COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

1652421

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2024
through 06/30/2024

Date of election if applicable: (Month, Day, Year)
11/05/2024

Date Stamp
RECEIVED
JUL 31 2024
TOWN OF LOOMIS

CALIFORNIA FORM 460

Page 1 of 15

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: 1466031

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Yes For Measure C - Continue Funding Loomis Library

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Loomis	CA	95650	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
ann.rielly.baker@gmail.com

Treasurer(s)

NAME OF TREASURER
Jan Clark-Crets

MAILING ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Loomis	CA	95650	

NAME OF ASSISTANT TREASURER, IF ANY
Paul Frank

MAILING ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Roseville	CA	95661	

OPTIONAL: FAX / E-MAIL ADDRESS
wishingwell143@att.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 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 07/25/2024 (Date) By Paul Frank (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

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

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes For Measure C - Continue Funding Loomis Library

I.D. NUMBER

1466031

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 10,976.91	$ 10,976.91
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 10,976.91	$ 10,976.91
4. Nonmonetary Contributions	*Schedule C, Line 3*	1,577.30	1,577.30
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 12,554.21	$ 12,554.21

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 857.37	$ 857.37
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 857.37	$ 857.37
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	1,577.30	1,577.30
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 2,434.67	$ 2,434.67

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	10,976.91
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	857.37
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 10,119.54

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.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2024
through 06/30/2024

SCHEDULE A
CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes For Measure C - Continue Funding Loomis Library

I.D. NUMBER
1466031

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)	
01/01/2024	Jan Clark-Crets [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	General Manager Indian Creek Country Club	50.00	336.29	G2024	$336.29
01/10/2024	Ann Baker [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Database analyst Relevant Radio	50.00	1,169.21	G2024	$1,169.21
02/01/2024	Junie Baldonado [redacted] Roseville, CA 95747	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Dentist Self	523.87	523.87	G2024	$523.87
02/01/2024	Jan Clark-Crets [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	General Manager Indian Creek Country Club	5.55	336.29	G2024	$336.29
02/01/2024	Amanda Cortez [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Driver UPS	105.03	105.03	G2024	$105.03
			SUBTOTAL $	734.45			

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 10,721.57
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 255.34
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** $ 10,976.91

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

NAME OF FILER
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I.D. NUMBER
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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)
02/01/2024	Todd Wilson [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Intel Corporation	1,000.00	1,000.00	G2024 $1,000.00
02/01/2024	Jenine Windeshausen [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	100.00	100.00	G2024 $100.00
02/02/2024	Bonnie London [redacted] Folsom, CA 95630	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	100.00	100.00	G2024 $100.00
02/02/2024	Morgan Zerwas [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Teacher Del Oro High School	100.00	100.00	G2024 $100.00
02/04/2024	Susan Richards-Slavik [redacted] Penryn, CA 95663	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Realtor Self	262.09	262.09	G2024 $262.09
			SUBTOTAL $	1,562.09		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

NAME OF FILER
Yes For Measure C - Continue Funding Loomis Library

I.D. NUMBER
1466031

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02/14/2024	Dorothy Shiro [redacted] Newcastle, CA 95658-9750	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	400.00	400.00	G2024 $400.00
02/14/2024	Gail Waller [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	262.09	262.09	G2024 $262.09
02/19/2024	Juanita Garcia [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	105.03	105.03	G2024 $105.03
02/20/2024	Grace Kamphefner [redacted] Granite Bay, CA 95746-5878	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Owner Flying Change Farms	1,000.00	1,161.59	G2024 $1,161.59
02/28/2024	Carol Braun [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	100.00	100.00	G2024 $100.00
			SUBTOTAL $	1,867.12		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

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03/01/2024	Marilyn Jasper [redacted] Loomis, CA [redacted]0	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	100.00	100.00	G2024 $100.00
03/18/2024	Chris Summers [redacted] Loomis, CA [redacted]50	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CEO Hebard Insurance	500.00	500.00	G2024 $500.00
03/30/2024	Shana Knott [redacted] Loomis, CA [redacted]50	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	105.03	105.03	G2024 $105.03
04/07/2024	Rebecca Feikert [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Teacher Harvest Ridge	150.00	150.00	G2024 $150.00
04/11/2024	Ann Baker [redacted] Loomis, CA [redacted]50	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Database analyst Relevant Radio	71.00	1,169.21	G2024 $1,169.21
			SUBTOTAL $	926.03		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

NAME OF FILER
Yes For Measure C - Continue Funding Loomis Library

I.D. NUMBER
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04/11/2024	Jan Clark-Crets [redacted] Loomis, CA [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	General Manager Indian Creek Country Club	71.00	336.29	G2024	$336.29
04/11/2024	Jan Clark-Crets [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	General Manager Indian Creek Country Club	209.74	336.29	G2024	$336.29
04/11/2024	Randolph Elder [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Certified Financial Planner Elder Financial	250.00	250.00	G2024	$250.00
04/11/2024	Ed Horton [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Owner Horton Iris Garden	250.00	250.00	G2024	$250.00
04/11/2024	Indian Creek Country Club [redacted] Loomis, CA [redacted]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		523.87	523.87	G2024	$523.87
			SUBTOTAL $	1,304.61			

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

NAME OF FILER

Yes For Measure C - Continue Funding Loomis Library

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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)
04/11/2024	Grace Kamphefner [redacted] Bay, CA 95746-5878	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Owner Flying Change Farms	70.00	1,161.59	G2024 $1,161.59
04/11/2024	Russ Kelley [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	100.00	100.00	G2024 $100.00
04/11/2024	Jennifer Knisley [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Executive Director Loomis Senior LIFE Center	250.00	250.00	G2024 $250.00
04/11/2024	Tom Lagerquist [redacted] Loomis, CA 95650	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Tutor Self	105.03	105.03	G2024 $105.03
04/11/2024	Loomis Ace Hardware [redacted] Loomis, CA 95650	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		1,047.43	1,047.43	G2024 $1,047.43
			SUBTOTAL $	1,572.46		

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IND – Individual
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

NAME OF FILER

Yes For Measure C - Continue Funding Loomis Library

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04/11/2024	Diane Means [redacted] Granite Bay, CA 95746-8146	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	100.00	100.00	G2024 $100.00
04/11/2024	Tim Onderko [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Realtor Self	200.00	200.00	G2024 $200.00
04/11/2024	Michele Vass [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Identity and Access Services Architect UC Davis	157.38	157.38	G2024 $157.38
04/11/2024	Kathleen Wiersch [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Marketing specialist SAP Customer Experience	100.00	100.00	G2024 $100.00
04/11/2024	Ralph Wilson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	150.00	150.00	G2024 $150.00
			SUBTOTAL $	707.38		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2024
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CALIFORNIA FORM 460

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04/12/2024	Ami Chilton [redacted], CA 96150	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Finance Director Town of Loomis	200.00	200.00	G2024 $200.00
04/15/2024	Jim Holmes [redacted] 95603	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Supervisor Placer County	250.00	250.00	G2024 $250.00
04/15/2024	Beverly Roberts [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Chief of Staff Placer County	100.00	100.00	G2024 $100.00
04/15/2024	Jessica Smith [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Nurse Kaiser Home Health	100.00	100.00	G2024 $100.00
04/15/2024	Gordon Takemoto [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired Retired	250.00	250.00	G2024 $250.00
			SUBTOTAL $	900.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

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04/28/2024	Joe Bittaker [redacted] Loomis, CA [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	School builder Landmark Construction	1,047.43	1,047.43	G2024 $1,047.43
04/29/2024	Karen Fraser-Middleton [redacted] Loomis, CA [redacted]0	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Consultant Marketing Action Inc	100.00	100.00	G2024 $100.00
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
			SUBTOTAL $	1,147.43		

*Contributor Codes
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PTY – Political Party
SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2024
through 06/30/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes For Measure C - Continue Funding Loomis Library

I.D. NUMBER

1466031

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)
01/10/2024	Ann Baker [redacted] Loomis, CA [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Database analyst Relevant Radio	FIL Form 410 fee	50.00	1,169.21	G2024 $1,169.21
02/01/2024	Nate Peters [redacted] Loomis, CA [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Owner Gander Taphouse	Food, beverage, and location for fundraiser	400.00	400.00	G2024 $400.00
04/02/2024	Ann Baker [redacted] Loomis, CA [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Database analyst Relevant Radio	PO Box	182.00	1,169.21	G2024 $1,169.21
04/10/2024	Grace Kamphefner [redacted] 95746-5878	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Owner Flying Change Farms	Beverages for event	91.59	1,161.59	G2024 $1,161.59

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 723.59

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 1,539.80
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 37.50
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 $** 1,577.30

*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 (Continuation Sheet)
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C (CONT.)

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes For Measure C - Continue Funding Loomis Library

I.D. NUMBER

1466031

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)
04/11/2024	Ann Baker [redacted] Loomis, CA [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Database analyst Relevant Radio	Food for fundraiser	130.23	1,169.21	G2024 $1,169.21
06/13/2024	Ann Baker [redacted] Loomis, CA [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Database analyst Relevant Radio	Constant Contact	264.00	1,169.21	G2024 $1,169.21
06/21/2024	Ann Baker [redacted] Loomis, CA [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Database analyst Relevant Radio	WEB start-up	421.98	1,169.21	G2024 $1,169.21
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 816.21

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes For Measure C - Continue Funding Loomis Library

I.D. NUMBER

1466031

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
Flower Farm [redacted] Loomis, CA 95650	FND			500.00
eFundraising [redacted] Sacramento, CA [redacted]816	WEB			317.31

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

SUBTOTAL $ 817.31

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 817.31
2. Unitemized payments made this period of under $100 ..... $ 40.06
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 $** 857.37