Recipient Committee COVER PAGE Date Stamp Campaign Statement CALIFORNIA **Cover Page FORM** age_1 Statement covers period Date of election if applicable: (Month, Day, Year) from 01/01/2024 For Official Use Only 11/05/2024 through 01/25/2024 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Recal Controlled Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1465198 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Committee 2 Elect Diahna Garcia-Ruiz Board of Supervisor Dist. 2-2024 **JAURA FISCHER** MAILING ADDRESS 770 CIRCLE DR STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 23 E/Main St. HOLTVILLE CA 92250 760-791-0949 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY HEBER CA 760-455-1790 MOISES CARDENAS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS PO BOX 234 PO BOX 308 CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE HEBER CA 92249 760-455-1790 **HEBER** CA 92249 7609-60-3644 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS DIAHNAGARCIA@YAHOO.COM Verification I have used all reasonable diligence in preparing and reviewing this statement and to the past 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 01/25/2024 Executed on Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

FPPC Form 460 (Jan/2016))

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
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5. Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Ballot	Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
DIAHNAGARCIA-RUIZ			MANUE OF BALLOT MILAGORE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	ISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	TE	
IMPERIAL COUNTY BOARD OF SUPERVISO] SUPPORT] OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		-				
23 E. MAIN ST	HEBER CA 92249		Identify the controlling officeh	older, candid	date, or state r	neasure prop	onent, if any.
			NAME OF OFFICEHOLDER, CANI	DIDATE, OR P	ROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you	Statement: List any committees		OFFICE COLUMN				
contributions or make expenditures on behalf of your ca	or are primarily formed to receive andidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
	I.B. NOMBER	-					
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NAME OF TREASURER	CONTROLLED COMMITTEE?	1.	Primarily Formed Candio officeholder(s) or candidate(s) for	or which this	enolaer Cor committee is p	nmittee Lis rimarily formed	t names of d.
	YES NO						
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CITY STATE ZIF	CODE AREA CODE/PHONE		Attack	oontinuette	n sheets if ned		
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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2024 CALIFORNIA FORM 460

through 01/25/2024 Page 3 of 17

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through ______01/25/2024 Page 3 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER COMMITTEE 2 ELECT DIAHNA GARCIA-RUIZ BOARD OF SUPERVISOR DIST. 2-2024 1465198 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR (FROM ATTACHED SCHEDULES) Running in Both the State Primary and General Elections 1. Monetary Contributions Schedule A, Line 3 1125 1/1 through 6/30 7/1 to Date 5000 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 6125 Received 21. Expenditures s 4888 6125 6125 Made Expenditures Made **Expenditure Limit Summary for State** Candidates 7. Loans Made..... Schedule II, Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/vy) **Current Cash Statement** 6125 To calculate Column B. 4888 add amounts in Column A to the corresponding 14. Miscellaneous Increases to Cash Schedule I, Line 4 *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 1237 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ filed for this calendar year. only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts FPPC Form 460 (Jan/2016))

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

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Monetary	y Contributions Received	· ·	o whole donais.	Statement covers period from 01/01/2024		FORM 460		
	IONS ON REVERSE			through 01/25/20)24	Page 4	of _17_	
COMMITT	R EE 2 ELECT DIAHNA GARCIA-RUIZ BOARD OF SUP	ERVISOR DIST	2-2024			I.D. NUMBE	R	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO G CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)	
12/18/2023	SARAH CURRY 69 W.MALLARD CT HEBER CA 92249	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED NURSE	100	100	100		
12/18/2023	CHARLES & GABRIELLE NEWTON PO BOX 447 HEBER CA 92249	☑IND □COM □OTH □PTY □SCC	DISABLED/ TEACHER HEBER SCHOOL	100	100	100		
12/18/2023	LAURA FISCHER 770 CIRCLE DR HOLTVILLE CA 92250	☑IND □COM □OTH □PTY □SCC	RETIRED	100	100	100		
01/25/2024	WILLIAM PLOURD PO BOX 46 EL CENTRO CA 92243	ZIND COM OTH PTY SCC	RANCHER ETX CORP	500	500	500		
01/25/2023	DIANA ORTEGA 2231 W. ELM EL CENTRO CA 92243	☑IND □COM □OTH □PTY □SCC	RETIRED	75	75	75		
			SUBTOTAL \$	875				
l. Amount red (Include all	A Summary ceived this period – itemized monetary contributions Schedule A subtotals.) ceived this period – unitemized monetary contribution tary contributions received this period.				IND — In COM — (OTH — (PTY · · F	Other (e.g., : Political Part	ommittee PTY or SCC) business entity)	
	1 and 2. Enter here and on the Summary Page, Co	lumn A. Line 1	TOTAL \$			EDDC For	460 (lan /2016\)	

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	Contributions Received	to whole	Statement covers period from $\frac{01/01/2024}{}$ through $\frac{01/25/2024}{}$			CALIFORNIA 460 FORM Page 5 of 17		
COMMITTE	EE 2 ELECT DIAHNA GARCIA-RUIZ BOARD OF SUP	ERVISOR DIST	2-2024			1.D. NU 14651	JMBER 98	
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	ÆAR	PER ELECTION TO DATE (IF REQUIRE	
01/25/2024	ENRIQUE & BEATRIZ ORTIZ PO BOX 729 HEBER CA 92249	☑IND □COM □OTH □PTY □SCC	LABORER IMPERIAL IRRIGATION DISTRICT	150	150		150	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	5 150.00				

*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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LOANS Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER COMMITTEE 2 ELECT DIAHNA GARCIA-RUIZ BOARD OF SUPERVISOR DIST 2-2024 FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IP SELF-EMPLOYED, ENTER NOW OF BUSINING THIS PERIOD) DIAHNA GARCIA-RUIZ 23 E. MAIN ST HEBER CA 92249 POSTMASTER UNITED STATES POSTAL SERVICE POSTMAL SERVICE SOOO S DATE INCURRED CALIFORNIA 4 FORM Page B Of ID LOAN DISTANDING NOW INTERED LOAN DUTSTANDING NOW INTERED LOSS OF THIS PERIOD COMMITTEE, ALSO OF THE ID PORTION AMOUNT PAID OUTSTANDING INTERED ON FORGIVEN THIS PERIOD PERIOD PER ELE SOOO S DATE INCURRED CALIFORNIA 4 FORM I LOAN DISTANDING INTERED LOAN DUTSTANDING INTERED THIS PERIOD PERIOD PER ELE CALIFORNIA 4 LACE OF THIS PERIOD PERIOD CALIFORNIA AMOUNT PAID OUTSTANDING INTERED THIS PERIOD PERIOD PER ELE SOOO S DATE INCURRED CALIFORNIA AMOUNT PAID OUTSTANDING INTERED THIS PERIOD PERIOD PAID FORGIVEN S DATE INCURRED CALIFORNIA CALIFORNIA COMMITTEE LOAN DATE INCURRED LOAN DATE INCURRED COMMITTEE LOAN DATE INCURRED LOAN DATE INCURRED	Schedule B – Part 1	Am	ounts may be ro	unded	-				DULE B - PART 1
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NAME OF FILER COMMITTEE 2 ELECT DIAHNA GARCIA-RUIZ BOARD OF SUPERVISOR DIST 2-2024 FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER) DIAHNA GARCIA-RUIZ POSTMASTER UNITED STATES POSTAL SERVICE SOOO						through <u>01/25/2</u>	024	Page 6	of 1
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*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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Schedule E Payments Made	Amounts may i to whole d				SCHEDUL ORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER COMMITTEE 2 ELECT DIAHNA GARCIA-RUIZ BOARD OF	F SUPERVISOR DIST	Γ 2-2024		through_01/25/2024	Page	
CODES: If one of the following codes accurately described: CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	nmunications d appearances ses lating ; urvey researcl	n senger services	rwise, describe the payment. RAD radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and production of the candidate travel, lodging, and transfer between committees voter registration web information technology costs	uction costs I meals nd meals of the sam	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE C	PR DES	CRIPTION OF PAYMENT		AMOUNT PAID
COUNTY OF IMPERIAL		FIL				987
DIEGO TORRES		СМР	BANNERS	U.		534
RUBEN LOERA		CMP	SIGN HOLDERS			840
* Payments that are contributions or independent expenditures must also	be summarized on Sche	dule D.		SUE	STOTAL \$	2361
Schedule E Summary						

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Schedule E

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

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	to whole do		Statement covers per 01/01/2024 from		CALIFO FO	ORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through <u>01/25/2024</u>	Page _	8 of 17	
COMMITTEE 2 ELECT DIAHNA CARCIA-RUIZ BOARD OF SU			I.D. N				
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	you may enter the code. Otherwise, describe the payment. mmunications RAD radio airtime and production costs nd appearances RFD returned contributions nses SAL campaign workers' salaries ulating TEL t.v. or cable airtime and production costs trac candidate travel, lodging, and meals survey research TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate voter registration WEB information technology costs (internet, e-mail)						
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE C	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID	
STICKERS R US		СМР				250	
MORRIS RIESEN		СМР	BANNERS			1000	
PRESTIGE		FND	FOOD/HALL REN	VTAL		500	
SUZY ROSAS		СМР	TSHIRTS & JACKI	ETS		529	
COSTCO		СМР	OFFICE SUPPLIES	5		248	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER COMMITTEE 2 ELECT DIAHNA GARCIA-RUIZ BOARD OF SUPERVISOR DIST 2-2024 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CMP campaign paraphernalia/misc. MBR member communications MTG meetings and appearances MTG reduction (explain normonetary)* OFC office expenses SAL campaign workers' salaries CAND candidate filling/ballot fees MTG meetings and appearances MTG reduction costs MTG meetings and appearances MTG reduction costs MTG meetings and appearances MTG reduction (explain or appearances) MTG meetings and appearances MTG reduction costs MTG reduction (explain or appearances) MTG meetings and appearances MTG reduction costs MTG reduction (explain or appearances) MTG meetings and appearances MTG reduction costs MTG reduction (explain or appearances) MTG reduction (explain or appearances) MTG reduction costs MTG reduction (explain or appearances) MTG reduction costs MTG reduction of the following costs (internet, e-mail) MTG reduction (explain or appearances) MTG reduction (explain or appearances) MTG reduction costs MTG reduction of the following costs (internet, e-mail) MTG reduction (explain or appearances) MTG reduction of the following costs (internet, e-mail) MTG reduction of the following costs (internet, e-mail) MTG reducti	Cohodula T	A					SCHEDULE		
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3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

May be a negative number.

May be a negative number. FPPC Form 460 (Jan/2016))

Schedule B – Part 2 Loan Guarantors	Amounts may be rounded to whole dollars.			from			CALIFORNIA 46	
SEE INSTRUCTIONS ON REVERSE				through		_ [Page 10	of 17
NAME OF FILER						7	I.D. NUMBER	3
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD		MULATIVE O DATE	BALANCE OUTSTANDING TO DATE
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			SUB	TOTAL	\$	Sum	inter on mary Page, se 17 only.	

Schedule C Nonmonetary Contributions Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER			Amounts may be rounded to whole dollars.			Statement covers period from through			SCHEDULE ORNIA 460 RM of 17 BER
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMUI.A DA CALENDA (JAN 1 -	ΓΕ R YEAR	PER ELECTION TO DATE (IF REQUIRED)
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		□IND □COM □OTH □PTY □SCC							
		IND COM OTH PTY SCC							
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Attach additio	onal information on appropriately labeled	continuation :	sheets.	SUBTO	TAL S	3			
1. Amount red (Include all 2. Amount red 3. Total nonm	C Summary ceived this period – itemized nonmonetary Schedule C subtotals.) ceived this period – unitemized nonmonet conetary contributions received this period 1 and 2. Enter here and on the Summary	ary contributi	ons of less than \$100		\$_		— IND- COM OTH PTY	(other th Other (e Political	nt Committee lan PTY or SCC) .g., business entity)

Schedule D SCHEDULE D **Summary of Expenditures** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. Supporting/Opposing Other **FORM** Candidates, Measures and Committees from. Page 12 of 17 through. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DESCRIPTION AMOUNT THIS DATE MEASURE NUMBER OR LETTER AND JURISDICTION. TYPE OF PAYMENT CALENDAR YEAR TO DATE PERIOD (IF REQUIRED) OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) Monetary Contribution □ Nonmonetary Contribution Independent ☐ Support Oppose Expenditure ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent ☐ Support Oppose / Expenditure Monetary Contribution Nonmonetary Contribution ☐ Independent ☐ Support Oppose Expenditure SUBTOTAL \$ Schedule D Summary 2. Unitemized contributions and independent expenditures made this period of under \$100......\$

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

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period
from ______
through ______

I.D. NUMBER

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				
	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				kS
		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose /	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
			SUBTOTAL \$			

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

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period	FORM 460				
through	Page U of 17				
	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. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundraising events

independent expenditure supporting/opposing others (explain)* LEG legal defense 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)

^{*} 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
	/				
	SUBTOTALS S	6	\$	\$	\$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G Statement covers period CALIFORNIA **FORM** through J.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER NAME OF AGENT OR INDEPENDENT CONTRACTOR 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 airlime 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 phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* 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) * Payments that are contributions or independent expenditures must also be summarized on Schedule D. NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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.

				0=				SCHEDULE I
Schedule H		Amounts may be rounded to whole dollars.			Statement covers period		CALIFOR	NA 460
Loans Made to Others*		10 1111	one administ		from		FORM	400
SEE INSTRUCTIONS ON REVERSE					through		Page 16	of 17
NAME OF FILER							I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d)	(e)	(1)	(9)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER	BALANCE BEGINNING THIS	AMOUNT LOANED THIS	REPAYMENT OF	OUTSTANDING BALANCE AT CLOSE OF THIS	INTEREST	ORIGINAL AMOUNT OF	CUMULATIVE LOANS
- Carrier Constitution of the Constitution of	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	PERIOD	RECEIVED	LOAN	TO DATE
				☐ PAID				CALENDAR YEAR
				S.	S	0/	S	
		×2"		☐ FORGIVEN		RATE		**
	5			L PORGIVER	1			PER ELECTION**
		s	\$	\$ <u> </u>	DATE DUE	\$	DATE INCURRED	\$
								CALENDARAGAS
				☐ PAID				CALENDAR YEAR
				\$	\$	RAIE	\$	s
				FORGIVEN				PER ELECTION**
		\$	\$	\$		s		s
*Loans that are contributions to another candidate of					DATE DUE		DATE INCURRED	
also be summarized on Schedule D. Loans forgiver	n must also be							-1
reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on		
.						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	
(Total Column (c) plus unitemized paym	nents of less than \$100.)				Φ			
3. Net change this period. (Subtract Line 2	from Line 1.)				NET \$			
(Enter the net here and on the Summar	y Page, Column A, Line 7.)				potrovii" · S.			

(May be a negative number)

Schedule I	Ar	nounts may be rounded	SCHEDULE			
Miscellaneous	Increases to Cash	to whole dollars.	Statement covers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON	BEVERSE		through	Page 11 of 11		
NAME OF FILER	nevenoe			I.D. NUMBER		
DATE	FULL NAME AND ADDRESS OF SOURCE		DESCRIPTION OF DESCRIPT	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	INCREASE TO CASH		
Attach additional in	formation on appropriately labeled continuation sheets.		SUBTOTAL	- \$		
Schedule I Sum						
1. Itemized increase	es to cash this period		\$	-		
2. Unitemized increa	ases to cash of under \$100 this period	***************************************	\$	_		
3. Total of all interes	t received this period on loans made to others. (Schedul	e H, Column (e).)	\$	_		
4. Total miscellaneou Summary Page, L	us increases to cash this period. (Add Lines 1, 2, and 3. ine 14.)	Enter here and on the		FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772)		

