

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA **460**
FORM

Statement covers period
from _____ through _____
Page _____ of _____
ID NUMBER _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions	\$ 0	\$
2 Loans Received	\$ 0	\$
3 SUBTOTAL CASH CONTRIBUTIONS	\$ 0	\$
4 Nonmonetary Contributions	\$ 0	\$
5 TOTAL CONTRIBUTIONS RECEIVED	\$ 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 \$ _____

21 Expenditures Made \$ _____

Expenditures Made

6 Payments Made	\$ 0	\$
7 Loans Made	\$ 0	\$
8 SUBTOTAL CASH PAYMENTS	\$ 0	\$
9 Accrued Expenses (Unpaid Bills)	\$ 0	\$
10 Nonmonetary Adjustment	\$ 0	\$
11 TOTALEXPENDITURES MADE	\$ 0	\$

**Expenditure Limit Summary for State
Candidates**

22 Cumulative Expenditures Made*
(# 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	\$ 1,141.70
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	\$ 1,141.70

If this is a termination statement Line 16 must be zero

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 (Continuations Sheet) Monetary Contributions Received

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SCHEDULE A (CONT)

CALIFORNIA
FORM **460**

Statement covers period
from _____
through _____

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NAME OF FILER _____

DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<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 \$						

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

**Schedule B – Part 2
Loan Guarantors**

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SCHEDULE B - PART 2

**CALIFORNIA 460
FORM**

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from _____

through _____

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER _____

ID NUMBER _____

FULL NAME STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE ALSO ENTER ID 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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED)	
			LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED)	
			LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED)	
			LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED)	

SUBTOTAL \$ _____

Enter on
Summary Page
Line 17 only

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

Statement covers period
 from _____
 through _____

Page _____ of _____
 ID NUMBER _____

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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER _____

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)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

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

Schedule E Payments Made

Type or print in ink
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

Statement covers period
from _____ of _____
through _____
ID NUMBER _____

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

- | | | | | | |
|-----|---|-----|--|-----|---|
| CMP | campaign paraphernalia/misc | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers salaries |
| CVC | civic donations | PET | petition circulating | TEL | tv 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 ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

SUBTOTAL \$

Schedule E Summary

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

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

Type or print in ink
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NAME OF FILER

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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

- | | | |
|---|--|---|
| OMP campaign paraphernalia/misc | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL tv 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) |

* 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TOTAL * \$				

Attach additional information on appropriately labeled continuation sheets

* 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

