

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 3-18-2014  
through 6-17-2014

Date of election if applicable:  
(Month, Day, Year)  
JUNE 3<sup>RD</sup> 2014

Date Stamp  
**RECEIVED**  
**MAY 28 2014**  
IMPERIAL COUNTY  
REGISTRAR OF VOTERS

**CALIFORNIA  
FORM  
460**

Page 1 of 4  
For Official Use Only

COVER PAGE

**1. Type of Recipient Committee: All committees - Complete Parts 1, 2, 3, and 4.**

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
CONVULSIVE TB ELECT EDDIE GYMAN

I.D. NUMBER  
NOT YET ASSIGNED

Treasurer(s)  
EDDIE GYMAN

STREET ADDRESS (NO P.O. BOX)  
PO BOX #4782

CITY CALIXICO STATE CA ZIP CODE 92332 AREA CODE/PHONE 760-886-0588

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS  
PO BOX #1782

CITY CALIXICO STATE CA ZIP CODE 92332 AREA CODE/PHONE 760-886-0588

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on 5-28-2014 Date \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent



Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
EDUARDO GUZMAN  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
COUNTY SUPERVISOR DIST 1  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
PO BOX #1782 CALEXICO CA 92532

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE  
BALLOT NO. OR LETTER JURISDICTION  
 SUPPORT  
 OPPOSE  
Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary



# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

**CALIFORNIA**  
**FORM**  
**460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

Page 3 of 4  
I.D. NUMBER \_\_\_\_\_

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ <u>2,500.00</u>	\$ <u>2,500.00</u>
2. Loans Received .....	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ <u>700.00</u>	\$ <u>700.00</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ <u>3,200.00</u>	\$ <u>3,200.00</u>

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ <u>2,000.00</u>	\$ <u>2,500.00</u>
7. Loans Made .....	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>500.00</u>	\$ <u>500.00</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3		
10. Nonmonetary Adjustment .....	Schedule G, Line 3		
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>500.00</u>	\$ <u>3,200.00</u>

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>2,000.00</u>	
13. Cash Receipts .....	Column A, Line 3 above	\$ <u>2,500.00</u>	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ <u>2,500.00</u>	
15. Cash Payments .....	Column A, Line 8 above	\$ <u>1,000.00</u>	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1,000.00</u>	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....

19. Outstanding Debts .....

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, and 9 (if any).

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
_____	_____	\$ _____
_____	_____	\$ _____

\*Amounts in this section may be different from amounts reported in Column B.



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

CALIFORNIA  
FORM  
**460**

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

Page 4 of 4  
I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
3-7-14	JOE'S LANDSCAPE 257 E 5TH ST CALIFORNIA CA JUAN CARLOS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200-		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

## Schedule A Summary

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 700.**

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





**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period from <u>May 18-14</u> through <u>June 30-14</u>	Date of election if applicable: (Month, Day, Year) <u>JUNE 3RD 14</u>	Date Stamp <b>RECEIVED</b> <b>AUG 01 2014</b> IMPERIAL COUNTY REGISTRAR OF VOTERS	<b>CALIFORNIA</b> <b>FORM 460</b>
		Page _____ of _____	For Official Use Only

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees -- Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee       Primarily Formed Ballot Measure Committee

State Candidate Election Committee       Controlled

Recall       Sponsored (Also Complete Part 6)

General Purpose Committee       Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

Sponsored

Small Contributor Committee

Political Party/Central Committee

**2. Type of Statement:**

Preelection Statement       Quarterly Statement

Semi-annual Statement       Special Odd-Year Report

Termination Statement       Supplemental Preelection Statement - Attach Form 495 (Also file a Form 410 Termination)

Amendment (Explain below)

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	I.D. NUMBER	NAME OF TREASURER
<u>Committee for Elect Edouardo Fordin</u>		<u>Edouardo Fordin</u>
<u>Box 1782</u>		<u>Edouardo Fordin</u>
<u>Street Address (NO P.O. BOX)</u> <u>CALEXICO CA 92232-7608</u>		<u>Edouardo Fordin</u>
<u>CITY</u> <u>CALEXICO</u>	<u>STATE</u> <u>CA</u>	<u>EDOUARDO FORDIN</u>
<u>STATE</u> <u>CA</u>	<u>ZIP CODE</u> <u>92232</u>	<u>EDOUARDO FORDIN</u>
<u>AREA CODE/PHONE</u> <u>866 0586</u>	<u>CITY</u> <u>CALEXICO</u>	<u>STATE</u> <u>CA</u>
<u>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</u>	<u>NAME OF ASSISTANT TREASURER, IF ANY</u>	<u>STATE</u> <u>CA</u>
<u>MAILING ADDRESS</u>		<u>ZIP CODE</u> <u>92232</u>
<u>CITY</u> <u>CALEXICO</u>	<u>STATE</u> <u>CA</u>	<u>AREA CODE/PHONE</u> <u>866 0586</u>
<u>STATE</u> <u>CA</u>	<u>ZIP CODE</u> <u>92232</u>	<u>OPTIONAL: FAX / E-MAIL ADDRESS</u>
<u>AREA CODE/PHONE</u> <u>866 0586</u>	<u>CITY</u> <u>CALEXICO</u>	
<u>MAILING ADDRESS</u>	<u>STATE</u> <u>CA</u>	
<u>CITY</u> <u>CALEXICO</u>	<u>ZIP CODE</u> <u>92232</u>	
<u>STATE</u> <u>CA</u>	<u>AREA CODE/PHONE</u> <u>866 0586</u>	

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-30-2014 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3172)

Type or print in ink.

# Recipient Committee Campaign Statement Cover Page — Part 2

# CALIFORNIA FORM 460

Page \_\_\_\_\_ of \_\_\_\_\_

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent \_\_\_\_\_

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

## 7. Primarily Formed Candidate/Officeholder Committee

*List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE

**CALIFORNIA FORM 460**

Statement covers period from \_\_\_\_\_ through \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 12,000	\$ _____
2. Loans Received	Schedule B, Line 3 \$ 0	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 12,000	\$ _____
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 5,000	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 17,000	\$ _____

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 12,000	\$ _____
7. Loans Made	Schedule H, Line 3 \$ 0	\$ _____
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 12,000	\$ _____
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 2,500	\$ _____
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0	\$ _____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 14,500	\$ _____

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
	____/____/____	\$ _____
	____/____/____	\$ _____

\*Amounts in this section may be different from amounts reported in Column B.

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 2,500	\$ _____
13. Cash Receipts	Column A, Line 3 above \$ 12,000	\$ _____
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 2,500	\$ _____
15. Cash Payments	Column A, Line 8 above \$ 14,500	\$ _____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 0

## LOAN GUARANTEES RECEIVED

Schedule B, Part 2  
\$ \_\_\_\_\_

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

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, and 9 (if any).

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

Statement covers period  
 from \_\_\_\_\_  
 through \_\_\_\_\_  
 Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Edward Eddie Guzman

I.D. NUMBER \_\_\_\_\_

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERFECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<b>SUBTOTAL \$</b>			

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

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

**CALIFORNIA  
FORM 460**

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_  
I.O. NUMBER

NAME OF FILER

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

\*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

## Instructions for Schedule B – Part 1 Loans Received

CALIFORNIA  
FORM **460**

All loans received or outstanding are reported on Schedule B. Loans include monetary loans and amounts drawn on lines of credit.

Report loan guarantors on Schedule B – Part 2. A "guarantor" is a third party that co-signs, endorses, or provides security for a loan, or establishes or provides security for a line of credit. A guarantor is also making a contribution.

When a state candidate guarantees a loan from a commercial lending institution in connection with his or her election, both the lending institution and the candidate are required to be disclosed as the lender.

For each loan of \$100 or more that was received or was outstanding during the reporting period, disclose the lender's name and address. Report the original source of all loans received. E.g., for a loan from a commercial lending institution for which a candidate is personally liable, report the lending institution as the lender.

Column (a) – Enter the outstanding loan balance at the beginning of this period (Column (d) of last report). If the loan was received during this period, this column will be blank.

Column (b) – Enter the amount received from the lender during this reporting period. If this loan was received in a previous reporting period, leave blank.

Column (c) – Enter the amount of any reduction of the loan during this reporting period. Check whether the loan was paid or forgiven. When the lender forgives a loan or a third party makes a payment on a loan, also report the lender or third party on Schedule A.

Column (d) – Enter the outstanding balance of the loan at the close of this reporting period. Enter the due date, if any.

Column (e) – Enter the interest rate and the amount of interest paid on the loan(s) during this reporting period. Interest paid is reported separately from payments made on the loan principal. Interest payments are also transferred to the Schedule E Summary.

Column (f) – Enter the original amount of the loan and date received. If this is the first time you are reporting the loan, this will be the same amount reported in Column (b).

Column (g) – Enter the cumulative amount of contributions (loans, monetary and nonmonetary contributions) received from the lender during the calendar year covered by this statement. Candidates subject to state contribution limits (or if required by local ordinance) must disclose the cumulative amount received from each contributor during the limitation cycle in addition to the calendar year cumulative amount. (Candidates for elective state office should refer to FPPC Campaign Disclosure Manual 1.)

### Schedule B Summary:

The Schedule B Summary reflects the "net change" in your loan activity. That is, loan payments made during the period are subtracted from new loans received. When the loan payments number is larger than the amount of new loans received, Line 3 will be a negative figure. For example, if \$200 is paid during the period and only \$100 is received in new loans, report the net change on Line 3 as

"-\$100" or "(\$100)." Be sure to carry this figure to the Summary Page as a negative figure to be subtracted from Summary Page totals.

### Additional Important Information:

Refer to the Instructions for Schedule A for important information about:

- Contributor Codes
- Contributions from Individuals
- Contributions from Committees
- Intermediaries

A loan received from a commercial lending institution in the normal course of business is reportable on Schedule B but is not considered a contribution. Contributor codes and cumulative amounts (Column (g)) are required only for loans that are contributions.

Refer to the FPPC Campaign Disclosure Manual for your type of committee for important information about recordkeeping, prohibitions on cash contributions, returning contributions, and more.

Instructions for  
Schedule B – Part 2  
Loan Guarantors

CALIFORNIA  
FORM  
**460**

Guarantors of loans received or outstanding during the reporting period are reported on Schedule B – Part 2. A "guarantor" is a third party that co-signs, endorses, or provides security for a loan, or establishes or provides security for a line of credit. A guarantor is also making a contribution.

For each guarantor of \$100 or more, enter the name and address of the guarantor and, if the guarantor is an individual, his/her occupation and employer or, if self employed, the name of his/her business.

Enter the name of the lender or the entity at which a line of credit was established and the date of the loan or the date the line of credit was established.

Enter the amount guaranteed this period, if applicable. For lines of credit, enter the full amount established or secured by the guarantor during the period. (Report amounts drawn on a line of credit on Schedule B – Part 1.)

Enter the cumulative amount guaranteed during the calendar year covered by the statement. Candidates subject to state contribution limits (or if required by local ordinance) must disclose the cumulative amount received from each contributor during the limitation cycle in addition to the calendar year cumulative amount. (Candidates for elective state office should refer to FPPC Campaign Disclosure Manual 1.)

Report the outstanding balance for which the guarantor is liable at the close of this reporting period.

Loan guarantees are not included in the Schedule B Summary, but are carried forward in a lump sum to Line 17 of the Summary Page.

**Instructions for Schedule C Nonmonetary Contributions Received**

Report the receipt of nonmonetary contributions on Schedule C.

Nonmonetary contributions include:

- Goods and services for which you have not paid the fair market value, including items donated for auctions or garage sales, such as artwork or furniture.
- A discount that is not available to the public generally.
- Salary payments made by an employer for an employee who spends 10% or more of his or her compensated time in a calendar month working for your committee.

Volunteer personal services and payments voluntarily made by a person for his or her own campaign-related travel expenses are not reportable. The occupant of a home or office can host a fundraiser without making a nonmonetary contribution as long as the total post of the fundraiser is \$500 or less.

If a total of \$100 or more is received from a single contributor during a calendar year, report the name, street address, city, state and zip code of the contributor, the amount contributed this period, and the cumulative amount received from the contributor since January 1 of the current calendar year. Include monetary and nonmonetary contributions and loans when reporting the cumulative amount.

Contributions totaling less than \$100 received from a single contributor during a calendar year are reported as a lump sum on Line 2 of the Schedule C Summary.

**Date Received:**

A nonmonetary contribution has been received on the earlier of the following: 1) the date the contributor made an expenditure for goods or services at your behest (in consultation or coordination with you, or at your request or suggestion); or 2) the date you or your agent obtained possession or control of the goods or services.

**Per Election to Date:**

Candidates subject to state contribution limits (or if required by local ordinance) must disclose the cumulative amount received from each contributor during the limitation cycle in addition to the calendar year cumulative amount. (Candidates for elective state office should refer to FPPC Campaign Disclosure Manual 1.)

**Fair Market Value:**

The fair market value of a nonmonetary contribution is the amount it would cost to purchase the goods or services on the open market. The fair market value can be more than the amount it cost the contributor to provide the goods or services to you.

If you do not know the value of a nonmonetary contribution, you may request the contributor to provide you with a written statement of the value. If you make a request in writing and the value of the contribution is \$100 or more, the contributor is required by law to provide the information.

**Administrative Services:**

Administrative overhead and start-up expenses paid by a sponsoring organization for its sponsored committee are not contributions to the committee but must be reported on Schedule C. Report the value of the services in the "Description of Goods or Services" column and a zero in the "Amount" and "Cumulative to Date" columns.

**Nonmonetary Contributions as Expenditures:**

The total of nonmonetary contributions is reported on the Summary Page as both contributions received and expenditures made. Enter the total on Line 3 of the Schedule C Summary on both Lines 4 and 10 of the Summary Page. (State Candidates: Most nonmonetary contributions also count for purposes of the voluntary expenditure limits.)

**Additional Important Information:**

Refer to the Instructions for Schedule A for important information about:

- Contributor Codes
- Contributions from Individuals
- Contributions from Committees
- Intermediaries

Refer to the FPPC Campaign Disclosure Manual for your type of committee for important information about aggregating monetary and nonmonetary contributions, recordkeeping, and more.



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



Schedule D is a summary of payments reported on Schedules E, F, and H that are contributions or independent expenditures to support or oppose candidates and committees. These include:

- A direct monetary contribution or loan made to another candidate or committee.
- A payment made to a vendor for goods or services for a candidate or committee (a nonmonetary contribution).
- A donation to a candidate or committee of goods on hand, or the payment of salary or expenses for a campaign employee who spends 10% or more of his or her compensated time working for another candidate or committee.
- A payment made for a communication (e.g., a mailing, billboard, radio ad) that expressly advocates the election, passage or defeat of a clearly identified candidate or ballot measure, but the payment is not made to—or at the behest of—the candidate or a ballot measure committee. These payments are "independent expenditures" and may trigger additional reports for your committee.

**Note:**  
Campaign funds of a candidate or officeholder may not be used to make independent expenditures to support or oppose other candidates.

If a total of \$100 or more is contributed or expended during a calendar year to support or oppose a single candidate, ballot measure, or a general purpose committee (e.g., a political party), disclose the name of the candidate and the office sought or held and the candidate's district, if any, the number or letter and jurisdiction of the ballot

measure, or the name of the general purpose committee. For each candidate or measure listed, indicate whether the payment was made to support or oppose the candidate or measure. For example, if you made a contribution to the Committee Against Measure A, check the "Oppose" box.

Disclose the date(s) and amount(s) of contributions or independent expenditures made this period relative to each candidate, measure, or committee, and the cumulative amount contributed or paid to date relative to the candidate, measure, or committee since January 1 of the current calendar year. Cumulate contributions and independent expenditures separately.

Contributions and expenditures of less than \$100 to support or oppose a single candidate or measure during a calendar year are totaled and reported as a lump sum on Line 2 of the Schedule D Summary.

**Per Election to Date:**

If a contribution is made to a candidate that is subject to state contribution limits (or if required by local ordinance), disclose the total amount contributed to the committee in connection with each limitation cycle and identify the election year. The primary and general elections are separate elections. For example, a \$3,900 contribution to a

candidate for the primary election in 2012 would be disclosed as "\$3,900 P-12."

**Description:**

If you contributed goods on hand to another candidate or committee (e.g., office supplies), describe the goods or services in the "Description" column and disclose the fair market value of the contribution. The fair market value is the amount it would cost the recipient to purchase the goods or services. Because payments must be described when they are reported on Schedules E and F, you need not provide a description on Schedule D for payments reported on Schedules E or F that are nonmonetary contributions or independent expenditures.

**Date of Contribution or Expenditure:**

A monetary contribution is made on the date it is mailed, delivered, or otherwise transmitted it to the candidate or committee. A nonmonetary contribution is made on the earlier of the following: 1) the date you made an expenditure for goods or services at the behest of the candidate or committee; or 2) the date the candidate or committee obtained possession or control of the goods or services.

**Additional Important Information:**

Refer to the FPPC Campaign Disclosure Manual for your type of committee for important information about recordkeeping, prohibitions on cash payments, restrictions on the use of campaign funds, and more.

"Per Election to Date" Column	
Limitation Cycle	Year of Election
Primary P	2012 12
General G	2013 13
Special S	2014 14
Runoff R	2015 15

Statement covers period from \_\_\_\_\_ through \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_

Type or print in ink. Amounts may be rounded to whole dollars.

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

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

Table with 4 columns: NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER), CODE OR, DESCRIPTION OF PAYMENT, AMOUNT PAID

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

SUBTOTAL \$

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.) \$
2. Unitemized payments made this period of under \$100 \$
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.) TOTAL \$

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

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

OMP	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
FL	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
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSE	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (if COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>SUBTOTAL \$</b>				

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

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

**CALIFORNIA FORM 460**

Statement covers period  
from \_\_\_\_\_ of \_\_\_\_\_  
through \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

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
IND	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
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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 CLOSE OF THIS PERIOD
<b>SUBTOTALS \$</b>		\$	\$	\$	\$

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

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** \_\_\_\_\_
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** \_\_\_\_\_
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** \_\_\_\_\_

May be a negative number

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

**CALIFORNIA  
FORM 460**

Statement covers period  
from \_\_\_\_\_  
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.

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| 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/balot 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                   |
| IND | 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  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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 CLOSE OF THIS PERIOD
<b>SUBTOTALS \$</b>					

## Instructions for Schedule G Payments Made by an Agent or Independent Contractor

CALIFORNIA  
FORM  
**460**

Report payments made on your behalf during the reporting period by an agent or independent contractor (such as a campaign management firm or an advertising agency) on Schedule G.

Schedule G may be completed by the agent or independent contractor and provided to you or Schedule G may be completed by you from information provided by the agent or independent contractor.

Report expenditures of \$500 or more (other than expenditures for the agent's or independent contractor's overhead and normal operating expenses) made on your behalf during the reporting period.

Once a subvendor payment has been itemized on Schedule E, F, or G, it does not need to be itemized again. For example, if a subvendor payment is reported on Schedule F or G as part of an accrued expense, the subvendor information does not need to be reported again on subsequent reports.

### Code or Description of Payment:

If one of the expenditure codes listed on Schedule G fully describes the payment, enter the code. A full description of each code is provided on the back of the Schedule E Continuation Sheet. If none of the codes fully explains the expenditure, enter a brief description of the payment instead.

**Important:** Officeholders and candidates may reimburse an agent or independent contractor for expenditures made on their behalf only if all of the following criteria are met:

- There is a written contract between the officeholder or candidate and the agent or independent contractor that provides for the reimbursement;
- The treasurer is provided with a dated receipt and written description of each expenditure prior to reimbursement; and
- Reimbursement is paid within 45 calendar days after the agent or independent contractor makes the expenditures.

Generally, if reimbursement is not paid within 45 calendar days, report the expenditure as a nonmonetary contribution on Schedule C.

Refer to the FPPC Campaign Disclosure Manual for your type of committee for additional instructions.

# Instructions for Schedule H Loans Made to Others



All loans made or outstanding are reported on Schedule H.

Generally, campaign funds may be used to make loans to other candidates, officeholders, or committees (unless otherwise prohibited) and to bona fide charitable, educational, civic, religious, or similar tax-exempt nonprofit organizations. There are restrictions on loans to any other person, including a candidate who controls the committee, or to a nonprofit organization that is affiliated with a candidate, the treasurer, or other committee officials.

For each loan of \$100 or more that was made or was outstanding during the reporting period, disclose the recipient's name and address and, if an individual, his/her occupation and employer or, if self employed, the name of the business.

Column (a) – Enter the outstanding loan balance at the beginning of this period (column (d) of last report.) If the loan was made in this period, this column will be blank.

Column (b) – Enter the amount loaned to the recipient during this reporting period. If this loan was made in a previous reporting period, leave blank.

Column (c) – Enter the amount of any reduction of the loan during this reporting period. Check whether the loan was paid or forgiven. If the committee forgives a loan, also report the transaction on Schedule E.

Column (d) – Enter the outstanding balance of the loan(s) at the close of this reporting period. Enter the due date, if any.

Column (e) – Enter the interest rate and amount of interest received on the loan(s) during this reporting period. Interest received is reported separately from payments received on the loan principal. Interest payments are also transferred to the Schedule I Summary.

Column (f) – Enter the original amount of the loan and date made. If this is the first time you are reporting the loan, this will be the same amount reported in Column (b).

Column (g) – For each loan made during this reporting period that is a contribution,\* enter the cumulative amount of contributions (loans, monetary and nonmonetary contributions) made to the recipient during the calendar year covered by the statement. If the recipient is a candidate subject to state contribution limits, or the information is required by local ordinance, also enter the total amount contributed to the candidate in connection with each limitation cycle and identify the election year. (For contributions to state candidates, see the Schedule D Instructions.)

## Schedule H Summary:

The Schedule H Summary reflects the "net change" in the committee's loan activity. That is, repayments received are subtracted from new loans made. When the repayment number is larger than the amount of the new loans made, Line 3 will be a negative figure. For example, if \$200 is received by the committee during the period and only \$100 is made in new loans, report the net change on Line 3 as "\$100" or "(\$100)." Be sure to carry this figure to the Summary Page as a negative figure to be subtracted from Summary Page totals.

Refer to the FPPC Campaign Disclosure Manual for your type of committee for important information about recordkeeping, prohibitions on cash contributions, loan restrictions, and more.

\*Loans that are contributions to candidates or other committees must also be reported on Schedule D.

## Instructions for Schedule I

### Miscellaneous Increases to Cash

Report any transaction that increases the cash position of the officeholder, candidate, or committee, but is not a monetary contribution, loan, or loan repayment, on Schedule I.

Itemize the sources of \$100 or more received during the reporting period.

Examples include:

- Interest received or credited to checking or savings accounts or other time deposits.
- Proceeds from the sale of property, such as paintings, furniture, or other items sold at garage sales or auctions, etc., when the amount received is the "fair market value" of the item. Amounts received over the fair market value are reported on Schedule A. (Report donated items as nonmonetary contributions on Schedule C.)
- Proceeds from the sale of campaign property, such as office furniture or equipment.
- Refunds received on deposits, such as telephone deposits.
- Refunds received from overpayment of bills.

- Transfers received from another authorized committee of the same candidate. (Candidates for elective state office should refer to FPPC Campaign Disclosure Manual 1 for information about reporting transferred funds that must be attributed to specific contributors of the committee making the transfer.)

Report on Line 3 of the Schedule I Summary the lump sum of interest payments received on loans made to others. Do not itemize. This amount is transferred from Schedule H, Column (g).