Recipient Committee Campaign Statement Cover Page			Date Stamp	california 460
	Statement covers period from Jan 1, 2018	Date of election if applicable: (Month, Day, Year)		Page1 of17  For Official Use Only
EE INSTRUCTIONS ON REVERSE	through June 30, 2018	Nov 6, 2018		
. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
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)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination ☐ Amendment (Explain below)	□s	uarterly Statement pecial Odd-Year Report
3. Committee Information	I.D. NUMBER 1406757	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		,
Cribb for Council, 2018		Sue A Simon		<u> </u>
		MAILING ADDRESS		
44. 20. 20V		PO Box 1465	STATE ZIP	CODE AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)		Sonoma		476 707-225-7140
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
Sonoma CA 954	76 707-225-7140			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
PO Box 1465	ODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
Sonoma CA 954		Siri		
OPTIONAL: FAX/E-MAIL ADDRESS	707 200 7170	OPTIONAL: FAX/ E-MAIL ADDRESS sueasimon@gmail.com		The state of the s
. Verification				
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State	wing this statement and to the best of my of California that the foregoing is true an	/ knowledge the information contained herein ar d correct. (	nd'in the attached	schedules is true and complete. I
Executed on	Ву			
Executed on July 28, 2018	BySignature of Cor	ntrolling Officehologe, Canuluale, State Measure Froponent of N	озропакле Олион огор	ionooi
Executed onDate	Ву	Signature of CoMrolling Officeholder, Candidate, State Measure	e Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measur	re Proponent	

COVER PAGE

## Recipient Committee Campaign Statement Cover Page — Part 2

CC	VER PA	GE - PART 2
CALIFO FOR	7	460
Page	<u>2</u> o	f17

Officeholder or Candidate Controlled Comm	ittee	.6.	Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	•		· · · · · · · · · · · · · · · · · · ·
James K Cribb						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. ORILETTER	JURISDICTIO	N	SUPPORT
City Council Member, City of Sonoma, CA					<u>.</u>	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP		Identify the controlling office	holder candi	date, or state measure pr	ponent, if any.
1061 Broadway Sonom	a, CA 95476		NAME OF OFFICEHOLDER, CAN			
			NAME OF OFFICE IOCOLDER, ONN	DIDITIE, OITT	or onem	
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
GOMMITTEE NAME	I.D. NUMBER					
NA		7	Primarily Formed Cand	lidata/Offic	oholder€emmittee	l int namen of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	officeholder(s) or candidate(s)	for which this	committee is primarily for	ned.
	YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	)
GOMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		WANTE OF OFFICE HOLDER ON O	, MDIDI (I E		SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	) [] cupper
NA						SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	YES NO					OPPOSE
GOMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	(OA)			· · · · · · · · · · · · · · · · · · ·		
CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ch continuati	on sheets if necessary	

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	tinough		
			I.D. NUMBER 1406757
Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALLENDAR YEAR TOTAL TO DATE	Running in Both the	mary for Candidates e State Primary and
0 0	\$O \$O \$O		NA \$ NA NA
0 7 \$ 0 0 0 0	\$O \$O O \$O	Expenditure Limit S Candidates  22. Cumulativ (if Subject to Date of Election (mm/dd/yy)	Summary for State  ve Expenditures Made*  Voluntary Expenditure Limit)  Total to Date  NA
0 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	*Amounts in this section r reported in Column B.	may be different from amounts
9 \$0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Aclvice: adv	FPPC Form 460 (Jan/2016) rice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov
	(FROM ATTACHED SCHEDULES)  3 \$ 0  4 \$ 0  4 \$ 0  5 \$ 0  6 \$ 0  9 \$ 0  6 \$ 0  9 \$ 0  10 \$ 0  10 \$ 0  11 \$ 0  12 \$ 0  13 \$ 0  14 \$ 0  15 \$ 0  16 \$ 0  17 \$ 0  18 \$ 0  18 \$ 0  19 \$ 0  10	Column A	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  CAIENDAR YEAR TOTAL TO DATE  CAIENDAR YEAR TOTAL TO DATE  CAIENDAR YEAR TOTAL TO DATE  Calendar Year Sum Running in Both th General Elections  1/1 th General Elections  1/2 th General Elections  1/3 th General Elections  1/2 th General Elections  1/3 th General Elections  1/4

Schedule	chedule A		ts may be rounded whole dollars.			SCHEDULE /		
Monetary	Contributions Received	ιο	whole dollars.	Statement cov	-	CAL	FORNIA 460	
				from Jan 1, 2018		FORM TOO		
SEE INSTRUCTION	DNS ON REVERSE			throughJune 30, 2018		Page4 of17		
NAME OF FILER						I.D. NU	JMBER	
Sue A Sin	non, Treasurer					1406	757	
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)	
	NA	□IND □COM □OTH □PTY □SCC						
	NA	□IND □COM □OTH □PTY □SCC						
	NA	□IND □COM □OTH □PTY □SCC						
	NA	□IND □COM □OTH □PTY □SCC						
	NA	□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	0				
Schedule	A Summary		,		*Con	tributor (	Codes	
	eceived this period – itemized monetary contributions. II Schedule A subtotals.)		\$	0			ual ient Committee · than PTY or SCC)	
2. Amount re	eceived this period – unitemized monetary contribution	ns of less thar	r \$100\$	0		<ul><li>Other</li></ul>	(e.g., business entity)	
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			0		– Politica – Small	Contributor Committee	

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received  NAME OF FILER Sue A Simon, Treasurer		Amounts may to whole o		Statement cov		CALIFORNIA 46 FORM 46  Page 5 of 17  I.D. NUMBER	
Sue A Simo	on, Treasurer	7			1	14067	an and a second and a
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)
	NA	□IND □COM □OTH □PTY □SCC					
	NA	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
	NA	□IND □COM □OTH □PTY □SCC					
	NA	□IND □COM □OTH □PTY □SCC					
	NA	☐IND ☐COM ☐OTH ☐PTY ☐SCC					

SUBTOTAL \$

0

\*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

	Λm	ounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1	Aiii	to whole dollars			Statement cov	ers period	CALIFORN	IA 460
Loans Received					from Jan 1	, 2018	FORM	400
					luna	20 2010		47
SEE INSTRUCTIONS ON REVERSE					throughune	30, 2018	Page6	of17
NAME OF FILER							I.D. NUMBER	
Sue A Simon, Treasurer			•				1406757	
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 PA OR FORGIVE THIS PERIO	EN. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
NA				☐ PAID				CALENDAR YEAR
NA .				\$	_   \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
<b>+</b>		\$	s	s	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY SCC								CALENDAR YEAR
NA				PAID		.,		
				\$		RATE	\$	PER ELECTION**
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	8	\$	DATE DUE	3	DATE INCURRED	3
NA				☐ PAID				CALENDAR YEAR
				\$	_ \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
†   IND   COM   OTH   PTY   SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS S	\$ 0	\$	0 \$ 0	\$ 0		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	)	
Loans received this period			******	\$ _				
(Total Column (b) plus unitemized loar				•	,	(+	Contributor Codes	
2. Loans paid or forgiven this period				\$	0	11	ND – Individual	
(Total Column (c) plus loans under \$10			***********************	—		C	OM – Recipient C other than	ommittee PTY or SCC)
(Include loans paid by a third party tha		edule A.)					OTH - Other (e.g.,	business entity)
3. Net change this period. (Subtract Lin	e 2 from Line 1.)			.NET \$	00		TY – Political Part CC – Small Contr	
Enter the net here and on the Summar	ry Page, Column A, Line 2.				(May be a negative number)			

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

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

DATE

SUBTOTAL \$

☐ COM

OTH

□ PTY

PER ELECTION

(IF REQUIRED)

Enter on Summary Page, Line 17 only.

Schedul Nonmor	e C netary Contributions Received	Amounts may be rounded to whole dollars.  Contributions Received				Statement covers period from Jan 1, 2018			california 460		
SEC INSTRUCT	TIONS ON REVERSE				throug	<sub>jh</sub> <u>June 30,</u>	2018	Page	8 of 17		
NAME OF FILE		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·		I.D. NUME	BER		
Sue A Sir	morı, Treasurer							140675	7		
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 O GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRE		
	NA	□IND □COM □OTH □PTY □SCC									
	NA	□IND □COM □OTH □PTY □SCC									
	NA	□IND □COM □OTH □PTY □SCC									
	NA .	☐IND ☐COM ☐OTH ☐PTY ☐SCC									
Attach add	litional information on appropriately labeled	continuation :	sheets.	SUBTO	TAL\$	0					
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)	y contribution	S.		\$	0	IND				
3. Total nor	received this period – unitemized nonmone nmonetary contributions received this period es 1 and 2. Enter here and on the Summary	i.				0	PTY	l – Other (e – Political I	g., business ent	ity)	

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

Amounts may be rounded to whole dollars.

PATE	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 ELECTI TO DATE (IF REQUIRE
	NA Deport Depose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	,			
	NA	Monetary Contribution Nonmonetary Contribution Independent				
	NA  Support Oppose  Oppose  Oppose	Expenditure  Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL \$	0		

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period **CALIFORNIA Supporting/Opposing Other FORM** Jan 1, 2018 from Candidates, Measures and Committees \_\_\_10\_\_\_of\_\_\_17\_\_ June 30, 2018 through. NAME OF FILER I.D. NUMBER Sue A Simon, Treasurer 1406757 **CUMULATIVE TO DATE** PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS DATE TYPE OF PAYMENT CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary NA Contribution Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose Monetary NA Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose Monetary NA Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Support Oppose Monetary NA Contribution ■ Nonmonetary Contribution Independent Expenditure ☐ Support Oppose SUBTOTAL \$ 0

Schedule E Payments Made	Amounts may to whole d				nent covers period Jan 1, 2018 June 30, 2018	FO	RM TOO
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	04116 00, 2010	Page	
Sue A Simon, Treasurer		,				140675	
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 cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s POS postage, de	nmunications d appearances ses ulating s survey research	nger services	RAD radi RFD retu SAL cam TEL t.v. TRC can TRS staf TSF tran VOT vote	cribe the paymer or airtime and product rned contributions apaign workers' salar or cable airtime and product travel, lodging f/spouse travel, lodging afer between commiter registration technology of the payment of t	tion costs ies production costs n and meals ng, and meals ttees of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR		DESCRIPTION OF	PAYMENT		AMOUNT PAID
NA	A		1				
NA NA				The second second			
NA	Backgroth and all the Control of the						
* Payments that are contributions or independent expenditures must also be	e summarized on Sch	edule D.				SUBTOTAL \$	0
Schedule E Summary		WW. 100			4000		3-20-10-10-10-10-10-10-10-10-10-10-10-10-10
1. Itemized payments made this period. (Include all Schedul	le E subtotals.)					,\$	0
2. Unitemized payments made this period of under \$100		•••••				\$	
3. Total interest paid this period on loans. (Enter amount from							^
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and or	the Summar	y Page, Colu	mn A, Line 6.).		TOTAL \$_	U

DDES: If one of the following codes accurately des campaign paraphernalia/misc. S campaign consultants B contribution (explain nonmonetary)* C civic donations candidate filing/ballot fees D fundraising events independent expenditure supporting/opposing others (explain)* G legal defense	Amounts may be to whole do		Statement covers period from Jan 1, 2018	SCHEDULE E (CON CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through <u>June 30, 2018</u>	Page of	
NAME OF FILER Sue A Simon, Treasurer				I.D. NUMBER 1406757	
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FiL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain) LIEG legal defense	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su * POS postage, deliv	munications I appearances es ating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, at the staff/spouse travel, lodging,	n costs duction costs nd meals , and meals es of the same candidate/sponsor	
		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
NA					

NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D. NUME	E CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PA	.ID
NA					
NA					
NA					
NA					
NA					
* Payments that are contributions or independent expenditures	must also be summarized on Schedule D.		S	UBTOTAL \$	0

						SCHEDULE		
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement covers period from Jan 1, 2018		CALIFORNIA 460				
SEE INSTRUCTIONS ON REVERSE					Page 13	Page 13 of 17		
NAME OF FILER	A STATE OF THE STA				I.D. NUMBER			
Sue A Simon, Treasurer					1406757			
CODES: If one of the following codes accurately describe					1			
CMP campaign paraphernalia/misc.	MBR member communicatio	RAD radio airtime and production costs						
CNS campaign consultants CTB contribution (explain nonmonetary)*	OFC office expenses	g			RFD returned contributions 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 rese		avel, lodging, and					
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and r	TSF transfer between committees of the same candidate/sponsor						
LEG legal defense	PRO professional services (i PRT print ads	egal, accounting)	VOT voter registration WEB information tec	on hnology costs (in	stornot a mail			
LIT campaign literature and mailings	PRI plitt ads		VVED IIIOMIALION LEC	iniology costs (iii	iternet, 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 PA THIS PERIO (ALSO REPORT)	OD BALA	(d) UTSTANDING ANCE AT CLOSE THIS PERIOD		
NA ·								
NA								
NA								

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTALS \$ 0 \$ . 0 \$ 0 \$

#### 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.)	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.)	0
3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	O May be a negative number

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

Amounts may be rounded to whole dollars.

Statement covers period
from Jan 1, 2018

through June 30, 2018

Page 14 of 17

I.D. NUMBER

NAME OF FILER

Sue A Simon, Treasurer

I.D. NUMBER

1406757

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 OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PHO phone banks candidate travel, lodging, and meals candidate filing/ballot fees staff/spouse travel, lodging, and meals FND fundraising events polling and survey research POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

<sup>\*</sup> 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
NA						
NA		· · · · · · · · · · · · · · · · · · ·				
NA				;		
NA		)				
		SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0

Only duly O								
Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.			fro	Statement covers pe mJan 1, 2018	G /-	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				thr	oughJune 30, 2	018 Pag	ge <u>15</u> of17	
NAME OF FILER			····		····		NUMBER	
Sue A Simon, Treasurer						14	06757	
NAME OF AGENT OR INDEPENDENT CONTRACTOR  NA								
CODES: If one of the following codes accurately describes	the payment,	you may	enter the code	e. Otherwise	, describe the pay	yment.		
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	PRO professions PRT print ads	nd appeara nses culating ks survey rese elivery and r al services (	nces	RFD SAL TEL TRC TRS TSF VOT	campaign workers' si t.v. or cable airtime a candidate travel, lodg staff/spouse travel, lo transfer between con	s alaries nd production o ging, and meals edging, and me nmittees of the	s als same candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	<u> </u>	AMOUNT PAID	
NA								
NA					,			
NA						· <del>}</del>		

Attach additional information on appropriately labeled continuation sheets.

NA

TOTAL\* \$

<sup>\*</sup> 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 Statement covers period Amounts may be rounded Schedule H **CALIFORNIA** to whole dollars. Jan 1, 2018 Loans Made to Others\* **FORM** from . June 30, 2018 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Sue A Simon, Treasurer 1406757 (d) OUTSTANDING IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OUTSTÄNDING AMOUNT CUMULATIVE INTEREST **ORIGINAL** REPAYMENT OR OCCUPATION AND EMPLOYER BALANCE BALANCE AT OF RECIPIENT LOANED THIS RECEIVED LOANS AMOUNT OF (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) **FORGIVENESS** BEGINNING THIS CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD LOAN TO DATE THIS PERIOD' **PERIOD** PERIOD CALENDAR YEAR ☐ PAID NA RATE PER ELECTION\*\* FORGIVEN DATE INCURRED DATE DUE CALENDAR YEAR □ PAID NA RATE PER ELECTION\*\* FORGIVEN DATE INCURRED DATE DUE \*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be 0 0 | \$ 0 0 SUBTOTALS \$ reported on Schedule E. (Enter (e) on Schedule İ. Line 3) **Schedule H Summary** 1. Loans made this period.....\$ \*\*If Required (Total Column (b) plus unitemized loans of less than \$100.) 2. Payments received on loans ......\$ \_ (Total Column (c) plus unitemized payments of less than \$100.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

Schedule I Viscellaneous Increases to Cash			Amounts may be rounded to whole dollars.		FORM	CALIFORNIA 460 FORM Page 17 of 17	
SEE INSTRUCTION	NS ON REVERSE			through June 30, 2	Page	of	
Sue A Simor	n, Treasurer				1406757	•	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOUI (IF COMMITTEE, ALSO ENTER I.D. NUMBEI	RCE R)		DESCRIPTION OF RECEIPT		OUNT OF SE TO CASH	
	NA						
	NA					··········	
	NA .		\	•			
	NA		, , , , , , , , , , , , , , , , , , ,			<u>, , , , , , , , , , , , , , , , , , , </u>	
	NA NA					<u> </u>	
Attach add	litional information on appropriately labeled continuation s	sheets.		sı	JBTOTAL \$	0	
1, Itemized ir	I Summary ncreases to cash this period.					\\\	
	d increases to cash of under \$100 this period						
4. Total misc	interest received this period on loans made to othe ellaneous increases to cash this period. (Add Lines Page Line 14.)			\$	<u>0</u> 0		