

Recipient Committee Campaign Statement Cover Page



Date Stamp
RECEIVED
MAY 24 2022

Date of election if applicable:
(Month, Day, Year)
6/7/2022

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
(Also Complete Part 6)

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

3. Committee Information

I.D. NUMBER
1445519

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Gina Dockstader 2022 IID Director Division 3

Treasurer(s)

NAME OF TREASURER
Robert M. Trimm

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]

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY
[REDACTED] STATE
[REDACTED] ZIP CODE
[REDACTED] AREA CODE/PHONE
[REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[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 May 23, 2022 Date
 Executed on 5/24/2022 Date

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 _____ Date
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Date
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gina Dockstader

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IID Director Division 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED]

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	<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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 4/24/2022
through 5/21/2022

CALIFORNIA
FORM **460**

Page of
I.D. NUMBER
1445519

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert M. Trimm Committee to Elect Gina Dockstader 2022 IID Director Division 3

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 3,199	\$ 82,495
2. Loans Received.....	Schedule B, Line 3 0	\$ 5,000
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 3,199	\$ 87,495
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	\$ 4,276
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 3,199	\$ 91,771

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 \$ 9,931	\$ 44,998
7. Loans Made.....	Schedule H, Line 3 0	\$ 0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 9,931	\$ 44,998
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 \$ 9,931	\$ 44,998

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 _____

_____ \$ _____

_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 49,229
13. Cash Receipts.....	Column A, Line 3 above \$ 3,199
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0
15. Cash Payments.....	Column A, Line 8 above \$ 9,931
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 42,497

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).

17. LOAN GUARANTEES RECEIVED

.....	Schedule B, Part 2 \$ 0
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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 \$ 0

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 4/24/2022
through 5/21/2022

Page of

NAME OF FILER

Robert M. Trimm Committee to Elect Gina Dockstader 2022 IID Director Division 3

I.D. NUMBER

1445519

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)
4/25/2022	R.B. Wilson & Co. 3805 Wiest Road Brawley, CA. 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
4/28/2022	Robert Senter 205 West D Street Brawley, CA. 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	100	100	
4/28/2022	Bryan Ashurst 450 West Main Street Westmorland, CA. 92281	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bee Keeper	500	500	
5/9/2022	Mary Miller 620 Gilmour Brawley, CA. 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Superior Furniture	150	150	
5/9/2022	Kathryn McCucheon 690 No. 8th Street Brawley, CA. 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Financial Officer	250	250	
SUBTOTAL \$ 1,500						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 3,100
- Amount received this period – unitemized monetary contributions of less than \$100\$ 99
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 3,199

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 4/24/2022
through 5/21/2022

**CALIFORNIA 460
FORM**

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NAME OF FILER

Robert M. Trimm Committee to Elect Gina Dockstader 2022 IID Director Division 3

I.D. NUMBER

1445519

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)
5/9/2022	Cindy Elmore 290 West I Street Brawley, CA. 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	500	500	
5/9/2022	Ojeda Industries 1698 Jones Street, Ste. 4 Brawley, CA. 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
5/13/2022	Mary Harmon 4345 Loveland Road Brawley, CA. 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	100	100	
5/19/2022	Sally Colace 303 So. Terrace Drive Brawley, CA. 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	500	500	
SUBTOTAL \$ 1,600						

*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**

**CALIFORNIA 460
FORM**

Statement covers period from 4/24/2022 through 5/21/2022 Page of

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Robert M. Trimm Committee to Elect Gina Dockstader 2022 IID Director Division 3
I.D. NUMBER
1445519

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	
									<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC
		\$		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	% RATE	\$	\$	
		\$		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	% RATE	\$	\$	
		\$		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	% RATE	\$	\$	
SUBTOTALS								\$	\$

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

Schedule B Summary

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

(May be a negative number)

†Contributor Codes
IND - Individual
COM - Recipient Committee
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.
** If required.

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period from 4/24/2022 through 5/21/2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Robert M. Trimm Committee to Elect Gina Dockstader 2022 IID Director Division 3

I.D. NUMBER: 1445519

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE * <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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)
		<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					
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

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

Schedule E Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

CALIFORNIA
FORM
460

Statement covers period
from 4/24/2022
through 5/21/2022

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I.D. NUMBER
1445519

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Robert M. Trimm Committee to Elect Gina Dockstader 2022 IID Director Division 3

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	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
Gerald Gauna 1110 Magnolia Street Brawley, CA. 92227	CMP		Signs, Walkers, Supervision	4,907
Smith Kandal Ins. P.O.Box 5 Brawley, CA. 92227	FND		Liability Insurance for Event	315
Imperial Valley Community Foundation 1000 Broadway El Centro, CA. 92243	CTB		Event Sponsor	800
SUBTOTAL \$				6,022

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 9,931
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 9,931**

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
4/24/2022
from _____
through 5/21/2022

**CALIFORNIA 460
FORM**

SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER

I.D. NUMBER

Robert M. Trimm Committee to Elect Gina Dockstader 2022 IID Director Division 3

1445519

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
All Sports International 331 West 2nd Street Calexico, CA. 92231	CMP		Campaign Banners	199
Niland Chamber of Commerce P.O. Box 97 Niland, CA. 92257	CTB		Event Sponsor	250
Brownie's Diner 990 Main Street Brawley, CA. 92227	FND		Meet & Greet Fundraiser	423
Virginal Hernandez P.O. Box 97 Niland, CA. 92257	FND		Tables & Chairs (Rental)	144
Kaz Bros. P.O. Box 1712 Brawley, CA. 92227	CMP		Campaign Signs	1,000

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

SUBTOTAL \$ 2,016

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert M. Trimm Committee to Elect Gina Dockstader 2022 IID Director Division 3

I.D. NUMBER
1445519

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

- | | | | | | |
|-----|---|-----|---|-----|---|
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| 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
Engage Voters U.S. 44 So. Broadway, Ste. 100 White Plains, NY, 10601	CNS		Phone Message to Voters	583
The Desert Review P.O. Box 1236 Brawley, CA, 92227	PRT		Newspaper Advertisement	1,310
SUBTOTAL \$ 1893				

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

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