Recipient Committee
Campaign Statement
Cover Page

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 1)
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee
   - Primarily Formed Candidate/Officerholder Committee
   - Primarily Formed Ballot Measure Committee
   - Sponsored (also complete Part 1)

2. Type of Statement:
   - Pre-election Statement
   - Semi-annual Statement
   - Termination Statement
   (also file a Form 410 Termination)
   - Amendment (Explain below)

3. Committee Information
   - L.D. NUMBER: 1428539
   - Name of Treasurer: Sherry Astrella
   - City: Laguna Niguel
   - State: CA
   - Zip Code: 92677
   - Area Code/Phone: 949-
   - Mailing Address: Same as above
   - Name of Assistant Treasurer, if any: None

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.

   Signed:
   Sherry Astrella
   Date: Sept 29, 2020
   Signature of Treasurer
   Signature of Candidate
   Signature of Ballot Measure Proponent
   Signature of Responsible Officer of Sponsor

   Signature of Candidate, State Measure Proponent
   Signature of Responsible Officer of Sponsor

   Filed by:
   Sherry Astrella
   Date: Sept 29, 2020

   FPPC Form 460 (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov [866]/275-8772
   www.fppc.ca.gov
### 6. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**

Sherry Astrella

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

Laguna Niguel City Council

**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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>L.D. NUMBER</th>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sherry Astrella</td>
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</table>

### 7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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### 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE COMMITTEE**

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<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER**

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
<tbody>
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Attach continuation sheets if necessary
### Campaign Disclosure Statement

**Summary Page**

**NAME OF FILER:** Sherry Astrella  
**I.D. NUMBER:** 1428539

#### Contributions Received

1. Monetary Contributions: Schedule A, Line 3  
   - Column A: $75  
   - Column B: TOTAL TO DATE: $75
2. Loans Received: Schedule B, Line 3  
   - Column A: $0  
   - Column B: TOTAL TO DATE: $0
3. SUBTOTAL CASH CONTRIBUTIONS: Add Lines 1 + 2  
   - Column A: $75  
   - Column B: TOTAL TO DATE: $75
4. Nonmonetary Contributions: Schedule C, Line 3  
   - Column A: $0  
   - Column B: TOTAL TO DATE: $0
5. TOTAL CONTRIBUTIONS RECEIVED: Add Lines 3 + 4  
   - Column A: $75  
   - Column B: TOTAL TO DATE: $75

#### Expenditures Made

6. Payments Made: Schedule E, Line 4  
   - Column A: $0  
   - Column B: TOTAL TO DATE: $0
7. Loans Made: Schedule H, Line 3  
   - Column A: $0  
   - Column B: TOTAL TO DATE: $0
8. SUBTOTAL CASH PAYMENTS: Add Lines 6 + 7  
   - Column A: $0  
   - Column B: TOTAL TO DATE: $0
   - Column A: $0  
   - Column B: TOTAL TO DATE: $0
    - Column A: $0  
    - Column B: TOTAL TO DATE: $0
11. TOTAL EXPENDITURES MADE: Add Lines 8 + 9 + 10  
    - Column A: $0  
    - Column B: TOTAL TO DATE: $0

#### Current Cash Statement

12. Beginning Cash Balance: Previous Summary Page, Line 16  
    - Column A: $980  
    - Column B: TOTAL TO DATE: $980
13. Cash Receipts: Column A, Line 3 above  
    - Column A: $1,049  
    - Column B: TOTAL TO DATE: $1,049
14. Miscellaneous Increases to Cash: Schedule J, Line 4  
    - Column A: $0  
    - Column B: TOTAL TO DATE: $0
15. Cash Payments: Column A, Line 8 above  
    - Column A: $0  
    - Column B: TOTAL TO DATE: $0
16. ENDING CASH BALANCE: Add Lines 12 + 13 - 14 - 15  
    - Column A: $0  
    - Column B: TOTAL TO DATE: $0

**To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report, being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 8 (if any).**

#### Loan Guarantees Received

17. Loan Guarantees Received: Schedule B, Perl 2  
   - Column A: $0  
   - Column B: TOTAL TO DATE: $0

#### Cash Equivalents and Outstanding Debts

18. Cash Equivalents: See instructions on reverse  
   - Column A: $0  
   - Column B: TOTAL TO DATE: $0
19. Outstanding Debts: Add Line 2 + Line 9 in Column B above  
   - Column A: $0  
   - Column B: TOTAL TO DATE: $0

#### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

- **Contributions Received:** 0  
  - Column A: 0  
  - Column B: TOTAL TO DATE: 0  
- **Expenditures Made:** 0  
  - Column A: 0  
  - Column B: TOTAL TO DATE: 0

#### Expenditure Limit Summary for State Candidates

- **Cumulative Expenditures Made:** 0  
  - Date of Election: 11/3/20  
  - Total to Date: 0

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

PPC Form 460 (Jan/2016)  
PPC Advice: advice@ppc.ca.gov (888/275-3772)  
www/pppc.ca.gov
## Schedule A
### Monetary Contributions Received

![Image](image_url)

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and ZIP Code of Contributor</th>
<th>Contributor Code *</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative To Date Calendar Year (Jan 1 - Dec 31)</th>
<th>Per Election To Date (If Required)</th>
</tr>
</thead>
</table>
| 8/24/20       | **Alex Astrella**
Laguna Niguel, CA 92677 | IND, OTH, PYO, SCC |Behavior Modification Therapist
retired teacher
| $25           | $25                                                  | $25 ($22.87 total received) |
| 9/10/20       | **Joy Andre**
Laguna Niguel, CA 92677 | IND, SCC            | A.C.E.S. Educational Services in Irvine |
| $50           | $50                                                  | $50 ($46.25 total received) |

### Schedule A Summary

1. **Amount received this period — Itemized monetary contributions.**
   (Include all Schedule A subtotals.) ................................................ $875
2. **Amount received this period — Untitemized monetary contributions of less than $100** ................................................ $0
3. **Total monetary contributions received this period.**
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................................................ **TOTAL $** $691.2 

**Final Total**

---

**Contributor Codes**

- IND: Individual
- COM: Committee (other than PTY or SCC)
- OTH: Other (e.g., business entity)
- PYO: Political Party
- SCC: Small Contributor Committee

---

FFPC Form 460 (Jan/2016)

For advice: advice@ffpc.ca.gov (866/275-3773)

www.ffpc.ca.gov
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

**NAME OF FILER**

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
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<tbody>
<tr>
<td>Sherry Astrella</td>
<td></td>
<td><strong>none</strong></td>
<td>$0</td>
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**SUBTOTALS** $ 0 $ 0 $ 0 $ 0

**Schedule B Summary**

1. Loans received this period ................................................................. $ 0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .................................................... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. ($Subtract Line 2 from Line 1) .......................... $ 0
   Enter the net here and on the Summary Page, Column A, Line 2.

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

---

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866) 775-3772
www.fppc.ca.gov
## Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

### Statement covers period
- from 7/20/20
- through 9/20/20

### Form 460
Page 7 of 13

### Contributor Information
- **Name:** Sherry Astrella
- **ID Number:** 1428539

### Table:

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OR SELF-EMPLOYED ENTER NAME OF BUSINESS</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL $ 0**

### Schedule C Summary

1. **Amount received this period – itemized nonmonetary contributions.**
   - (Include all Schedule C subtotals) ................................................................. $ 0
2. **Amount received this period – unitemized nonmonetary contributions of less than $100** .......................................... $ 0
3. **Total nonmonetary contributions received this period.**
   - (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ........................................... TOTAL $ 0

---

*Contributor Codes
- IND — Individual
- COM — Recipient Committee
- OTH — Other (e.g., business entity)
- PTY — Political Party
- SCC — Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

Statement covers period from **8/20/20**
through **9/20/20**

**CALIFORNIA FORM 460**
Page 8 of 13

### NAME OF FILER
Sherry Astrella

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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<td>Contribution</td>
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<td>Contribution</td>
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</table>

SUBTOTAL $
Schedule E  
(Continuation Sheet)  
Payments Made

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Sherry Astrella

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBERS)

CODE OR DESCRIPTION OF PAYMENT

AMOUNT PAID

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<th>DESCRIPTION OF PAYMENT</th>
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</tbody>
</table>

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

SUBTOTAL $0

SCHEDULE E (CONT.)

Statement covers period from 7/1/20 to 7/31/20

Page 9 of 13

I.D. NUMBER 1428539

CALIFORNIA 460
FFPC Form 460 (Jan/2016)
FFPC Advice: advice@ffpc.ca.gov (866/275-8772)
www.ffpc.ca.gov
Schedule F
Accrued Expenses (Unpaid Bills)

NAME OF FILER: Sherry Astrella
I.D. NUMBER: 1428539

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
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<th>DESCRIPTION</th>
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<td>campaign paraphernalia/misc.</td>
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<tr>
<td>CNS</td>
<td>campaign consultants</td>
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<tr>
<td>GTC</td>
<td>contribution (explain nonmonetary)*</td>
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<td>CVC</td>
<td>civic donations</td>
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<td>candidate filing/ballot fee</td>
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<td>FND</td>
<td>fundraising events</td>
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<td>legal defense</td>
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<td>LIT</td>
<td>campaign literature and mailings</td>
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<td>MBR</td>
<td>member communications</td>
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<td>phone banks</td>
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<td>POL</td>
<td>polling and survey research</td>
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<tr>
<td>POB</td>
<td>postage, delivery and messenger services</td>
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<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
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<tr>
<td>PRT</td>
<td>print ads</td>
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<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFO</td>
<td>returned contributions</td>
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<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
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<tr>
<td>TEL</td>
<td>f.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
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<tr>
<td>TRS</td>
<td>staffhouse travel, lodging, and meals</td>
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<tr>
<td>TSB</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (Internet, e-mail)</td>
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>AMOUNT INCURRED THIS PERIOD</th>
<th>AMOUNT PAID THIS PERIOD ( ALSO REPORT ON E)</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
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* Payments that are contributors or independent expenditures must also be summarized on Schedule D.

SUBTOTALS $  $  $  $

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) INCURRED TOTALS $

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) PAID TOTALS $

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line B.) NET $
Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Shevy Astrella

NAME OF PRIORITIES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMB</td>
<td>campaign materials</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OPC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>PLS</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print aids</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

* 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.

TOTAL* $ 0

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule H
**Loans Made to Others***

_Amounts may be rounded to whole dollars._

#### SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT LOANED THIS PERIOD</th>
<th>REPAYMENT OR FORGIVENESS THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST RECEIVED</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE LOANS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>none</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.*

#### SUBTOTALS
- $0
- $0
- $0

#### Schedule H Summary

1. Loans made this period
   
   (Total Column (b) plus unitemized loans of less than $100.)
   
   $0

2. Payments received on loans
   
   (Total Column (c) plus unitemized payments of less than $100.)
   
   $0

3. Net change this period. (Subtract Line 2 from Line 1.)
   
   (Enter the net here and on the Summary Page, Column A, Line 7.)
   
   NET $0

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www.ffpc.ca.gov
### Schedule I
#### Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (OF COMMITTEE, ALSO ENTER ID. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NON</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

### Schedule I Summary

1. Itemized increases to cash this period. $ 0
2. Unitemized increases to cash of under $100 this period. $ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL $ 0