

Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

DATE STAMP
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CALIFORNIA FORM 460
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For Official Use Only

Statement covers period
from 07/01/2022 through 12/31/2022

Date of election if applicable
(Month, Day, Year)
11/06/2018

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:
☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO RE-ELECT JILL TUCKER FOR IMPERIAL UNIFIED SCHOOL BOARD TRUSTEE 2018

I.D. NUMBER
1412949

Treasurer(s)
NAME OF TREASURER
Jill Tucker
MAILING ADDRESS
[REDACTED]
CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]
MAILING ADDRESS
[REDACTED]
CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]
OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

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 12/31/2022 Date
Executed on 12/31/2022 Date
Executed on [REDACTED] Date
Executed on [REDACTED] Date

By [REDACTED] Signature of Treasurer or Assistant Treasurer
By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Proponent
By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE JILL TUCKER			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) IMPERIAL UNIFIED SCHOOL DISTRICT			
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 COMMITTEE TO RE-ELECT JILL TUCKER FOR IMPERIAL UNITED SCHOOL BOARD	I.D. NUMBER 1412949
NAME OF TREASURER JILL TUCKER	CONTROLLED COMMITTEE? ☒ YES ☐ NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 07/01/2022

through 12/31/2022

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I.D. NUMBER

1412949

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT JILL TUCKER FOR IMPERIAL UNIFIED SCHOOL DISTRICT TRUSTEE 2018

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions.....	Schedule A, Line 3	\$ 0	\$ 0
2. Loans Received.....	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 0	\$ 0
4. Nonmonetary Contributions.....	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 0	\$ 0

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ 0
13. Cash Receipts.....	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	0
15. Cash Payments.....	Column A, Line 8 above	0
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0

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

17. LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ 0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ 0

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	\$ 0	\$ 4,426.00
21. Expenditures Made	\$ 0	\$ 0

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
11 / 06 / 2018	\$ 4,426.00
_____ / _____ / _____	\$ 0

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

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received

Statement covers periodCALIFORNIA 460
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NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT JILL TUCKER FOR IMPERIAL UNIFIED SCHOOL DISTRICT TRUSTEE 2018

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)
N/A	N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		0	0	0
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period – Itemized monetary contributions.
(Include all Schedule A subtotals.)

2. Amount received this period – unitemized monetary contribution

3. Total monetary contributions received this period.

3. Total Monetary Contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column (Add Lines 1 and 2. Enter here and on the Summary Page, Column

*Contributor Codes
IND – Individual
COM – Recipient Code
(other than
OTH – Other, (e.g.,
PTY – Political Party
SCC – Small Contributor)

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Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT JILL TUCKER FOR IMPERIAL UNIFIED SCHOOL DISTRICT TRUSTEE 2018

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
N/A		NA		\$ 0	\$ 0	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 0	_____ RATE _____	\$ 0	\$ 0
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					\$ 0	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	DATE DUE	_____ RATE _____	DATE INCURRED	_____ PER ELECTION** _____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	DATE DUE	_____ RATE _____	DATE INCURRED	_____ PER ELECTION** _____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	DATE DUE	_____ RATE _____	DATE INCURRED	_____ PER ELECTION** _____
SUBTOTALS \$ \$ \$ \$ \$ \$										

Schedule B Summary

- | | | | |
|----|---|--------|---|
| 1. | Loans received this period..... | \$ | 0 |
| | (Total Column (b) plus unitemized loans of less than \$100.) | | |
| 2. | Loans paid or forgiven this period..... | \$ | 0 |
| | (Total Column (c) plus loans under \$100 paid or forgiven.) | | |
| | (Include loans paid by a third party that are also itemized on Schedule A.) | | |
| 3. | Net change this period. (Subtract Line 2 from Line 1.) | NET \$ | 0 |
| | Enter the net here and on the Summary Page, Column A, Line 2. | | |

(May be a negative number)

†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 forgiven or paid by another party also must be reported on Schedule A.

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period

from 07/01/2022

through 12/31/2022

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NAME OF FILER

I.D. NUMBER

1412949

COMMITTEE TO RE-ELECT JILL TUCKER FOR IMPERIAL UNIFIED SCHOOL DISTRICT TRUSTEE 2018

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
N/A	N/A	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			0		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.

(Include all Schedule C subtotals.)\$ 0

2. Amount received this period - unitemized nonmonetary contributions of less than \$100\$ 0

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)TOTAL \$ 0

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

07/01/2022

from

12/31/2022

through

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT JILL TUCKER FOR IMPERIAL UNIFIED SCHOOL DISTRICT TRUSTEE 2018

I.D. NUMBER

1412949

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)
N/A	N/A	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		0		
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... TOTAL.. \$ 0

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

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from 07/01/2022

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NAME OF FILER

COMMITTEE TO RE-ELECT JILL TUCKER FOR IMPERIAL UNIFIED SCHOOL DISTRICT 2018

I.D. NUMBER

1412949

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 PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

N/A

CODE OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

0

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

SUBTOTAL \$ 0

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 0
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 0

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

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Statement covers period
from 07/01/2022

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NAME OF FILER

COMMITTEE TO RE-ELECT JILL TUCKER FOR IMPERIAL UNIFIED SCHOOL DISTRICT 2018

I.D. NUMBER

1412949

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

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT 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 airline and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airline 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)

NAME AND ADDRESS OF CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

N/A

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

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

Schedule F Summary

1. 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.)

2. 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.)

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and
on the Summary Page, Column A, Line 9.)

NET \$ 0

May be a negative number

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

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

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2022
through 12/31/2022/CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT JILL TUCKER FOR IMPERIAL UNIFIED SCHOOL DISTRICT TRUSTEE 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

I.D. NUMBER

1412949

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
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT 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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A				0

Attach additional information on appropriately labeled continuation sheets.

TOTAL \$ 0

* 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.

Schedule H Loans Made to Others*

Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period
from 07/01/2022
through 12/31/2022

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NAME OF FILER

I.D. NUMBER

COMMITTEE TO RE-ELECT JILL TUCKER FOR IMPERIAL UNIFIED SCHOOL DISTRICT TRUSTEE 2018

1412949

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.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 OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
N/A		\$ 0	\$ 0	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 0	0 % RATE	\$ 0	0 CALENDAR YEAR PER ELECTION**
		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$	% RATE	\$	CALENDAR YEAR PER ELECTION**
SUBTOTALS		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	

*Loans that are contributions to another candidate or committee must
also be summarized on Schedule D. Loans forgiven must also be
reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period.....\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans.....\$ 0
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.).....NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

**If Required

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT JILL TUCKER FOR IMPERIAL UNIFIED SCHOOL DISTRICT 1018

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
N/A	N/A		0

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule I Summary

- Itemized increases to cash this period. \$ 0
- Unitemized increases to cash of under \$100 this period. \$ 0
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 0**