

Recipient Committee Campaign Statement Cover Page

COVER PAGE

| | |
|--|---|
| Date Stamp RECEIVED SEP 23 2024 TOWN OF LOOMIS | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>11</u> For Official Use Only |

| | |
|--|--|
| Statement covers period from <u>07-01-24</u> through <u>09-21-24</u> | Date of election if applicable: (Month, Day, Year) <u>November 5, 2024</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
(Also Complete Part 5)

General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee

Primarily Formed Ballot Measure
Committee
Controlled
Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

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

Quarterly Statement
 Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1472107

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Cartwright for Town Council 2024

STREET ADDRESS (NO P.O. BOX)
5167 Saunders Avenue

| | | | |
|---------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Loomis</u> | <u>CA</u> | <u>95650</u> | <u>916-745-9520</u> |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS
jdanielcartwright@gmail.com

Treasurer(s)

NAME OF TREASURER
James C. Davis

MAILING ADDRESS
12423 Jeremiah Drive

| | | | |
|---------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Auburn</u> | <u>CA</u> | <u>95603</u> | <u>310-729-1597</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS
lifestylepr@hotmail.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 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 September 22, 2024 Date

Executed on September 22, 2024 Date

Executed on _____ Date

Executed on _____ Date

By James C. Davis Signature of Treasurer or Assistant Treasurer

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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 | | | | |
| James Daniel Cartwright | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | | |
| Member: Loomis Town Council | | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP | |
| [REDACTED] | Loomis | CA | 95650 | |

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

| | | |
|---|---------------------|---|
| NAME OF BALLOT MEASURE | | |
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| Identify the controlling officeholder, candidate, or state measure proponent, if any. | | |
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY | |

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>07-01-24</u> | CALIFORNIA FORM 460 |
| through <u>09-21-24</u> | |
| Page <u>3</u> of <u>11</u> | |
| I.D. NUMBER 1472107 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cartwright for Town Council 2024

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>7,635.00</u> | \$ <u>7,635.00</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>7,635.00</u> | \$ <u>7,635.00</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | <u>167.00</u> | <u>167.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>7,802.00</u> | \$ <u>7,802.00</u> |

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

| | Column A | Column B |
|---|--------------------|--------------------|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>3,330.73</u> | \$ <u>3,330.73</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>3,330.73</u> | \$ <u>3,330.73</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | <u>167.00</u> | <u>167.00</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>3,497.73</u> | \$ <u>3,497.73</u> |

Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | | |
|--|---------------|--|
| Date of Election (mm/dd/yy) | Total to Date | |
| ____/____/____ | \$ _____ | |
| ____/____/____ | \$ _____ | |

Current Cash Statement

| | |
|---|--------------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i> | \$ <u>0.00</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | <u>7,635.00</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | <u>0.00</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>3,330.73</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>4,304.27</u> |

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

| | |
|---|----------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0.00</u> |
|---|----------------|

Cash Equivalents and Outstanding Debts

| | |
|---|----------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ <u>0.00</u> |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0.00</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07-01-24</u> through <u>09-21-24</u> | | CALIFORNIA FORM 460 |
| Page <u>4</u> of <u>11</u> | | |
| NAME OF FILER Cartwright for Town Council 2024 | | I.D. NUMBER 1472107 |

SEE INSTRUCTIONS ON REVERSE

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08-21-24 | Kaoro Cartwright [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker Homemaker | 200.00 | 200.00 | G2024 200.00 |
| 08-22-24 | Woody's Market & Deli Inc. [REDACTED] CA 95650 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 200.00 | 200.00 | G2024 200.00 |
| 08-22-24 | New Cal Metals Inc. [REDACTED] CA 95650 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | G2024 1,000.00 |
| 08-26-24 | Alpine Equity Properties, LLC [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | G2024 250.00 |
| 09-03-24 | Joe Patterson for Assembly 2024 [REDACTED] | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 900.00 | 900.00 | G2024 900.00 |

SUBTOTAL \$ 2,550.00

Schedule A Summary

| | |
|--|--------------------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ 7,060.00 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ 575.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | TOTAL \$ 7,635.00 |

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>07-01-24</u> through <u>09-21-24</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>11</u> |
| I.D. NUMBER 1472107 | |

NAME OF FILER

Cartwright for Town Council 2024

| 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) |
|---------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09-03-24 | Laura Mount [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Audiologist Self | 100.00 | 100.00 | G2024 100.00 |
| 09-03-24 | Renee M. Mohr [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Nutrition Consultant Mohr Natural | 100.00 | 100.00 | G2024 100.00 |
| 09-03-24 | Donald Ratkowski [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Tactics & Firearms Trainer Protection Plus Tactics | 250.00 | 250.00 | G2024 250.00 |
| 09-03-24 | Jeff Stone [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Retired | 100.00 | 100.00 | G2024 100.00 |
| 09-03-24 | Brian Baker [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Representative Wirant Sales, Inc. | 100.00 | 100.00 | G2024 100.00 |
| SUBTOTAL \$ 650.00 | | | | | | |

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>07-01-24</u> through <u>09-21-24</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>11</u> |
| I.D. NUMBER 1472107 | |

NAME OF FILER
Cartwright for Town Council 2024

| 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) |
|---------------------------|---|---|--|-----------------------------|--|---------------------------------------|
| 09-03-24 | Jayson Wedge [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Safety Supervisor Capitol Valley Electric | 100.00 | 100.00 | G2024 100.00 |
| 09-03-24 | Deborah Grinder [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Retired | 200.00 | 200.00 | G2024 200.00 |
| 09-03-24 | Nathan DiPillo [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Planning Commissioner Town of Loomis | 100.00 | 100.00 | G2024 100.00 |
| 09-03-24 | Bob Jibson [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Retired | 250.00 | 250.00 | G2024 250.00 |
| 09-03-24 | Nick Slavich [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Retired | 100.00 | 100.00 | G2024 100.00 |
| SUBTOTAL \$ 750.00 | | | | | | |

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>07-01-24</u> through <u>09-21-24</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>11</u> |

| | |
|---|------------------------|
| NAME OF FILER Cartwright for Town Council 2024 | I.D. NUMBER 1472107 |
|---|------------------------|

| 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) |
|---------------------------|---|---|--|-----------------------------|--|---------------------------------------|
| 09-04-24 | Jeff Hansen [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Contractor JM Hansen | 100.00 | 100.00 | G2024 100.00 |
| 09-05-24 | Jason Clement [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Partner Universal Heating and Air Conditioning | 100.00 | 100.00 | G2024 100.00 |
| 09-05-24 | Bruce Ebert [REDACTED] 0 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney and Forensic Psychologist Self | 100.00 | 100.00 | G2024 100.00 |
| 09-10-24 | Scott Ruiz [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Retired | 100.00 | 100.00 | G2024 100.00 |
| 09-10-24 | Scott Ruiz [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Retired | 260.00 | 360.00 | G2024 360.00 |
| SUBTOTAL \$ 660.00 | | | | | | |

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>07-01-24</u> through <u>09-21-24</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>11</u> |

| | |
|---|------------------------|
| NAME OF FILER Cartwright for Town Council 2024 | I.D. NUMBER 1472107 |
|---|------------------------|

| 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) |
|-----------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09-10-24 | Greg Critchfield [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Electrical Engineer Self | 100.00 | 100.00 | G2024 100.00 |
| 09-13-24 | Jason Arcediano [REDACTED] 48 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive Management Technology | 100.00 | 100.00 | G2024 100.00 |
| 09-16-24 | Mark LaBrode [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Retired | 150.00 | 150.00 | G2024 150.00 |
| 09-20-24 | American Council [REDACTED] | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ck# 5098 | 2,000.00 | 2,000.00 | G2024 2,000.00 |
| 09-06-24 | Samuel D. Sims [REDACTED] e [REDACTED] 50 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Retired | 100.00 | 100.00 | G2024 100.00 |
| SUBTOTAL \$ 2,450.00 | | | | | | |

*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**

Amounts may be rounded to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from <u>07-01-24</u> through <u>09-21-24</u> | CALIFORNIA FORM 460 |
| | Page <u>9</u> of <u>11</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cartwright for Town Council 2024

I.D. NUMBER

1472107

| 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) |
|---------------|--|---|--|---|---------------------------|---|------------------------------------|
| 08-24-24 | New Hope Church [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1/3 share of mtg room (500.00) for 3 candidate event. | 167.00 | 167.00 | G2024 167.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 167.00

Schedule C Summary

| | |
|---|------------------------|
| 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)..... | \$ 167.00 |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 | \$ 0.00 |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... | TOTAL \$ 167.00 |

*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
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07-01-24</u> through <u>09-21-24</u> | | CALIFORNIA FORM 460 |
| Page <u>10</u> of <u>11</u> | | |
| NAME OF FILER Cartwright for Town Council 2024 | | I.D. NUMBER 1472107 |

SEE INSTRUCTIONS ON REVERSE

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 |
|---|---------|--|-------------|
| Anedot (Anedot.com) 1340 Poydras Street #1770, New Orleans, LA 70112 | WEB | Transaction fees for using Internet to receive campaign contributions. | 40.10 |
| Mike Murray for Supervisor 2024 2212 Invar Court, Rocklin, CA 95765 Committee ID# 1458357 | FND | One-third share of food and beverage (343.28) for three candidate fundraising event. | 114.43 |
| Signworx 1468 Sky Harbor Drive, Olivehurst, CA 95961 | CMP | Campaign signs. | 814.04 |

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

SUBTOTAL \$ 968.57

Schedule E Summary

| | |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ 3,213.37 |
| 2. Unitemized payments made this period of under \$100..... | \$ 117.36 |
| 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 \$ 3,330.73 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 07-01-24
through 09-21-24

**CALIFORNIA 460
FORM**

Page 11 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cartwright for Town Council 2024

I.D. NUMBER

1472107

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 | |
|--|------|-------------|--------------------------|---|--------|
| Signworx 1468 Sky Harbor Drive, Olivehurst, CA 95961 | CMP | | Campaign Signs. | 321.91 | |
| California Secretary of State 1500 11th Street, Sacramento, CA 95814 | FIL | | Qualified committee fee. | 50.00 | |
| JC Evans 13194 US Hwy 301 S #246, Riverview, FL 33578 | LIT | | 1,000 door hangers. | 895.89 | |
| Budget Watchdogs Newsletter 22410 Hawthorne Blvd, Ste 5, Torrance, CA 90505 | | ID# 1345115 | LIT | Appearance on 2024 General Election slate mailer. | 643.00 |
| Senior Advocate-A Project of the Coalition for California 22410 Hawthorne Blvd, Ste 5, Torrance, CA 90505 | | ID# 1439476 | LIT | Appearance on 2024 General Election slate mailer. | 334.00 |

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

SUBTOTAL \$ 2,244.80

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov