

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA
FORM 460

Page 1 of 17

For Official Use Only

RECEIVED

OCT 27 2022

Date of election if applicable:
(Month, Day, Year)

11/08/2022

Statement covers period

from 9/25/22

through 10/22/22

SEE INSTRUCTIONS ON REVERSE

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

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

- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1446570

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

COMMITTEE TO ELECT JOHN HAWK DISTRICT 5 SUPERVISOR 2022

Treasurer(s)

NAME OF TREASURER

CATHERINE DUNHAM

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING 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

10/26/22

Date

Executed on

10/26/22

Date

Executed on

Date

Executed on

Date

By

By

By

By

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
JOHN HAWK			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
IMPERIAL COUNTY DISTRICT 5 SUPERVISOR 2022			
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		
N/A			
NAME OF TREASURER	CONTROLLED COMMITTEE?		
	☐ YES ☐ 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?		
	☐ YES ☐ 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 ☐ 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 9/25/22
through 10/22/22

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FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CATHERINE DUNHAM

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I.D. NUMBER
1446570

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

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

1. Monetary Contributions.....	Schedule A, Line 3	\$ 3500.00	\$ 28447.00	1/1 through 6/30	7/1 to Date
2. Loans Received.....	Schedule B, Line 3	0.00	2725.98		
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	3500.00	31172.98	20. Contributions Received	\$ 18872.98 \$ 12300.00
4. Nonmonetary Contributions.....	Schedule C, Line 3	0	0	21. Expenditures Made	\$ 6925.98 \$ 20572.24
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	3500.00	31172.98		

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ 2375.31	\$ 27498.22
7. Loans Made.....	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	2375.31	27498.22
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment.....	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	2375.31	27498.22

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ 2550.07
13. Cash Receipts.....	Column A, Line 3 above	3500.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	0.00
15. Cash Payments.....	Column A, Line 8 above	2375.31
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3674.76

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 2725.98
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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	\$ 2725.98

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).

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

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
/ /	\$
/ /	\$

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period

from 9/25/22

through 10/22/22

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER

1446570

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)
10/07/2022	LAWRENCE COX RANCHES P.O. BOX 301 BRAWLEY, CA. 92227	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	SELF EMPLOYED	1000.00	1000.00	
10/07/2022	DAVID B. DALE 647 W. EVAN HEWES HWY. EL CENTRO, CA. 92243	☒ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	RETIRED	100.00	100.00	
10/18/2022	ROBERT CHELL RANCHES 2580 HOLT RD. HOLTVILLE, CA 92250	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	SELF EMPLOYED	500.00	500.00	
10/18/2022	WILLIAM QUAN, DDS APC 480 OLIVE ST. STE.#5 EL CENTRO, CA. 92243	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	SELF EMPLOYED	500.00	500.00	
10/18/2022	CLIFFORD & FRANCES STRAHM 1979 CHAMBERS LANE HOLTVILLE, CA. 92250	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	RETIRED	300.00	700.00	
SUBTOTAL \$ 2400.00						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)

3500.00

\$

2. Amount received this period – unitemized monetary contributions of less than \$100

0

\$

3. Total monetary contributions received this period.

TOTAL \$ 3500.00

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

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>9/25/2022</u> through <u>10/22/2022</u>		CALIFORNIA 460 FORM	
		Page <u>5</u> of <u>17</u>	
NAME OF FILER CATHERINE DUNHAM		I.D. NUMBER 1446570	

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)
10/18/2022	ROBERT M. & BETTY JO McNEECE 2226 AURORA CT. EL CENTRO, CA. 92243	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	RETIRED	100.00		
10/18/2022	MORRIS FARMS 847 OLIVE AVE. HOLTVILLE, CA. 92250	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	SELF EMPLOYED	1000.00		
		☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 1100.00						

*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

Amounts may be rounded to whole dollars.

Schedule B - Part 1 Loans Received

Statement covers period from 9/25/2022 through 10/22/2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER

1446570

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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
JOHN B. HAWK [REDACTED]	FARMER / AG	2725.98	0	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	2725.98	0	2725.98	2725.98
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Schedule B – Part 2 Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 9/25/2022 through 10/22/2022	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CATHERINE DUNHAM	I.D. NUMBER 1446570
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FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE * ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
JOHN B. HAWK [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	FARMER / AG	LENDER JOHN B. HAWK DATE 4/23/2022		CALENDAR YEAR 2725.98 \$ PER ELECTION (IF REQUIRED) \$	2725.98
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED) \$	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED) \$	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED) \$	

SUBTOTAL \$ 2725.98	Enter on Summary Page, Line 17 only.
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Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 9/25/2022
through 10/22/2022

CALIFORNIA 460
FORM

Page 8 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER

1446570

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE * ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	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	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ 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.).....\$ 0.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0.00

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 \$ 0.00

*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

FPPC Form 460 (Jan/2016))

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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 from <u>9/25/2022</u> through <u>10/22/2022</u>		CALIFORNIA 460 FORM
Page <u>9</u> of <u>17</u>		
I.D. NUMBER 1446570		

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CATHERINE DUNHAM

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	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ 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 \$ 0.00						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... TOTAL .. \$ 0.00

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 <u>9/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460 Page <u>10</u> of <u>17</u>
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NAME OF FILER CATHERINE DUNHAM		I.D. NUMBER 1446570				
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	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ 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				\$ 0.00		

Schedule E
Payments Made

SCHEDULE E
CALIFORNIA FORM 460

Amounts may be rounded
to whole dollars.

Statement covers period
from 9/25/2022
through 10/22/2022

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER
1446570

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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HIDALGO SOCIETY	CTB		DONATION	300.00
ALL SPORTS INTERNATIONAL	CMP		YARD SIGNS (INCLUDES CORRECTION FOR CK#1012)	1885.31
COUNTY OF IMPERIAL	POL		VOTER LIST DISK	190.00
SUBTOTAL \$ 2375.31				

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2375.31
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 2375.31

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>9/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA 460 FORM
Page <u>12</u> of <u>17</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER

1446570

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	MITG	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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A				

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

SUBTOTAL \$

FPPC Form 460 (Jan/2016))

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Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period
from 9/25/2022
through 10/22/2022

CALIFORNIA 460
FORM

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I.D. NUMBER
1446570

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CATHERINE DUNHAM

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)

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
N/A					

* 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.)INCURRED TOTALS \$ 0.00
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.)PAID TOTALS \$ 0.00
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 \$ 0.00

May be a negative number

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>9/25/2022</u> through <u>10/22/2022</u>		CALIFORNIA FORM 460
Page <u>14</u> of <u>17</u>		
NAME OF FILER CATHERINE DUNHAM		I.D. NUMBER 1446570

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 airline 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 airline and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRS | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TSF | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | VOT | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | WEB | information technology costs (Internet, e-mail) |
| LIT | campaign literature and mailings | PRT | print ads | | |

* 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
N/A					
SUBTOTALS \$		0.00	\$ 0.00	\$ 0.00	\$ 0.00

Statement covers period	from	9/25/2022	through	10/22/2022
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N/A

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

TOTAL* \$ 0.00

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Schedule H
Loans Made to Others*

Amounts may be rounded
to whole dollars.

Statement covers period
from 9/25/2022
through 10/22/2022

CALIFORNIA **460**
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER

1446570

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		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$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.

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

Amounts may be rounded to whole dollars.

SCHEDULE I

Statement covers period

from 9/25/2022

through 10/22/2022

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NAME OF FILER

CATHERINE DUNHAM

I.D. NUMBER

1446570

AMOUNT OF
INCREASE TO CASH

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		

SUBTOTAL \$ 0.00

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- | | |
|---|-----------|
| Schedule I Summary | |
| 1. Itemized increases to cash this period. | 0 \$ |
| 2. Unitemized increases to cash of under \$100 this period. | 0 \$ |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | 0 \$ |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | 0 \$ |
| TOTAL | \$ |

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