AN INDIVIDUAL. ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)  LENDER  LENDER  DATE  DATE  LENDER  LENDER  LENDER  LENDER  DATE  DATE  DATE  LENDER  DATE  DATE  DATE  DATE  DATE  DATE  DATE	CONTRIBUTOR OCCUPATION AND EMPLOYER OCCUPATION AND EMPLOYER (IF SELE-EMPLOYED ENTER NAME OF BUSINESS)  IND COM OTH PTY SCC  IND COM OTH PTY SCC  LENDER  LENDER  LENDER  CALENDAR YEAR  CA

Schedule C		Amounts may be rounded							SCHEDULE		
	etary Contributions Received		to whole dollars.		from	tatement covers	period	CALIF FO	ORNIA 460		
OFE INSTRUCTION	DNS ON REVERSE				thro	ugh		Page	of		
NAME OF FILER	ond on reverse							I.D. NUM	BER		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 - I	TE R YEAR	PER ELECTION TO DATE (IF REQUIRED)		
		□IND □COM □OTH □PTY □SCC									
		OTH SCC									
		OTH SCC									
		□IND □COM □OTH □PTY □SCC									
Attach additi	ional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$						
Amount re (Include al     Amount re	C Summary  ceived this period – itemized nonmonetar  I Schedule C subtotals.)  ceived this period – unitemized nonmone  nonetary contributions received this period	tary contributi					OTH PTY	(other the Other (e. Political F	t Committee an PTY or SCC) g., business entity)		
(Add Lines	1 and 2. Enter here and on the Summar	y Page, Colun	nn A, Lines 4 and 10.)	TOTA	L \$_		_				

# Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

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Statement covers period	FORM 460
through	Page of
	I.D. NUMBER

COMEDINED

SEE INSTRUCTIONS ON REVERSE NAME OF FILER CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS DATE MEASURE NUMBER OR LETTER AND JURISDICTION. TYPE OF PAYMENT CALENDAR YEAR TO DATE PERIOD (IF REQUIRED) OR COMMITTEE (IF REQUIRED) (JAN. 1 - DEC. 31) ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent ☐ Support □ Oppose Expenditure Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent ☐ Oppose ☐ Support Expenditure ☐ Monetary Contribution ■ Nonmonetary Contribution ☐ Independent ☐ Support □ Oppose Expenditure SUBTOTAL \$

# Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$
2. Unitemized contributions and independent expenditures made this period of under \$100	\$

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# Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

Statement covers period from	FORM 460				
through	Page of				
	I.D. NUMBER				

SCHEDULE D (CONT.)

NAME OF FILER					I.D. NUME	ER
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution Nonmonetary Contribution Independent				
	Support Oppose	Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent				
	Support Oppose	Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL	\$		

–	AND CONTRACT OF THE PROPERTY OF		SCHEDULE E				
Schedule E	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460				
Payments Made		from	FORM TOU				
SEE INSTRUCTIONS ON REVERSE		through	Page of				
NAME OF FILER			I.D. NUMBER				

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR member communications

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CIL candidate filing/ballot fees FND fundraising events IND legal defense LIT campaign literature and mailings	MTG meetings ar OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nses ulating is survey research livery and mess	n eenger services	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the source of the	els same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	R D	ESCRIPTION OF PAYMENT	AMOUNT PAID
SC STRATEGIES 5350 EVSSELLAVE # 2 LOS ANGELES, CA 90027		CNS			\$1800
SC STRATEGIES 5350 RUSSELL AVÉ & 2 LOS ANGELES, CA 90027			TEXTIN	7	5 500
UNIVERSAL MALWOOKS INC 6910 ARAGON CINCLE SUITE B		LIT			\$ 9397.38

# Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$	11,697,38	9
-------------	-----------	---

RAD radio airtime and production costs

# Schedule E Summary

BUENA PANK, CA 90620

CMP campaign paraphernalia/misc.

Itemized payments made this period. (Include all Schedule E subtotals.)  \$	11	,697.38
Unitemized payments made this period of under \$100		164,12
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$		
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	11	861.50

# Schedule E (Continuation Sheet) Payments Made

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)\*

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CNS campaign consultants

Amounts may be rounded to whole dollars.

MBR member communications MTG meetings and appearances

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OFC office expenses

commen	1	
SCHEDU	EE	CONT.

Statement covers period from	FORM 460				
through	Page of				
	I.D. NUMBER				

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

SEE INSTRUCTIONS ON REVERSE	through	Page of
NAME OF FILER		I.D. NUMBER

FIL FND IND LEG	pendent expenditure supporting/opposing others (explain)* POS postar					TEL tv. or cable arrame and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/spo VOT voter registration WEB information technology costs (internet, e-mail)		
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER LD. NUMBER)			CODE	OR	DESCRIPTIO	ON OF PAYMENT	AMOUNT PAID
						_		

FPPC Form 460 (Jan/2016))

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be roun to whole dollars.	Amounts may be rounded to whole dollars.			FORM 460	
		through		Page o	f	
SEE INSTRUCTIONS ON REVERSE						
NAME OF FILER					I.D. NUMBER	
CODES: If one of the following codes accurately describ	es the payment, you may	enter the code. Oth	herwise, describe th	e payment.		
CMP campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations Fit candidate filing/ballot fees. FIND fundraising events independent expenditure supporting/opposing others (explain)* LEG LEG campaign literature and mailings.	MBR member communication meetings and appears office expenses petition circulating phone banks polling and survey reserved professional services (PRT print ads	nces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trav TRS staff/spouse tr TSF transfer betwee VOT voter registrati WEB information tec	ibutions kers' salaries time and producti el, lodging, and m avel, lodging, and en committees of on	on costs eals meals the same candidate/s	sponsor
	Titl pink doo					
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PA THIS PERIO (ALSO REPORT)	D BALANCE	ANDING AT CLOSE
					_	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	3	\$	
Schedule F Summary						
Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized.)	Schedule F, Column (b) su accrued expenses under	btotals for \$100.)	INCU	RRED TOTA	LS \$	
Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized.)	nedule F, Column (c) subtoo payments on accrued exp	tals for payments on enses under \$100.).		PAID TOTA	LS \$	
Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.)	nter the difference here and	1		N	ET\$	
					May be a negative FPPC Form 460 (	

Schedule F	Amounts may be rounded		SCHEDULE F (CONT.)			
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from	FORM 460			
		through	Page of			
NAME OF FILER						

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

	SUBTOTALS	\$	\$	\$	s
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b)  AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOS OF THIS PERIOD

I.D. NUMBER

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	Page of
NAME OF FILER			I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses

PRT print ads

TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks

TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME OF AGENT OR INDEPENDENT CONTRACTOR

LIT campaign literature and mailings

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

TOTAL\* \$

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#### Schedule H Loans Made to Others\*

Amounts may be rounded to whole dollars.

Statement covers period	CALIFO	
from	FOR	М
through	Page	of
	LD NUMBE	R

SEE INSTRUCTIONS ON REVERSE					through		Page	of
NAME OF FILER							I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER (D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENESS THIS PERIOD	CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		s	s	PAID  S  FORGIVEN  \$	\$	RATE \$	\$DATE INCURRED	S PER ETECTION
		s	s	PAID  \$ FORGIVEN  \$	S	RATE S	\$DATE INCURRED	S PER ELECTION
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	s		

Schedule I, Line 3)

#### Schedule H Summary

1. Loans made this period\$	_
(Total Column (b) plus unitemized loans of less than \$100.)	
2. Payments received on loans	_

\*\*If Required

.....NET \$\_\_\_\_\_

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.		
SEE INSTRUCTIONS ON REV NAME OF FILER	VERSE		through	Page of
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF DOMMITTEE ALSO ENTER LD NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional info	rmation on appropriately labeled continuation sheets.		SUBTOTA	L \$
Schedule 1 Summ				
	to cash this periodes to cash of under \$100 this period			
3. Total of all interest r	received this period on loans made to others. (Sci	hedule H, Column (e).)	\$	
Total miscellaneous	increases to cash this period. (Add Lines 1, 2, a	nd 3. Enter here and on the		

Summary Page, Line 14.) TOTAL \$\_\_\_

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