COVER PAGE Recipient Committee Date Stamp **CALIFORNIA Campaign Statement FORM Cover Page** RECEIVED of 16 Page 1 Statement covers period Date of election if applicable: (Month, Day, Year) NOV 02 2018 For Official Use Only from 10/20/2018 11/06/2018 CITY CLERK 11/2/2018 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee ✓ Preelection Statement Primarily Formed Ballot Measure ☐ Quarterly Statement O State Candidate Election Committee Committee ☐ Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee ☐ Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee ID MIIMBED 3. Committee Information Treasurer(s) 1407262 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Fischer for Council 2018 Lomesh Shah MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Rohnert Park CA 94928 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Petaluma CA 94952 Beverly Schor MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Petaluma CA 94952 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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. 11/2/2018 Executed on Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on .

Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART 2
CALIFORN FORM	^{IIA} 460
Page 2	_ of 16

. Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballot	t Measure Committe	e
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
D'Lynda Fischer				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
Petaluma City Council				☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE Petaluma CA 94952	ZIP	Identify the controlling office		e measure proponent, if any.
		NAME OF OFFICEHOLDER, CANE	DIDATE, OR PROPONENT	
Related Committees Not Included in this Statement: List any commit not included in this statement that are controlled by you or are primarily formed to recontributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY
COMMITTEE NAME Fischer for Council 2018 1407262	······			
NAME OF TREASURER Lomesh Shah CONTROLLED COMMITTEE Lomesh Shah	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeholder Conficted is	ommittee List names of primarily formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOI	UGHT OR HELD ☐ SUPPORT ☐ OPPOSE
CITY STATE ZIP CODE AREA CODE/PI Petaluma CA 94952	HONE	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOI	UGHT OR HELD ☐ SUPPORT ☐ OPPOSE
COMMITTEE NAME I.D. NUMBER .		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOI	UGHT OR HELD SUPPORT ·
NAME OF TREASURER CONTROLLED COMMITTEE YES NO	?	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SOL	UGHT OR HELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PI	HONE	Attac	ch continuation sheets if i	necessary

Campaign Disclosure Statement Summary Page

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period 10/20/2018 FORM 460 FORM 11/2/2018 Page 3 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER D'Lynda Fischer

1407262 Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** \$11.225 1/1 through 6/30 7/1 to Date 20. Contributions ¢\$11,225 \$3,751 \$8,040 Received \$566 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures \$500 \$8,246 \$11,791 Made TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** \$125 \$8,746 6. Payments Made...... Schedule E, Line 4 **Candidates** 7. Loans Made...... Schedule H. Line 3 \$8,746 22. Cumulative Expenditures Made* \$125 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$8,746 \$125 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 11 / 06 / 2108 \$\$8.746 **Current Cash Statement** \$3,254 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. \$125 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14. then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ ____ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents...... See instructions on reverse \$

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www.fppc.ca.gov

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cov 10/20/2018	rers period		SCHEDULE A CALIFORNIA 460 FORM		
SEE INSTRUCTIO		11/2/201 through	18	Page	_4 of16_				
NAME OF FILER	D'Lynda Fischer					I.D. NU	MBER 1407262		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
	•	☐IND ☐COM ☐OTH ☐PTY ☐SCC	•				•		
		□IND □COM □OTH □PTY □SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
	·	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			·				
			SUBTOTAL \$;					
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	\$0	IND -		ŀ		
2 Total mana	ceived this period – unitemized monetary contribution etary contributions received this period. I and 2. Enter here and on the Summary Page, Colu				PTY-	– Öther (– Politica	(e.g., business entity)		

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	Amounts may be rounded						SCHEDULE B - PART		
Schedule B – Part 1 Loans Received			Statement cov	·	CALIFORNIA 2.6				
SEE INSTRUCTIONS ON REVERSE					through		Page 5	of 16	
NAME OF EU ED			•	<u> </u>	-		I.D. NUMBER		
Fischer案							14072	262	
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	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTION: TO DATE	
•		\$	\$	PAID \$ FORGIVEN	\$	RATE	s	CALENDAR YEAR \$ PER ELECTION* \$	
TO IND COM OTH PTY SCC				PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION*	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				\$ FORGIVEN	s	% RATE	\$	\$PER ELECTION*	
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	5 ;	\$	\$	\$			
Schedule B Summary 1. Loans received this period				\$		(Enter (e) on Schedule E, Line	3)		
 (Total Column (b) plus unitemized loan Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha) Net change this period. (Subtract Line 	0 paid or forgiven.) t are also itemized on Sche	dule A.)					†Contributor Codes IND – Individual COM – Recipient C (other than OTH – Other (e.g., PTY – Political Part SCC – Small Contri	committee PTY or SCC) business entity)	

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

Enter the net here and on the Summary Page, Column A, Line 2.

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(May be a negative number)

Calcadula D. Daut O		Amounts may be rounded					CHEDULE B - PAR
Schedule B – Part 2 Loan Guarantors		to whole dollars.			ment covers period	CALIFO FO	ORNIA 460
SEE INSTRUCTIONS ON REVERSE				through.		Page 6	of 16
NAME OF FILER D'Lynda Fischer						I.D. NUMI	BER
						14	07262
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LÉNDER			CALENDAR YEA	R
	COM					\$	
	□ OTH		DATE			PER ELECTION	-
	□PTY					(IF REQUIRED)	
	□scc					\$	_
				•		CALENDAR YEA	R
	□IND		LENDER		,		
	COM					PER ELECTION	-
	□ OTH □ PTY		DATE			(IF REQUIRED)	
	SCC						
						\$	_
	□IND		LENDER			CALENDAR YEA	R
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	□PTY					,	
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	□IND		LEMBER			\$	
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DATE

SUBTOTAL \$

□отн

□PTY □SCC PER ELECTION (IF REQUIRED)

Enter on Summary Page, Line 17 only.

Schedule C		Amounts may be rounded				SCHEDULE C				
Nonmonetary Contributions Received	to whole dollars.			Statement covers period from			CALIFO FO	460		
SEE INSTRUCTIONS ON REVERSE				thro	ough		Page	7 of.	16	
NAME OF FILER		·					I.D. NUME			
						:	14	07262		
DATE RECEIVED THE 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 (GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - I	E R YEAR	TO	LECTION DATE QUIRED)	
	☐IND ☐COM ☐OTH ☐PTY ☐SCC									
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC									
	☐IND ☐COM ☐OTH ☐PTY ☐SCC									
	☐IND ☐COM ☐OTH ☐PTY ☐SCC		·						-	
Attach additional information on appropriately labeled	continuation s	sheets.	SUBTO	TAL \$	3					
Calcadada O Comercano		-								
Schedule C Summary I. Amount received this period – itemized nonmonetary (Include all Schedule C subtotals.)	•••••					IND - COM		t Committe an PTY or	SCC)	
2. Amount received this period – unitemized nonmonet		ons of less than \$100		\$		_ OTH	– Other (e. - Political F	g., busines Party	ss entity)	
Total nonmonetary contributions received this period (Add Lines 1 and 2. Enter here and on the Summary		nn A, Lines 4 and 10.)	TOTA	L \$			- Small Co		Committee	

Schedule D SCHEDULE D **Summary of Expenditures** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **Supporting/Opposing Other FORM** Candidates, Measures and Committees from. Page 8 through_ SEE INSTRUCTIONS ON REVERSE NAME OF FILED'Lynda Fischer I.D. NUMBER 1407262 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT **AMOUNT THIS** CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ■ Support □ Oppose ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Oppose ■ Support ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose SUBTOTAL \$ Schedule D Summary 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)......\$

2. Unitemized contributions and independent expenditures made this period of under \$100......\$

Schedule D Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		nuation Sheet) ary of Expenditures orting/Opposing Other			rs period	schedule d (cont. period CALIFORNIA 460 FORM		
	·			through		Page 9	of 16	
IAME OF FILER	'Lynda Fischer					I.D. NUME		
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	CUMULATIV CALENDA (JAN. 1 - I	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ 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	_ \$				

Schedule E Payments Made	Statement covers period from 0/20/18	CALIFORNIA PORM				
SEE INSTRUCTIONS ON REVERSE NAME OF FILER FISCHER?				through 11/2/18	ID NIIN	10 of 16 MRFR 407262
CODES: If one of the following codes accurately described 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 com MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses lating urvey researc very and mes	· ·	rwise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committees VOT voter registration WEB information technology costs	costs luction costs d meals and meals s of the sam	s ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Sonia Taylor		LIRe	isions to Hando	eard		\$125
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.		SU	BTOTAL	B
Schedule E Summary 1. Itemized payments made this period. (Include all Schedul	le E subtotals.)				\$ ^{\$1}	125
2. Unitemized payments made this period of under \$100	•••••				\$	
3. Total interest paid this period on loans. (Enter amount from4. Total payments made this period. (Add Lines 1, 2, and 3.						125

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Schedule		
(Continua	tion	Sheet)
Payments	Mad	i ak

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA 460
Page 11 of 16
I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILERD'Lvnda Fischer

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 candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND

LEG legal defense PRO professional services (legal, accounting) VOT voter registration 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
·				,
			•	
			•	

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

SUBTOTAL \$1,110

Accrued Expenses (Unpaid Bills) Amounts may be rounded to whole dollars.			Statement cov	ers period	CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE			through		Page 12	of 16
NAME OF FILER					ID NUMBER	
					140	7262
CODES: If one of the following codes accurately described 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 communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production con butions kers' salaries time and product el, lodging, and n avel, lodging, and en committees of on	iion costs neals I meals f the same car	,
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 PA THIS PERIO (ALSO REPORT	OD BA	(d) OUTSTANDING ALANCE AT CLOSE OF THIS PERIOD
·						-
•						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	}	\$	<u> </u>	\$	
Schedule F Summary						
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)			INCL	JRRED TOTA	LS \$	
Total accrued expenses paid this period. (Include all Scheaccrued expenses of \$100 or more, plus total unitemized				PAID TOTA	LS \$	
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and			N	ET\$	a negative number
					•	

Sahadula E	Amounts may be round	SCHEDULE F (CONT					
Schedule F Continuation Sheet)	to whole dollars.	Statement cov	CALIFORNIA 460				
Accrued Expenses (Unpaid Bills)		from		FORM 400			
			through		Page 1	3 of 16	6
IAME OF FILER					ID NIIN	1407262	-1
CODES: If one of the following codes accurately described	s the payment, you may	enter the code. Oth	erwise, describe the	e pavment.		The second secon	Vin Commence and Assessment
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings * Payments that are contributions or independent expenditures must a	MBR member communication MTG · meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	nces earch nessenger services egal, accounting)	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trav TRS staff/spouse tr TSF transfer betwe VOT voter registrati WEB information tec	ibutions kers' salaries time and produc el, lodging, and r avel, lodging, an en committees o on	etion costs meals d meals of the same	e candidate/sp	onsor
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 P THIS PERI (ALSO REPORT	OD	(d) OUTSTAND BALANCE AT OF THIS PE	CLOSE
•							

SUBTOTALS \$

\$

\$

Schedule	G							SCHEDULE
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Amounts may be rounded to whole dollars.					Statement covers period from		california 460	
CEE INCTRUCTION	O ON DEVEDOR				thro	ugh	Page 14	of 16
SEE INSTRUCTION NAME OF FILER	5 ON REVERSE						ID NUMBER	
HAME OF LOCKED							140	7262
NAME OF AGENT O	R INDEPENDENT CONTRACTOR							
CODES: If o	ne of the following codes accurately describ	es the payment	vou may e	nter the code	Othenwise	describe the navment		
CNS campaign of contribution CVC civic donating FIL candidate f FND fundraising IND LEG legal defen LIT campaign in campaign i	n (explain nonmonetary)* ons iling/ballot fees events nt expenditure supporting/opposing others (explain)*	MBR member of meetings at office experience petron petition circ phone ban polling and postage, direct professions	and appearance inses culating ks survey resea elivery and ma al services (leg	es . rch essenger services	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration information technology costs	uction costs I meals and meals of the same ca	
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	DR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
		·				·		
	•							

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

								SCHEDULE H
Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.			Statement co	vers period	california 460 form		
SEE INSTRUCTIONS ON REVERSE				:	through		Page 15	of 16
NAME OF FILER							i.d. NUMBER 14072	262
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-EMPLOYEO, ENTER' NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENESS THIS PERIOD	CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID \$———— ☐ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		\$	\$	PAID S FORGIVEN \$	\$DATE DUE	% RATE	\$DATE INCURRED	\$ PER ELECTION**
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgiver reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
·			-			(Enter (e) on Schedule I, Line 3)		
Schedule H Summary 1. Loans made this period								
(Total Column (b) plus unitemized loans	s of less than \$100.)							**If Required
Payments received on loans (Total Column (c) plus unitemized paym					\$		_	
3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summar						ay be a negative number)	_	

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded	•	SCHEDULE				
		to whole dollars.	Statement covers pe	CALII CININA				
			from					
			through	Page 16 of 16				
NAME OF FILER	NOE			I.D. NUMBER				
				1407262				
DATE RECEIVED	FULL NAME AND ADDRESS OF SOU (IF COMMITTEE, ALSO ENTER I.D. NUMBE	RCE R)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH				
	•	•		•				
	·							
	•	ľ		•				
Attach additional inform	JBTOTAL \$							
Schedule I Summa	ary							
	cash this period		\$					
2. Unitemized increases	s to cash of under \$100 this period		\$					
3. Total of all interest re	ceived this period on loans made to othe	ers. (Schedule H, Column (e).)	\$					
4. Total miscellaneous i	ncreases to cash this period. (Add Lines	1, 2, and 3. Enter here and on th	e TOTAL \$					