Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10/19/2014 through 12/31/2014

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

Date Stamp: RECEIVED JAN 26 2015 City Clerk's Office City of Hemet

CALIFORNIA 2001/02 FORM 460

Page 1 of 10

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ◯ Primarily Formed
  - ◯ Controlled
  - ◯ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1367224

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): KRUPA FOR COUNCIL 2014

STREET ADDRESS (NO P.O. BOX): 315 S JUANITA STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
HEMET	CA	92543	951-929-2189

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: P O BOX 643

CITY	STATE	ZIP CODE	AREA CODE/PHONE
HEMET	CA	92546	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: SUSAN WEEKS

MAILING ADDRESS: 42231 ACACIA

CITY	STATE	ZIP CODE	AREA CODE/PHONE
HEMET	CA	92544	951-232-9435

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 1-22-15 (Date) By Susan Weeks (Signature of Treasurer or Assistant Treasurer)

Executed on 1-22-15 (Date) By Linda Krupa (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period from 10/19/2014 through 12/31/2014

Page 2 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: KRUPA FOR COUNCIL 2014

I.D. NUMBER: 1367224

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 9545.00	$ 23424.00
2. Loans Received	*Schedule B, Line 3*		2100.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 9545.00	$ 25524.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	703.55	8394.74
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 10248.55	$ 33918.74

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 5642.38	$ 16721.41
7. Loans Made	*Schedule H, Line 3*	2000.00	2000.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 7642.38	$ 18721.41
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*		
10. Nonmonetary Adjustment	*Schedule C, Line 3*		
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 7642.38	$ 18721.41

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 4889.97
13. Cash Receipts	*Column A, Line 3 above*	9545.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	
15. Cash Payments	*Column A, Line 8 above*	7642.38
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 6792.59

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — *See instructions on reverse* — $

19. Outstanding Debts — *Add Line 2 + Line 9 in Column B above* — $

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).

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	$	$

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 10/19/2014
through 12/31/2014

Page 3 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

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)
10/21/14	SHARYN DANA 40310 CACTUS VALLEY HEMET, CA 92544	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100.00		
10/27/14	JASON BAKER 40320 RESEDA SPRINGS RD HEMET, CA 92544	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OWNER, HOME INSTEAD	250.00		
10/27/14	PAYDAR PROP/GOLDEN VILLAGE PALMS P O BOX 9025 LA JOLLA, CA 92027	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		5000.00		
10/30/14	MARTINA WEBSTER 42976 MAYBERRY AVE HEMET, CA 92544	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OWNER, DARMAR/ COLORIFIC	200.00		
10/30/14	CAAPAC LOCAL TRUST ACCOUNT	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00		
			SUBTOTAL $	5800.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 9500.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 45.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 9545.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 10/19/2014
through 12/31/2014

Page 4 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

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)
10/30/14	CHU PROPERTIES 202 W 4TH ST PERRIS, CA 92570	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OWNER	2000.00		
10/27/14	WESTERN MANUFACTURED HOUSING 455 CAPITOL MALL STE 800 SACRAMENTO, CA 95814	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00		
11/1/14	GREGG WILDER 12579 S BUENA VISTA ST HEMET, CA 92543	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OWNER, ROBYN KERRY SALON	100.00		
11/1/14	DONALD MARABELLA 26810 LAKE STREET HEMET, CA 92544	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	200.00		
11/7/14	MARABELLA COMMERCIAL FINANCE 7500 CIRCULO SEQUOIA CARLSBAD, CA 92009	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	OWNER	100.00		
			SUBTOTAL $	3400.00		

Schedule A Summary

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

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 10/19/2014
through 12/31/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

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)
11/25/14	NANCY HART 5630 CHALLEN AVE RIVERSIDE, CA 92503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100.00		
11/25/14	PATRICK BARRON 253 ANDERSON DR HEMET, CA 92544	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	200.00		
		☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $ 300.00		

Schedule A Summary

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

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

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

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: KRUPA FOR COUNCIL 2014

I.D. NUMBER: 1367224

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
LINDA KRUPA 315 S JUANITA ST HEMET, CA 92543 † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$ 2100.00	$	☒ PAID $ 2000.00 ☐ FORGIVEN $	$ 100.00 DATE DUE	% RATE $	$ 2100.00 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $		$ 2000.00	$ 100.00	$ (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ _____
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ -2000.00
   (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 $ -2000.00
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

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

** If required.

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from 10/19/2014
through 12/31/2014

Page 7 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KRUPA FOR COUNCIL 2014

I.D. NUMBER
1367224

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)
10/30/14	LORI VANARSDALE 228 JELLY WAY HEMET, CA 92544	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SELF EMPLOYED, PEACE WORLD INTERNATIONAL	PRINTING	703.55	1385.75	
		☐ 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 – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 703.55
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $
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 $** 703.55

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

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

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KRUPA FOR COUNCIL 2014

I.D. NUMBER
1367224

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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
VALLEY CHRONICLE 227 E FLORIDA HEMET, CA 92543	PRT	AD IN NEWSPAPER	700.00
BLANCHARD SIGN 6750 CENTRAL AVENUE, STE A RIVERSIDE, CA 92504	CMP	SIGNS	400.95
BRIAN ALTIZER BEAUMONT, CA 92223	CMP	STAKES	296.16

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

SUBTOTAL $ 1397.11

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 5417.27
2. Unitemized payments made this period of under $100 ..... $ 225.11
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 5642.38

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 10/19/2014 through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: KRUPA FOR COUNCIL 2014

I.D. NUMBER: 1367224

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
DOWNTOWN DELI 113 N HARVARD HEMET, CA 92543	MTG	ELECTION NIGHT	252.70
HEMET HERITAGE FOUNDATION P O BOX 2537 HEMET, CA 92546	FND	FUNDRAISER	100.00
EASY AD 155 S HARVARD HEMET, CA 92543	PRT	PRINT AD	550.00
CITY OF HEMET 445 E FLORIDA AVE HEMET, CA 92543	CVC	CITY CHRISTMAS TREES	500.00
DAVID HARVEY 30320 THORNTON HEMET, CA 92544	CMP	STAKES	117.46

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

SUBTOTAL $ 1520.16

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KRUPA FOR COUNCIL 2014

I.D. NUMBER
1367224

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
PUBLIC SAFETY COALITION 250 S LYON ST #E-116 HEMET, CA 92543	LIT	MAILINGS	2500.00

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

SUBTOTAL $ 2500.00

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10/19/2014 through 12/31/2014

Date of election if applicable: (Month, Day, Year) 11/04/2014

Date Stamp: RECEIVED JAN 27 2015 City Clerk's Office City of Hemet

CALIFORNIA 2001/02 FORM 460

Page 1 of 12

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ◯ Primarily Formed
  - ◯ Controlled
  - ◯ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [x] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1371784

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Licitra for Council 2014

STREET ADDRESS (NO P.O. BOX): 312 Rutgers Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hemet	CA	92544	951-229-5199

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Paula Licitra

MAILING ADDRESS: 312 Rutgers Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hemet	CA	92544	951-229-5199

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 01/20/2014 (Date) By Paula Licitra (Signature of Treasurer or Assistant Treasurer)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Paula Licitra

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
312 Rutgers Street	Hemet	CA	92544

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? ☐ 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. Ballot Measure Committee

NAME OF BALLOT MEASURE

N / A

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 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	
Paula Licitra	City Council	☒ 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

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

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period from 10/19/2014 through 12/31/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Licitra for Council 2014

I.D. NUMBER: 1371784

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 0.00	$ 835.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 0.00	$ 835.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 0.00	$ 835.00

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	$ 0.00	$ 835.00
21. Expenditures Made	$ 0.00	$ 1074.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 288.26	$ 1074.00
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 288.26	$ 1074.00
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*	$ 288.26	$ 1074.00

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
__/__/__	$
__/__/__	$
__/__/__	$
__/__/__	$
__/__/__	$
__/__/__	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 288.26
13. Cash Receipts	*Column A, Line 3 above*	0.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	288.26
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 0.00

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0.00

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Licitra for Council 2014

I.D. NUMBER
1371784

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)
	None	☐IND ☐COM ☐OTH ☐PTY ☐SCC	N / A	0.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $	0.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more.
(Include all Schedule A subtotals.) ..... $ 0.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 0.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 0.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

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

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Licitra for Council 2014

I.D. NUMBER
1371784

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
Disabled American Veterans 3725 Alexandria Pike Cold Spring, KY 41076	CVC	Campaign Check Payment (Donation)	288.26

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

SUBTOTAL $ 288.26

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 288.26
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 $ 288.26

Schedule I
Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Licitra for Council 2014

I.D. NUMBER
1371784

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	None		0.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0.00

Schedule I Summary

1. Increases to cash of $100 or more this period. ..... $ 0.00
2. Unitemized increases to cash under $100 this period. ..... $ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL $** 0.00

COVER PAGE

Recipient Committee Campaign Statement Cover Page

Statement covers period	Date of Election if applicable	Date Stamp	CALIFORNIA FORM 460
from 10/19/2014		RECEIVED FEB 02 2015 City Clerk's Office City of Hemet	Page 1 of 14
through 12/31/2014	(Month, Day, Year)		For Official Use Only

1. Type of Recipient Committee

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored
- [ ] Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement

- [ ] Pre-election Statement
- [x] Semi-Annual Statement
- [ ] Termination Statement
- [ ] Amendment
- [ ] Quarterly Statement
- [ ] Special Odd-Year Statement
- [ ] Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1368655

COMMITTTEE NAME
Robert Masson for Hemet City Council 2014

STREET ADDRESS (NO PO BOX)
324 S State St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hemet	CA	92546	951/692-6116

MAILING ADDRESS (IF DIFFERENT)
PO Box 796

CITY	STATE	ZIP CODE
Hemet	CA	92546

OPTIONAL: FAX / E-MAIL ADDRESS
/

Treasurer(s)

NAME OF TREASURER
Dana Hopkins, CPA

STREET ADDRESS
5041 La Mart Dr Ste 110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Riverside	CA	92507	951/781-2910

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
(951)788-6135 / dana@trimblecompany.com

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 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 1-21-15 By Dana Hopkins
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1-21-15 By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Statement covers period
from 10/19/2014
through 12/31/2014

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mr. Robert Masson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member City of Hemet

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
324 S State St	Hemet	CA	92546

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 ? ☐ YES ☐ NO
COMMITTEE 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 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 OR 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

Campaign Disclosure Statement Summary Page

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Robert Masson for Hemet City Council 2014

I.D. NUMBER 1368655

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 4,250.00	$ 31,494.00
2. Loans Received	Schedule B, Line 3	-1,000.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1+ 2	$ 3,250.00	$ 31,494.00
4. Nonmonetary Contributions	Schedule C, Line 3	1,500.00	1,500.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 4,750.00	$ 32,994.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 18,247.07	$ 25,339.58
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 18,247.07	$ 25,339.58
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	3,761.26	5,425.06
10. Nonmonetary Adjustment	Schedule C, Line 3	1,500.00	1,500.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 23,508.33	$ 32,264.64

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 21,151.49
13. Cash Receipts	Column A, Line 3 above	3,250.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	18,247.07
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 6,154.42
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents		$ 0.00
19. Outstanding Debts	Add Lines 2 + Line 9 in Column B above	$ 5,425.06

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	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

$

$

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

Schedule A
Monetary Contributions Received

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Robert Masson for Hemet City Council 2014

I.D. NUMBER 1368655

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2014	EMS Management LLC 6200 S Syracuse Way Ste200 MS 500 Greenwood Village, CO 80111	OTH		500.00	500.00	
10/28/2014	Dennis E. Gutierrez 7067 Mango St Alta Loma, CA 91701	IND	Retired police officer N.A.	150.00	150.00	
11/04/2014	Michael Naggar 445 S D St Perris, CA 92570	IND	City Councilman City of Temecula	1,000.00	1,599.00	
10/30/2014	Michael Naggar 445 S D St Perris, CA 92570	IND	City Councilman City of Temecula	500.00	1,599.00	
			SUBTOTAL $	2,150.00		

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) . . . . . $ 4,250.00
2. Amount received this period - unitemized . . . . . $ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) . . . . . **TOTAL $** 4,250.00

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Robert Masson for Hemet City Council 2014

I.D. NUMBER 1368655

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/04/2014	Jeff E. Stone 33413 Susan Grace Ct Temecula, CA 92592	IND	Self Employed/County Supervisor Earle J Enterprises/County of Riversid	1,000.00	1,000.00	
11/10/2014	Victorian Salon and Day Spa 6499 Magnolia Ave Riverside, CA 92506	OTH		100.00	350.00	
10/31/2014	WESTERN MANUFACTURED HOUSING COMMUNITIES ASSN. PAC 455 CAPITOL MALL STE 800 SACRAMENTO, CA 95814	COM	ID No. 742422	1,000.00	1,000.00	

SUBTOTAL $ 2,100.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule B - Part 1
Loans Received

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Robert Masson for Hemet City Council 2014

I.D. NUMBER 1368655

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(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
Robert Masson 324 S State St Hemet, CA 92546 Contributor Code: IND	Riverside Sheriff's Association President	1,000.00		■ PAID 1000.00 ☐ FORGIVEN	0.00	0.00	1,000.00	CALENDAR YEAR 0 PER ELECTION **
					DUE DATE 12/31/2014	INTEREST RATE 0.00 %	DATE INCURRED 07/12/2014	

	(b)	(c)	(d)	(e)
SUBTOTALS $	0.00	1000.00	0.00	0.00

Schedule B Summary

1. Loans received this period
   (Total Column (b) plus unitemized loans of less than $100.) . . . . . $ 0.00
2. Loans paid or forgiven this period . . . . . $ 1,000.00
   (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 $(1,000.00)
   Enter the net here and on the Summary Page, Column A, Line 2.

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Robert Masson for Hemet City Council 2014

I.D. NUMBER 1368655

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF OF CONTRIBUTOR	CONTRIBUTOR CODE	OCCUPATION & EMPLOYER OR COMMITTEE ID NO.	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2014	Genesis Consulting 43790 Tiber St Hemet, CA 92544	OTH		Nov consulting fee, political data & yard signs	1,500.00	1,500.00	

SUBTOTAL $ 1,500.00

Schedule C Summary

1. Amount received this period - itemized contributions (Includes all Schedule C subtotals) . . . . . $ 1,500.00
2. Amount received this period - unitemized . . . . . $ 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 $** 1,500.00

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule E
Payments Made

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Robert Masson for Hemet City Council 2014

I.D. NUMBER 1368655

CODES: If one of the following 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 production costs
FIL	candidate filing / ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals
FND	fundraising expenses	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
IND	independent expenditures supporting/opposing others	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	CODE or	DESCRIPTION OF PAYMENT	AMOUNTPAID
Alison Danaher 6215 River Crest Dr., Suite A Riverside, CA 92507	CMP		300.00
Innovative Political Solutions 27315 Jefferson Ave Ste J-34 Temecula, CA 92590	CNS		509.80
Innovative Political Solutions 27315 Jefferson Ave Ste J-34 Temecula, CA 92590	CNS		500.00
		SUBTOTAL $	1,309.80

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 18,247.07
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....TOTAL $ 18,247.07

Schedule E (Continuation Sheet)
Payments Made

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Robert Masson for Hemet City Council 2014

I.D. NUMBER 1368655

CODES: If one of the following 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 production costs
FIL	candidate filing / ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals
FND	fundraising expenses	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
IND	independent expenditures supporting/opposing others	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	CODE or	DESCRIPTION OF PAYMENT	AMOUNTPAID
LFG Solutions 522 Amigos Drive Ste A Redlands, CA 92373	LIT		4,344.16
LFG Solutions 522 Amigos Drive Ste A Redlands, CA 92373	LIT		2,206.16
LFG Solutions 522 Amigos Drive Ste A Redlands, CA 92373	LIT		1,134.47
LFG Solutions 522 Amigos Drive Ste A Redlands, CA 92373	LIT		5,348.48
Robert Masson 324 S State S Hemet, CA 92546		PO Box Rental, FIL	114.00

SUBTOTAL $ 13,147.27

Schedule E (Continuation Sheet)
Payments Made

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Robert Masson for Hemet City Council 2014

I.D. NUMBER 1368655

CODES: If one of the following 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 production costs
FIL	candidate filing / ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals
FND	fundraising expenses	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
IND	independent expenditures supporting/opposing others	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	CODE or	DESCRIPTION OF PAYMENT	AMOUNTPAID
Monteleone Meadows 35245 Briggs Rd Murrieta, CA 92563	RFD		500.00
The Valley Chronicle 227 East Florida Ave Hemet, CA 92543	PRT		500.00
Trimble & Company 5041 La Mart Drive Suite 110 Riverside, CA 92507	PRO		1,040.00
Trimble & Company 5041 La Mart Drive Suite 110 Riverside, CA 92507	PRO		1,750.00

SUBTOTAL $ 3,790.00

Schedule F
Accrued Expenses (Unpaid Bills)

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Robert Masson for Hemet City Council 2014

I.D. NUMBER 1368655

CODES: If one of the following 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 production costs
FIL	candidate filing / ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals
FND	fundraising expenses	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
IND	independent expenditures supporting/opposing others	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 CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Innovative Political Solutions 27315 Jefferson Ave Ste J-34 Temecula, CA 92590	CNS	509.80	0.00	509.80	0.00
Robert Masson 324 S State St Hemet, CA 92546	P.O. Box Rental, FIL	114.00	0.00	114.00	0.00
	SUBTOTALS $	623.80	$ 0.00	$ 623.80	$ 0.00

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 $** 5,425.06

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 $** 1,663.80

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 $** 3,761.26

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

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Robert Masson for Hemet City Council 2014

I.D. NUMBER 1368655

CODES: If one of the following 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 production costs
FIL	candidate filing / ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals
FND	fundraising expenses	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
IND	independent expenditures supporting/opposing others	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 CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
McCune Communications 3337 W. Florida Ave #184 Hemet, CA 92545	LIT, CMP	0.00	5,425.06	0.00	5,425.06
Trimble & Company 5041 La Mart Drive Suite 110 Riverside, CA 92507	PRO	1,040.00	0.00	1,040.00	0.00
SUBTOTALS $		1,040.00	$ 5,425.06	$ 1,040.00	$ 5,425.06

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

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Robert Masson for Hemet City Council 2014

I.D. NUMBER 1368655

NAME OF AGENT OR INDEPENDENT CONTRACTOR
LFG Solutions

CODES: If one of the following 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 production costs
FIL	candidate filing / ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals
FND	fundraising expenses	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
IND	independent expenditures supporting/opposing others	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 re contributions or independent expenditures are also summarized on Schedule D**

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE	OR DESCRIPTON OF PAYMENT	AMOUNT PAID
U.S. Postal Service 390 W. 5th St. San Bernardino, CA 92404	POS		2,306.26
U.S. Postal Service 390 W. 5th St. San Bernardino, CA 92404	POS		1,113.20
U.S. Postal Service 390 W. 5th St. San Bernardino, CA 92404	POS		572.44
U.S. Postal Service 390 W. 5th St. San Bernardino, CA 92404	POS		2,810.94

TOTAL $ 6,802.84

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

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Robert Masson for Hemet City Council 2014

I.D. NUMBER 1368655

NAME OF AGENT OR INDEPENDENT CONTRACTOR
McCune Communications

CODES: If one of the following 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 production costs
FIL	candidate filing / ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals
FND	fundraising expenses	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
IND	independent expenditures supporting/opposing others	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 re contributions or independent expenditures are also summarized on Schedule D**

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTON OF PAYMENT	AMOUNT PAID
Automated Mailers 26499 Rancho Parkway South Lake Forest, CA 92630	LIT		500.00
Independent's Service Company 2710 Market Street Hannibal, MO 63401	CMP		987.60
Toucan Signs 31805 Temecula Pkwy #640 Temecula, CA 92592	CMP		1,174.20
U.S. Postal Service 390 W. 5th St. San Bernardino, CA 92404	POS		2,580.76

TOTAL $ 5,242.56

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from July 01, 2014 through Dec 31, 2014

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

Date Stamp: RECEIVED FEB 02 2015 City Clerk's Office City of Hemet

CALIFORNIA FORM 460

Page 1 of 3

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] 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:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1352332

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Committee to elect Shellie Milne For Hemet city council 2012

STREET ADDRESS (NO P.O. BOX): 6040 VISTA Del Monte

CITY: Hemet STATE: Ca ZIP CODE: 92543 AREA CODE/PHONE:

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: ROBERT S. RIGHETTI

MAILING ADDRESS: P.O. BOX 1431

CITY: IDYLLWILD STATE: CA ZIP CODE: 92549 AREA CODE/PHONE: 951-491-4581

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 12/31/2014 (Date) By _____ Signature of Treasurer or Assistant Treasurer

Executed on 31 DEC 2014 (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
SHELLIE MILNE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
HEMET CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
640 VISTA DEL MONTE HEMET CA 92543

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? ☐ 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

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

SUMMARY PAGE

Statement covers period from JULY 01 2013 through Dec 31 2013

CALIFORNIA FORM 460

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to elect Sheilie Milne for Hemet City Council

I.D. NUMBER: 1352332

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	$ 18900.
2. Loans Received	Schedule B, Line 3	0	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 0	$ 19,850
4. Nonmonetary Contributions	Schedule C, Line 3	0	589.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 0	$ 20,439

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	$ 0	$ 18,613.61
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 0	$ 18,613.61
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	589.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 0	$ 19,202.61

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
__/__/__	$
__/__/__	$

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 286.39
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	$ 286.39

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0

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).

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

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10/24/2014 through 12/31/2014

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

Date Stamp: RECEIVED FEB 02 2015 City Clerk's Office City of Hemet

COVER PAGE

CALIFORNIA 2001/02 FORM 460

Page 1 of 10

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ◯ Primarily Formed
  - ◯ Controlled
  - ◯ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1368968

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): RAVER FOR CITY COUNCIL 2014

STREET ADDRESS (NO P.O. BOX): 2313 EL TORO CIR.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
HEMET	CA	92545	(760) 613-7115

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: KENNETH P. RAVER

MAILING ADDRESS: 2313 EL TORO CIR.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
HEMET	CA	92545	(760) 613-7115

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 1/30/2015 (Date) By Kenneth P Raver (Signature of Treasurer or Assistant Treasurer)

Executed on 1/30/2015 (Date) By Kenneth P Raver (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period from 10/24/2014 through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: KENNETH P. RAVER

I.D. NUMBER: 1368968

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 6,025.00	$ 17,187.00
2. Loans Received	Schedule B, Line 3	500.00	500.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 6,525.00	$ 17,687.00
4. Nonmonetary Contributions	Schedule C, Line 3	9,958.29	10,640.49
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 16,483.29	$ 28,327.49

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	$ 16,483.29	$ 28,327.49
21. Expenditures Made	$ 23,748.13	$ 35,427.70

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 5,833.75	$ 13,025.15
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 5,833.75	$ 13,025.15
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	7,956.09	7,956.09
10. Nonmonetary Adjustment	Schedule C, Line 3	9,958.29	14,446.55
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 23,748.13	$ 35,427.70

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
___/___/___	$
___/___/___	$
___/___/___	$
___/___/___	$
___/___/___	$
___/___/___	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ $3,574.04
13. Cash Receipts	Column A, Line 3 above	6,525.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	5,833.75
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 4,265.29

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 500.00

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	$ 7,956.09

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).

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 10/24/2014
through 12/31/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KENNETH P. RAVER

I.D. NUMBER
1368968

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)
10/27/2014	Agnes Kennedy 722 Lexington St. Hemet, CA 92545	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100.00	$100.00	$100.00
10/27/2014	Sharyn L. Dana 40310 Cactus Valley Rd. Hemet, CA 92544	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100.00	$100.00	$100.00
10/28/2014	Golden Village Palms RV Resort	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$5,000.00	$5,000.00	$5,000.00
11/6/2014	SOBOBA BAND OF LUISENO INDIANS TRIBE OPERATING ACCOUNT 23906 SOBOBA RD. SAN JACINTO, CA 92583	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00	$250.00	$250.00
11/12/2014	DR. EDWARD J. FORMICA 2650 RIO VISTA DR. HEMET, CA 92544	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist	$500.00	$500.00	$500.00
			SUBTOTAL $	5,950.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 5,950.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 75.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 6,025.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

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

Statement covers period
from 10/24/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: KENNETH P. RAVER

I.D. NUMBER: 1368968

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
KENNETH P. RAVER 2313 EL TORO CIR. HEMET, CA 92545 †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 500.00	$ 0	☐ PAID $ 500.00 ☐ FORGIVEN $ 0	$ 0 DATE DUE	0 % RATE $ 0	$ 500.00 6/25/2014 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $ 0		$ 500.00	$	$ (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ 500.00
   (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
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

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

** If required.

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from 10/24/2014
through 12/31/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: KENNETH P. RAVER

I.D. NUMBER: 1368968

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)
	LORI VAN ARSDALE 228 Jelly Way Hemet, CA 92544	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Self Employed (no name)	ART WORK FOR SIGNS AND POSTERS	$903.00	$1,582.20	
	Public Safety Coalition ID # 1356054 525 E. Seaside Way Long Beach, CA 90802	☐IND ☐COM ☒OTH ☐PTY ☐SCC		Mailer	$6,017.29		
	Public Safety Coalition ID # 1356054 525 E. Seaside Way Long Beach, CA 90802	☐IND ☐COM ☒OTH ☐PTY ☐SCC		Mailer	$3,038.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** $9,958.29

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ $9,958.29
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 $** $9,958.29

***Contributor Codes**
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

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

SCHEDULE E
CALIFORNIA FORM **460**

Statement covers period
from 10/24/2014
through 12/31/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KENNETH P. RAVER

I.D. NUMBER
1368968

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
Easy-Ad Inc. 155 S. Harvard St. Hemet, CA 92543	LIT	Single Page Ad	$175.00
The Valley Chronicle 227 E. Florida Ave. Hemet, CA 92543	LIY	Single Page Ad	$700.00
Easy-Ad Inc. 155 S. Harvard St. Hemet, CA 92543	LIT	Single Page Ad	$350.00

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

SUBTOTAL $ $1,225.00

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 5,803.18
2. Unitemized payments made this period of under $100 ..... $ 30.57
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 $** 5,833.75

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 10/24/2014 through 2/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: KENNETH P. RAVER

I.D. NUMBER: 1368968

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
MegaBites Pizza 1153 S. State St. Hemet, CA 92543	TRS		$210.96
Easy-Ad Inc. 155 S. Harvard St. Hemet, CA 92543	LIT		$347.50
Mike Garrett 465 Lyle Dr. Hemet, CA 92545	MTG		$174.47
Easy-Ad Inc. 155 S. Harvard St. Hemet, CA 92543	LIT		$347.50
KENNETH P. RAVER 2313 EL TORO CIR HEMET, CA 92545	RFD	PAYMENT OF LOAN	$500.00

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

SUBTOTAL $ 1,580.43

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from 10/24/2014
through 12/31/2014

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KENNETH P. RAVER

I.D. NUMBER
1368968

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
Dave Harvey 40320 Thornton Ave. Hemet, CA 92544	PRT	Material for posting signs	$59.00
Mike Blanchard Signs 6750 Central Ave. Suite A Riverside, CA 92504	PRT	Sign printing	$438.75
Public Safety Coalition ID # 1356054 525 E. Seaside Way Long Beach, CA 90802	RFD		$2,500.00
From prior 2 pages			$2,805.43

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

SUBTOTAL $ $5,803.18

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 10/24/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KENNETH P. RAVER

I.D. NUMBER
1368968

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 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
Chuck Steadman 26187 Olsenview Court Hemet, CA 92544	PRT	0			$7,956.09
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $		$	$	$

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
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 $** 7,956.09
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 $** 7,956.09 (May be a negative number)

Schedule H
Loans Made to Others*

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

Statement covers period
from 10/24/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: KENNETH P. RAVER

I.D. NUMBER: 1368968

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
		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		$ 0	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
*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.		SUBTOTALS	$ 0	$ 0	$ 0	$ 0 (Enter (e) on Schedule I, Line 3)		

Schedule H Summary

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

**If Required

Paul

February 2015

February 2015

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March 2015

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Feb 1 - 7	**Feb 1**	**2**	**3**	**4**	**5**	**6**	**7**
			8:00am 9:00am Something 1:00pm 2:00pm Dedication of Acacia Middle School Modernization Project (Acacia Middle School, 1200	2:00pm 3:00pm RTA Budget & Finance Meeting (RTA, 1825 Third Street, Riverside, CA 92507) 6:30pm 7:30pm Seven Hills (Rt silver oak, lt Basswood)	3:00pm 4:00pm Mtg. w/Andrew Kotyak (CM's Office) - Kathleen Aguilar		
Feb 8 - 14	**8**	**9**	**10**	**11**	**12**	**13**	**14**
			12:00pm 1:00pm Rescheduled Gosch Chevrolet Grand Opening (400 Carria 7:00pm 10:00pm City Council Meeting (ConfRoom - Council Chambers) -				
Feb 15 - 21	**15**	**16**	**17**	**18**	**19**	**20**	**21**
			8:00am 12:00pm LCC Elected Offical Training (Sun Lakes Country Club, 850 C 6:00pm 9:00pm Planning Commission Meeting (ConfRoom		2:00pm 3:30pm Rescheduled Mtg. to Discuss West End Development (ConfRoom - CityHall - Admin) - Kathleen Aguilar		
Feb 22 - 28	**22**	**23**	**24**	**25**	**26**	**27**	**28**
		4:00pm 5:30pm Watermaster Board Meeting (EMWD) - Kathleen Aguilar	7:00pm 10:00pm City Council Meeting (ConfRoom - Council Chambers) - Kathleen Aguilar		2:30pm 3:00pm RTA Meeting (CAC, 4080 Lemon Street, First Floor, Riverside, CA) - Kathleen Aguilar		

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

RECEIVED

FEB 02 2015

City Clerk's Office
City of Hemet

CALIFORNIA 2001/02 FORM **460**

Page 1 of 7

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from Oct 19, 2014 through Dec. 31, 2014

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

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ◯ Primarily Formed
  - ◯ Controlled
  - ◯ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1331709

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): LARRY Smith for COUNCIL 2014

STREET ADDRESS (NO P.O. BOX): 3950 BOLDEAUX LN.

CITY: HEMET STATE: CA ZIP CODE: 92544 AREA CODE/PHONE:

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: ROXANNE Smith

MAILING ADDRESS: 3950 BOLDEAUX LN

CITY: HEMET STATE: CA ZIP CODE: 92544 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 1/30/2015 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 1/30/2015 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Larry Smith

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Member Hemet City Council

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
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. 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 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

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period from Oct 19, 2014 through Dec. 31, 2014

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 1331709

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 500 -	$ 21,848 -
2. Loans Received	Schedule B, Line 3	0	1500.
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 500 -	$ 23,348
4. Nonmonetary Contributions	Schedule C, Line 3	0	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 500 -	$ 23,348

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	$ 50 00	$ 19461 99
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 50 00	$ 19461 99
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	32,63 26	3263 26
10. Nonmonetary Adjustment	Schedule C, Line 3	0	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 2,003.05	$ 22,725 25

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 2744 60
13. Cash Receipts	Column A, Line 3 above	500 00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	50 -
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 3294 60

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 3263 26

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from Oct 19, 2014
through Dec. 31, 2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 1331709

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)
10/30/2014	EMS MANAGEMENT LLC (AMC) 879 MARLBOROUGH AVE. RIVERSIDE, CA. 92507	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500-	500-	
		☐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 – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 500-
2. Amount received this period – unitemized contributions of less than $100 ..... $ -0-
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 500-

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period
from Oct. 19, 2014
through Dec. 31, 2014

Page 5 of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Larry Smith

I.D. NUMBER: 1331709

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)
10/4/2014	MC Cune Communications 3337 W. Florida Ave Hemet	☐IND ☐COM ☒OTH ☐PTY ☐SCC		LT	3263 24		
		☐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 – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ _____
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ _____
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 $** _____

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

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

Statement covers period
from Oct. 19, 2014
through Dec. 31, 2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 1331789

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
FPPC	FIL	Filing fees	50 00

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

SUBTOTAL $

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 50 00
2. Unitemized payments made this period of under $100 ..... $
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 50 00

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from Oct. 19, 2014
through Dec. 31, 2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
1331709

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 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
McCune Comm. 3337 W. Florida Ave Hemet Ca	Forgiven	3263 29	-3263 29		0
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $		$	$	$

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 $** _____
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 $** _____
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

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7-1-14 through 12-31-14

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

Date Stamp: RECEIVED JAN 13 2015 City Clerk's Office City of Hemet

CALIFORNIA 2001/02 FORM **460**

Page 1 of 4

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ◯ Primarily Formed
  - ◯ Controlled
  - ◯ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1350958

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Wright for Hemet City Council 2012

STREET ADDRESS (NO P.O. BOX): 2141 Sequoia Drive

CITY: Hemet | STATE: Ca | ZIP CODE: 92545 | AREA CODE/PHONE: 951-295-0018

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Lynda Goldberg

MAILING ADDRESS: P. O. Box 4611

CITY: Quartzsite | STATE: Az | ZIP CODE: 85359 | AREA CODE/PHONE: 951-312-1910

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 1-13-15 (Date) By Lynda Goldberg (Signature of Treasurer or Assistant Treasurer)

Executed on 1-13-15 (Date) By Bernie Wright (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Wright for Hemet City Council 2012

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Member of Hemet City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2141 Sequoia Drive	Hemet	Ca	92545

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? ☐ 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. 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 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

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

SUMMARY PAGE

Statement covers period from 7-1-14 through 12-31-14

CALIFORNIA FORM 460

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Wright for Hemet City Council 2012

I.D. NUMBER: 1350958

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$	$ 22,498.00
2. Loans Received	Schedule B, Line 3		-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$	$ 22,498.00
4. Nonmonetary Contributions	Schedule C, Line 3		4,769.17
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$	$ 27,267.17

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	$ 48.00	$ 22,305.44
7. Loans Made	Schedule H, Line 3	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 48.00	$ 22,305.44
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	$ 48.00	$ 22,305.44

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
__/__/__	$
__/__/__	$
__/__/__	$
__/__/__	$
__/__/__	$
__/__/__	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 240.56
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	48.00
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 192.56

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-

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).

Schedule E
Payments Made

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

Statement covers period
from 7-1-14
through 12-31-14

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Wright for Hemet City Council 2012

I.D. NUMBER
1350958

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
Bank of Hemet 1600 E. Florida Avenue Hemet, Ca 92544	OFC	Bank Charges	$48.00

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

SUBTOTAL $ 48.00

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 48.00
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 $ 48.00

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2014 through 012/31/2014

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

Date Stamp: RECEIVED FEB 02 2015 City Clerk's Office City of Hemet

CALIFORNIA FORM 460

Page ____ of 2

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - (x) 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:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1304240

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Robert Youssef for Hemet City Council 2012

STREET ADDRESS (NO P.O. BOX): 32373 Avon Pl

CITY: Hemet | STATE: ca | ZIP CODE: 92545 | AREA CODE/PHONE: 9515441340

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

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 01/25/2015 (Date) By _____ Signature of Treasurer or Assistant Treasurer

Executed on 1/25/15 (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 07/01/2014 through 012/31/2014

CALIFORNIA FORM 460

Page 2 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Youssef for Hemet City Council 2012

I.D. NUMBER
1304240

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

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*	$ 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

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
__/__/__	$
__/__/__	$

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

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*	
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

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).

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/01/2014
through 12/31/2014

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

Date Stamp RECEIVED FEB 02 2015 City Clerk's Office City of Hemet

CALIFORNIA FORM 460

Page 1 of 6

For Official Use Only

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:

- ☐ Preelection Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1331855

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Hemet Firefighters Association PAC

STREET ADDRESS (NO P.O. BOX): 4667 Beeshou Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hemet	CA	92544	(714)222-8831

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Sean Murphy

MAILING ADDRESS: 4667 Beeshou Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hemet	CA	92544	(714)222-8831

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 01/31/2015 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 1/31/15 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

www.netfile.com

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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
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

www.netfile.com

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period from 10/01/2014 through 12/31/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Hemet Firefighters Association PAC

I.D. NUMBER: 1331855

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 20,480.00	$ 63,680.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 20,480.00	$ 63,680.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 20,480.00	$ 63,680.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 23,787.49	$ 64,111.99
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 23,787.49	$ 64,111.99
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*	$ 23,787.49	$ 64,111.99

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 8,633.49
13. Cash Receipts	*Column A, Line 3 above*	20,480.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	23,787.49
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 5,326.00

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0.00

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).

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	$	$

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
/ /	$
/ /	$

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

www.netfile.com

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 10/01/2014
through 12/31/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Hemet Firefighters Association PAC

I.D. NUMBER: 1331855

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)
10/06/2014	Hemet Firefighters Association 4667 Beeshou Way Hemet, CA 92544	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,080.00	15,480.00	
10/27/2014	Hemet Firefighters Association 4667 Beeshou Way Hemet, CA 92544	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		14,400.00	15,480.00	
10/24/2014	San Bernardino County Professional Fire Fighters PAC (ID# 1230110) P.O. Box 1302 Fontana, CA 92334	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		5,000.00	5,000.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $ 20,480.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 20,480.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 20,480.00

*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

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 10/01/2014 through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Hemet Firefighters Association PAC

I.D. NUMBER: 1331855

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
The Valley Chronicle 2091 W. Florida St. Hemet, CA 92545	PRT		350.00

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

SUBTOTAL $ 350.00

COVER PAGE

Recipient Committee Campaign Statement Cover Page

RECEIVED
JAN 14 2015
City Clerk's Office
City of Hemet

CALIFORNIA FORM **460**

For Official Use Only

Statement covers period	Date of Election if applicable
from 10/01/2014	
through 12/31/2014	(Month, Day, Year)

1. Type of Recipient Committee

- ☐ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
- ■ General Purpose Committee
  - ● Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
- ☐ Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement

- ☐ Pre-election Statement
- ■ Semi-Annual Statement
- ☐ Termination Statement
- ☐ Amendment
- ☐ Quarterly Statement
- ☐ Special Odd-Year Statement
- ☐ Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1290994

COMMITTTEE NAME
Hemet Police Officers Association PAC

STREET ADDRESS (NO PO BOX)
1415 L St Ste 410

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916/556-1776

MAILING ADDRESS (IF DIFFERENT)

CITY	STATE	ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS
(916) 556-1233 / ordloslaw@jps.net

Treasurer(s)

NAME OF TREASURER
Wayne Ordos

STREET ADDRESS
1415 L St Ste 410

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916/556-1776

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
(916)556-1233 / ordoslaw@jps.net

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 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 1/10/15 By Wayne Ordos
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM **460**

Statement covers period
from 10/01/2014
through 12/31/2014

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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
NAME OF TREASURER	CONTROLLED COMMITTEE ? ☐ YES ☐ NO
COMMITTEE 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 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 OR 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

Campaign Disclosure Statement Summary Page

Statement covers period
from 10/01/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Hemet Police Officers Association PAC

I.D. NUMBER 1290994

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 6,896.00	$ 14,846.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1+ 2	$ 6,896.00	$ 14,846.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 6,896.00	$ 14,846.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 691.51	$ 12,098.30
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 691.51	$ 12,098.30
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	$ 691.51	$ 12,098.30

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 995.16
13. Cash Receipts	Column A, Line 3 above	6,896.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	691.51
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 7,199.65
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents		$ 0.00
19. Outstanding Debts	Add Lines 2 + Line 9 in Column B above	$ 0.00

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	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

$

$

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

Schedule A
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Hemet Police Officers Association PAC

I.D. NUMBER 1290994

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
(INT-1) 10/01/2014 THRU 12/31/2014	Lane Ahl 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Gonzalo Alvarez 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Bryan Anderson 415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Ian Baily 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
			SUBTOTAL $	656.76		

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) . . . . . $ 6,896.00
2. Amount received this period - unitemized . . . . . $ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) . . . . . **TOTAL $** 6,896.00

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Hemet Police Officers Association PAC

I.D. NUMBER 1290994

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
(INT-1) 10/01/2014 THRU 12/31/2014	Susana Barron 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Dean Benjamin 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Timothy Brewer 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Daniel Caballero 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
			SUBTOTAL $	656.76		

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Hemet Police Officers Association PAC

I.D. NUMBER 1290994

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
(INT-1) 10/01/2014 THRU 12/31/2014	Matthew Chavez 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Brent Christianson 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Christian Coley 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Cody Collins 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
			SUBTOTAL $	656.76		

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Hemet Police Officers Association PAC

I.D. NUMBER 1290994

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
(INT-1) 10/01/2014 THRU 12/31/2014	Bryan Cunningham 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	John Dombrowski Jr 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Josiah Douglas 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Nicholas Figueroa 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
			SUBTOTAL $	656.76		

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Hemet Police Officers Association PAC

I.D. NUMBER 1290994

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
(INT-1) 10/01/2014 THRU 12/31/2014	Jared Florez 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Gabriel Gomez 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Matthew Gomez 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Jaime Gonzalez 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
			SUBTOTAL $	656.76		

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Hemet Police Officers Association PAC

I.D. NUMBER 1290994

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
(INT-1) 10/01/2014 THRU 12/31/2014	Sean Gordon 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	164.19	
(INT-1) 10/01/2014 THRU 12/31/2014	Michael Hall 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Tyler Hall 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Matthew Hiatt 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
			SUBTOTAL $	656.76		

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Hemet Police Officers Association PAC

I.D. NUMBER 1290994

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
(INT-1) 10/01/2014 THRU 12/31/2014	Douglas Klinzing 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Marcus Lee 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	164.19	
(INT-1) 10/01/2014 THRU 12/31/2014	Patrick Long 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Derek Maddox 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
			SUBTOTAL $	656.76		

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Hemet Police Officers Association PAC

I.D. NUMBER 1290994

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
(INT-1) 10/01/2014 THRU 12/31/2014	Timothy McGinnis 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.41	
(INT-1) 10/01/2014 THRU 12/31/2014	Edward Nacua 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.41	
(INT-1) 10/01/2014 THRU 12/31/2014	Dallas Oganeku 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	164.19	
(INT-1) 10/01/2014 THRU 12/31/2014	Arthur Paez 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
			SUBTOTAL $	656.76		

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Hemet Police Officers Association PAC

ID NUMBER 1290994

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
(INT-1) 10/01/2014 THRU 12/31/2014	David Purcell 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Andrew Reynoso 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	164.19	
(INT-1) 10/01/2014 THRU 12/31/2014	Lloyd Sanderson III 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Katie Snell 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
			SUBTOTAL $	656.76		

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Hemet Police Officers Association PAC

I.D. NUMBER 1290994

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
(INT-1) 10/01/2014 THRU 12/31/2014	Derick Spoelstra 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Thomas Taitague 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Jessica Tuttle 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
(INT-1) 10/01/2014 THRU 12/31/2014	Silafaga Vaeoso 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.19 PAYROLL DEDUCTIONS during period.	373.40	
			SUBTOTAL $	656.76		

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from 10/01/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Hemet Police Officers Association PAC

I.D. NUMBER 1290994

DATE RECEIVED	FULL NAME, STREET ADDRESS A ND ZIP CODE OF 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
(INT-1) 10/01/2014 THRU 12/31/2014	Craig Willison 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.20 PAYROLL DEDUCTIONS during period.	373.41	
(INT-1) 10/01/2014 THRU 12/31/2014	Derrick Young 1415 L St Ste 410 Sacramento, CA 95814 Association intermediary listed below.	IND	Police Officer City of Hemet	164.20 PAYROLL DEDUCTIONS during period.	373.41	
(INT-1)	Hemet Police Officers Association 450 E Latham Ave Hemet, CA 92543	OTH		Intermediary for PAYROLL DEDUCTIONS		

SUBTOTAL $ 328.40

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule E
Payments Made

Statement covers period	CALIFORNIA FORM 460
from 10/01/2014	
through 12/31/2014	Page 15 of 16

NAME OF FILER Hemet Police Officers Association PAC

I.D. NUMBER 1290994

CODES: If one of the following 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 production costs
FIL	candidate filing / ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals
FND	fundraising expenses	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
IND	independent expenditures supporting/opposing others	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	CODE or	DESCRIPTION OF PAYMENT	AMOUNTPAID
Secretary of State Political Reform Division 1500 11th Street Room 495 Sacramento, CA 95814		2014 Registration Fee and Penalty	200.00
Secretary of State Political Reform Division 1500 11th Street Room 495 Sacramento, CA 95814		2015 Registration Fee	50.00
Wayne Ordos Attorney at Law 1415 L Street Ste. 410 Sacramento, CA 95814	PRO		300.00
		SUBTOTAL $	550.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) . . . . . $ 691.51
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) . . . . . **TOTAL $** 691.51

Schedule E (Continuation Sheet)
Payments Made

Statement covers period
from 10/01/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER Hemet Police Officers Association PAC

I.D. NUMBER 1290994

CODES: If one of the following 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 production costs
FIL	candidate filing / ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals
FND	fundraising expenses	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
IND	independent expenditures supporting/opposing others	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	CODE or	DESCRIPTION OF PAYMENT	AMOUNTPAID
Wells Fargo Bank 1510 Arden Way Sacramento, CA 95815	OFC		141.51

SUBTOTAL $ 141.51

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7/1/2014 through 12/31/2014

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

Date Stamp: RECEIVED JAN 29 2015 City Clerk's Office City of Hemet

CALIFORNIA FORM 460

Page 1 of 5

For Official Use Only

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:

- ☐ Preelection Statement
- ☑ Semi-annual Statement
- ☑ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1362617

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Hemet Residents for Responsible Government, a Committee to Recall Smith, Milne and Youssef

STREET ADDRESS (NO P.O. BOX): 230 S Lyon Avenue, Suite E213

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hemet	CA	92543	858-775-5330

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: Same

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Eugene Hikel

MAILING ADDRESS: 8405 Singh Court

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hemet	CA	92545	858-775-5330

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 1/29/2015 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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
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
Recall Lawrence Smith	Hemet City Council Me	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☑ SUPPORT ☐ OPPOSE
Recall Shellie Milne	Hemet City Council Me	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☑ SUPPORT ☐ OPPOSE
Recall robert Youssef	Hemet City Council Me	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 7/1/2014 through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Hemet Residents for Responsible Government, a Committee to Recall Smith, Milne and Youssef

I.D. NUMBER: 1362617

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
Mary Rowe 1265 Millie Drivw Hemet, CA 92545	RFD		$195

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

SUBTOTAL $ 195

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Statement covers period from 7/1/2014 through 12/31/2014

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

Date Stamp: RECEIVED JAN 21 2015 City Clerk's Office City of Hemet

COVER PAGE

CALIFORNIA 2001/02 FORM 460

Page 1 of 5

For Official Use Only

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
- ☐ Ballot Measure Committee
  - ◯ Primarily Formed
  - ◯ 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
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1333112

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): HEMET TAXPAYERS ASSOCIATION

STREET ADDRESS (NO P.O. BOX): 2433 TULIP CT.

CITY: HEMET STATE: CA ZIP CODE: 92545 AREA CODE/PHONE: 951-850-7056

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: 140 E. STETSON AVE., # 266

CITY: HEMET STATE: CA. ZIP CODE: 92543 AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: ROBERT RIGHETTI

MAILING ADDRESS: 140 E. STETSON AVE., # 266

CITY: HEMET STATE: CA. ZIP CODE: 92543 AREA CODE/PHONE: 760-485-0041

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 1/21/2014 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 1/21/2014 (Date) By G. W. Cacchi (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period
from 7/1/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
HEMET TAXPAYERS ASSOCIATION

I.D. NUMBER
1333112

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 7,700.00	$ 7,810.00
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 7,700.00	$ 7,810.00
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 7,700.00	$ 7,810.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 250.00	$ 358.00
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 250.00	$ 358.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	$ 6836.53	7,836.53
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 7086.53	$ 8,194.53

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 429.59
13. Cash Receipts	Column A, Line 3 above	$ 7,700.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	250.00
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 7,879.59

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 — $ 7,836.53

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).

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	$	$

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

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

SCHEDULE A
CALIFORNIA FORM 460

Statement covers period
from 7/1/2014
through 12/31/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
HEMET TAXPAYERS ASSOCIATION

I.D. NUMBER
1333112

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)
9/15/14	JEFFREY COFFMAN 231 BROADRIVER TR1. BEAUMONT, CA. 92223	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	TRUCK DRIVER UNIVERSAL	$200.00	$200.00	
11/3/14	STERLING BMW-NEWPORT BCH. 3000 WEST COAST HIGHWAY NEWPORT BEACH, CA. 92663	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	[redacted]	$7,500	$7,500.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $ 7,700		

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 7,700.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 7,700.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

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

Statement covers period
from 7/1/2014
through 12/31/2014

SCHEDULE E
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: HEMET TAXPAYERS ASSOCIATION

I.D. NUMBER: 1333112

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
THE UPS STORE 140 E. STETSON AVE. HEMET, CA. 92543	OFC	POST OFFICE BOX RENTAL COST	$154.00
BANK OF AMERICA P.O. BOX 25118 TAMPA, FL 33622	PRO	BANK ACCT. FEES	96.00

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

SUBTOTAL $ 250.00

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 250.00
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 $ 250.00

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 7/1/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
HEMET TAXPAYERS ASSOCIATION

I.D. NUMBER
1333112

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
McCUNE COMMUNICATIONS 3337 W. FLORIDA AVE., #184 HEMET, CA. 92545	LIT	$1,000.00	$6,836.53	-0-	$7,836.53
SUBTOTALS $		1,000.00 $	6,836.53 $	-0-	$ 7,836.53

* 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 $ 6,836.53
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-
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 $ 6,836.53
   May be a negative number

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/19/2014
through 12/31/2014

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

Date Stamp
RECEIVED
FEB 02 2015
City Clerk's Office
City of Hemet

CALIFORNIA FORM 460

Page 1 of 12

For Official Use Only

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)
- [x] 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:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1356054

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): The Public Safety Coalition PAC

STREET ADDRESS (NO P.O. BOX): 525 E. Seaside Way, #101-C

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(562)983-0815

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: 250 S. Lyon Ave., #E-116

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hemet	CA	92543	

OPTIONAL: FAX / E-MAIL ADDRESS: (562)983-0817 / gary@crummittandassociates.com

Treasurer(s)

NAME OF TREASURER: Gary Crummitt

MAILING ADDRESS: 525 E. Seaside Way, #101-C

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(562)983-0815

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 02/02/2015 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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
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

www.netfile.com

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 10/19/2014 through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: The Public Safety Coalition PAC

I.D. NUMBER: 1356054

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 6,050.00	$ 39,050.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 6,050.00	$ 39,050.00
4. Nonmonetary Contributions	Schedule C, Line 3	3,080.00	3,080.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 9,130.00	$ 42,130.00

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	$ 13,939.80	$ 32,894.63
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 13,939.80	$ 32,894.63
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	4,888.79	12,861.92
10. Nonmonetary Adjustment	Schedule C, Line 3	3,080.00	3,080.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 21,908.59	$ 48,836.55

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
/ /	$
/ /	$

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 19,227.92
13. Cash Receipts	Column A, Line 3 above	6,050.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	13,939.80
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 11,338.12

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0.00

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 12,861.92

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
The Public Safety Coalition PAC

I.D. NUMBER
1356054

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)
12/30/2014	Krupa for City Council 2014 (ID# 1367224) 27515 Bancroft Hemet, CA 92544	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		2,500.00	2,500.00	
12/30/2014	Raver for City Council 2014 (ID# 1368968) 2313 El Toro Circle Hemet, CA 92545	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		2,500.00	2,500.00	
11/10/2014	Service Employees International Union Local 721, CTW, CLC State & Local - All Purpose (ID# 743794) 15456 Wilshire Blvd #100 Los Angeles, CA 90017	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		500.00	3,000.00	
12/30/2014	Bruce M. Wallis 28020 Hemet St. Hemet, CA 92544	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Swan, Carpenter, Wallis & McKenzie, LLP	550.00	550.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	6,050.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 6,050.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 6,050.00

*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

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 10/19/2014
through 12/31/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: The Public Safety Coalition PAC

I.D. NUMBER: 1356054

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)
10/24/2014	Building and Protecting a Strong California, A Coalition of Firefighters, Building Trades, Realtors and Correctional Officers (ID# 1363266) 1780 Creekside Oaks Dr., #200 Sacramento, CA 95833	☐IND ☒COM ☐OTH ☐PTY ☐SCC		Poll	3,000.00	3,000.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 3,000.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 3,000.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 80.00
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 $** 3,080.00

*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

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

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

SCHEDULE D

CALIFORNIA FORM 460

Statement covers period
from 10/19/2014
through 12/31/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: The Public Safety Coalition PAC

I.D. NUMBER: 1356054

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)
10/20/2014	Linda Krupa City Council Member City of Hemet [X] Support [ ] Oppose	[ ] Monetary Contribution [X] Nonmonetary Contribution [ ] Independent Expenditure	Newspaper Ad	1,567.50	11,998.99	
10/30/2014	Linda Krupa City Council Member City of Hemet [X] Support [ ] Oppose	[ ] Monetary Contribution [X] Nonmonetary Contribution [ ] Independent Expenditure	Newspaper Ad	522.50	11,998.99	
10/20/2014	Paul Raver City Council Member City of Hemet [X] Support [ ] Oppose	[ ] Monetary Contribution [X] Nonmonetary Contribution [ ] Independent Expenditure	Newspaper Ad	1,567.50	17,838.51	
			SUBTOTAL $	3,657.50		

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 4,180.00
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL $ 4,180.00

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

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

SCHEDULE D (CONT.)

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER: The Public Safety Coalition PAC

I.D. NUMBER: 1356054

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)
10/30/2014	Paul Raver City Council Member City of Hemet [X] Support [ ] Oppose	[ ] Monetary Contribution [X] Nonmonetary Contribution [ ] Independent Expenditure	Newspaper Ad	522.50	17,838.51	
	[ ] 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 $ 522.50		

Schedule E
Payments Made

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

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: The Public Safety Coalition PAC

I.D. NUMBER: 1356054

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
Click & Pledge 2200 Kraft Dr. Blacksburg, VA 24060		Credit card processing fee	22.00
Click & Pledge 2200 Kraft Dr. Blacksburg, VA 24060		Credit card processing fee	22.00
Creative Data 1261 Wingate Pl. Pomona, CA 91768	CTB	Voter mail list supporting Paul Raver and Linda Krupa for City Council	321.00

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

SUBTOTAL $ 365.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 13,939.80
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 $** 13,939.80

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 10/19/2014 through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: The Public Safety Coalition PAC

I.D. NUMBER: 1356054

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
Curry Copy Center of Hemet 1915 E. Florida Ave. Hemet, CA 92544	POS		166.07
Curry Copy Center of Hemet 1915 E. Florida Ave. Hemet, CA 92544	CTB	Mailer supporting Paul Raver and Linda Krupa for City Council	7,652.13
Lavell Communications, Inc. 919 Fremont Ave., #328 Alhambra, CA 91803	CNS		1,576.60
The Press Enterprise 27740 Jefferson Ave., #380 Temecula, CA 92590	CTB	Newspaper ad supporting Paul Raver and Linda Krupa for City Council	1,045.00
The Press Enterprise 27740 Jefferson Ave., #380 Temecula, CA 92590	CTB	Newspaper ad supporting Paul Raver and Linda Krupa for City Council	1,045.00

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

SUBTOTAL $ 11,484.80

www.netfile.com

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: The Public Safety Coalition PAC

I.D. NUMBER: 1356054

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
The Press Enterprise 27740 Jefferson Ave., #380 Temecula, CA 92590	CTB	Newspaper ad supporting Paul Raver and Linda Krupa for City Council	1,045.00
The Press Enterprise 27740 Jefferson Ave., #380 Temecula, CA 92590	CTB	Newspaper ad supporting Linda Krupa and Paul Raver for City Council	1,045.00

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

SUBTOTAL $ 2,090.00

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: The Public Safety Coalition PAC

I.D. NUMBER: 1356054

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 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
Creative Data 1261 Wingate Pl. Pomona, CA 91768	CTB Voter mail list supporting Paul Raver and Linda Krupa for City Council	321.00	0.00	321.00	0.00
Curry Copy Center of Hemet 1915 E. Florida Ave. Hemet, CA 92544	CTB Mailer supporting Paul Raver and Linda Krupa for City Council	7,652.13	0.00	7,652.13	0.00
Curry Copy Center of Hemet 1915 E. Florida Ave. Hemet, CA 92544	LIT	0.00	12,052.29	0.00	12,052.29
	SUBTOTALS $	7,973.13$	12,052.29$	7,973.13$	12,052.29

*** 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 $** 12,861.92
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 $** 7,973.13
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 $** 4,888.79 (May be a negative number)

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

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

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

NAME OF FILER
The Public Safety Coalition PAC

I.D. NUMBER
1356054

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)

*** 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
Curry Copy Center of Hemet 1915 E. Florida Ave. Hemet, CA 92544	LIT	0.00	809.63	0.00	809.63
	SUBTOTALS $	0.00$	809.63$	0.00 $	809.63

www.netfile.com