Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	CALIFORNIA 460 2001/02 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from July 1, 2014	Date of election if applicables (Month, Day, Year)	CLERK'S OFFICE	Page of
1. Type of Recipient Committee: All Committees - C		2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ Amendment (Explain be	☐ Spec	terly Statement cial Odd-Year Report clemental Preelection cment - Attach Form 495
	DE AREA CODE/PHONE SULL TILILISTEDLES OX	MAILING ADDRESS CITY NAME OF ASSISTANT TREASURI MAILING ADDRESS		DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	bus dunkuserb	OPTIONAL: FAX / E-MAIL ADDRE	STATE ZIP CO	DE AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on	ng this statement and to the best of my k of California that the foregoing is true and of By By Signature of Control	nowledge the information contained docrect. Signature of Treasurer or Assistant Treasurer Officeholder, Candidate, State Measure Propo	easurer onent or Responsible Officer of Sponsor	hedules is true and complete. I
Executed on	Bv	mature of Controlling Officeholder, Candidate, State	·	FPPC Form 460 (June/01)

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

5. Officeholder or Candidate Controlled Committee	6.	Ballot Measure Commit	ttee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
STUARES TEAM					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	E)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
GARDEN GROVE CITY COUNCIL					
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY STATE	ZIP	Identify the controlling offic	ceholder, candidate, or	state measure p	roponent, if any.
CHEDEN GROVE, CA CASID		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT		
Deleted Committees Net Instruded in this Chatemant					
Related Committees Not Included in this Statement: List any connot included in this statement that are controlled by you or are primarily formed to contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO. II	ANY
COMMITTEENAME COMMITTEENAME I.D. NUMBER		•		1	S
SARDEN GEOVE CITY	_		•		
NAME OF TREASURER CONTROLLED COMMITT	EE? 7.	Primarily Formed Community which this committee is primare	Nittee List names of of	ficeholder(s) or ca	ndidate(s) for
CHIANG "MICE" TEAN TES INO		which this committee is primar	my formed.		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT
12912 BROWCHURST ST. STE. 375					OPPOSE
CITY STATE ZIP CODE AREA COD	E/PHONE	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	
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COMMITTEE NAME I.D. NUMBER	***************************************				
		NAME OF OFFICEHOLDER OR CA	INDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTE	EE?	NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE SO	UGHT OR HELD	C ourrer
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		H **			
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CITY STATE ZIP CODE AREA CODI	E/PHONE	Attach	continuation sheets if	necessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460

from 31114 1, 2014 SEE INSTRUCTIONS ON REVERSE through TT - 30, ZOU Page ____ of ___ NAME OF FILER I.D. NUMBER COULDING "KILKE" CARST GARDEN GROVE COLLECTE こつい 156-4313 **Contributions Received** Column A Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ 2. Loans Received Schedule B, Line 3 1/1 through 6/30 7/1 to Date 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 20. Contributions Received Nonmonetary Contributions Schedule C, Line 3 >21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ ____ $\langle \rangle$ Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 6760.00 Candidates 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 22. Cumulative Expenditures Made* 6760.00 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C, Line 3 >(mm/dd/yy) G760.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 13. Cash Receipts Column A, Line 3 above amounts in Column A to the 14. Miscellaneous Increases to Cash Schedule I, Line 4 corresponding amounts from Column B of your last 15. Cash Payments Column A, Line 8 above report. Some amounts in 6760.00 Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ___ for this calendar year, only *Since January 1, 2001. Amounts in this section may be carry over the amounts Cash Equivalents and Outstanding Debts different from amounts reported in Column B. from Lines 2, 7, and 9 (if any). 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ___ FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

			SCHEDULE A
Statement	covers	period	CALIFORNIA 1 CO

				from TULY	2014	FC	DRM 46
SEE INSTRUCTION	ONS ON REVERSE			through EFT-	3012011	Page _	of
	"LIVE" TEAD FOR GARDEN	o Gibbyt	CITY COLINC	1 2014		I.D. NUI	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
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		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL \$				
. Amount rece	eived this period – contributions of \$100 or more. Schedule A subtotals.) eived this period – unitemized contributions of less tha	n \$100	······\$\$	C.	IND - Ind COM - F (OTH - C	Recipient (other than	Committee n PTY or SCC)
(Add Lines 1	rry contributions received this period. and 2. Enter here and on the Summary Page, Colum	ın A, Line 1.)	TOTAL \$	6	scc-s	mall Contr	ibutor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

		to whole d	dollars.	from Lily 1, Zalvi		FORM 460	
NAME OF FILER				through == + T	30170111	Page _	of
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Chicago de Magaza de Calabra de La Calabra de Calabra d					### / 1/2	1361	いろろ
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
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		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL \$	Carre Carre			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY – Political Party SCC – Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 1 **Loans Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDUL	EB-	PART 1
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Statement covers period

Loans Received	to military donata.				CALIFORNIA 460			
					from July	1, 2011	FORM	
SEE INSTRUCTIONS ON REVERSE					through tra-	30, 2014	Page	of
NAME OF FILER							I.D. NUMBER	. 01
CHING THIKE TEAN	FOR GARREN							
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	The state of the s	(e)	136431	
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID	CLOSE OF THIS	INTEREST	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
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Sabadula B Communication		DODIOTALS \$	\$		\$ \$			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period			••••••	\$	C'S			
(Total Column (b) plus uniternized loans	ess than \$100.)						*Amounts forg	iven or paid by
			•••••	\$	ر	İ	reported on So	chedule A.
(Total Column (c) plus loans under \$100 p (Include loans paid by a third party that a	ald or fordiven.)					1	** If required.	
 Net change this period. (Subtract Line 2 Enter the net here and on the Summary I 	Page, Column A, Line 2.			NET \$(May	be a negative number)			
† Contributor Codes								
IND – Individual COM – Recipient Committee (other	er than PTY or SCC) OTH – Of	ther PTY-Poli	itical Party SC	C – Small Contril	butor Committee		FPPC Form	460 (June/01)
						FPPC Toll	-Free Helpline:	866/ASK-FPPC

Schedule B – Part 2 Loan Guarantors

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 2
Statement covers period	CALIFORNIA 1 CO
from Tilly 1, Zoill	CALIFORNIA 460
through SEFT. 30. Zoll	Page of
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER マムしろう FULL NAME, STREET ADDRESS AND IF AN INDIVIDUAL, ENTER **AMOUNT** ZIP CODE OF GUARANTOR CONTRIBUTOR OCCUPATION AND EMPLOYER BALANCE LOAN CUMULATIVE (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE GUARANTEED OUTSTANDING (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) TO DATE THIS PERIOD TO DATE LENDER CALENDAR YEAR □сом □отн DATE PER ELECTION (IF REQUIRED) □ PTY SCC CALENDAR YEAR LENDER □сом OTH PER ELECTION DATE (IF REQUIRED) □ PTY SCC CALENDAR YEAR LENDER □сом PER ELECTION (IF REQUIRED) □отн DATE □ PTY □scc CALENDAR YEAR LENDER ПСОМ □OTH PER ELECTION DATE (IF REQUIRED) □ PTY □scc Enteron SUBTOTAL \$ Summary Page,

Line 17 only.

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from TULY 1, 7014

CALIFORNIA FORM

FORM

SEE INSTRUCTION	ONS ON REVERSE				thi	oughSET. 30	· 2014	Page	of
								I.D. NUMI	BER
CANAD	G "LIIKE" TRAN FOR	SARDEN	O GROVE CIT	y cour	×-1(2011		1361	1513
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 (GOODS OR SERV	OF ICES	AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - D	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
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Attach additi	ional information on appropriately labele	d continuatio	n sheets.	SUBTOT	AL \$				
. Amount rec (Include all : . Amount rec	Summary seived this period – nonmonetary contributio Schedule C subtotals.)				\$	0	IND - In COM - I	Recipient C (other than Other	Committee n PTY or SCC)
. Iotal nonmo	onetary contributions received this period. 1 and 2. Enter here and on the Summary Pa					<u> </u>	SCC - S	olitical Par mall Contr	ty ibutor Committee

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

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULED
Statement covers period	CALIFORNIA 460
from	FORM 400
through	Page of
	I.D. NUMBER

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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	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	
	☐ 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 \$			
l. Contribution	Summary ns and independent expenditures made this period contributions and independent expenditures made	of \$100 or more. (Inclue this period of under \$1	ide all Schedule D subtota	ils.)	\$	
. Total contrib	outions and independent expenditures made this p	period. (Add Lines 1 and	2. Do not enter on the S	ummary Page.)		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE D (CONT.
Statement covers period	CALIFORNIA 460
from	FORM TOO
through	Page of
	I.D. NUMBER

NAME OF FILER				I.D. NUI	MBER		
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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
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☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
SUBTOTAL \$							

Schedule E **Payments Made**

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

CNS campaign consultants

Type or print in ink. Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

SCHEDULEF Statement covers period **CALIFORNIA** FORM from <u>JULY 1, 2014</u> through SEPT. 30, 2014 Page of _ I.D. NUMBER

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER CRUANG "MIKE" TRAN EDE GARDEN GEGVE 135451313

CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, de	ulating s survey resear elivery and me	ch ssenger services al, accounting)	SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit VOT voter registration WEB information technology of	production costs , and meals ing, and meals ttees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DESC	RIPTION OF PAYMENT	AMOUNT PAID
ASAP SIGNS AND TROPH	IE	CNIP	CAMPAI	のろ りのろか	4000.00
VIETE ACTE TV		TEL	C'ANDA'C	alkehow	1500.00
TELEVISION (SET)		TEL	CALIFAI	GN ADS	1260,00
* Payments that are contributions or independent expenditures m	nust also be summ	arized on Sc	hedule D.		SUBTOTAL \$ < 7 <
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include all Sc	hedule E subtotals	s.)	******************************	•••••	\$6760.00
2. Unitemized payments made this period of under \$100		****************	*******************************		\$
3. Total interest paid this period on loans. (Enter amount from S	Schedule B, Part 1	1, Column (e	e).)	***************************************	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. En					

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE E (COI	NT.)	
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Statement covers period

LD. NUMBER CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CPP compalgin paraphernalishmise. MRR member communications MRG meetings and appearances RRD ration aidline and production costs RRD ration aidl	Payments Made	Amounts may be rounded to whole dollars.				Statement covers period	FORM 460	
CNS comparing consultants CNS comparing consultants CNC civic donations CNC civic dona	SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ugh		
GP COMMITTER, ALSO ENTER ID, NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID	CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CTB candidate filing/ballot fees CTB contribution (explain nonmonetary)* CVC civic donations CTB contribution (explain nonmonetary)* CTB contribution (explain nonmonetary)* CVC civic donations CVC civi	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional	imunications d appearance ises lating survey resea ivery and me	es rch ssenger services'	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaried t.v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committe voter registration	on costs s oduction cost and meals g, and meals es of the sai	me candidate/sponso
Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR T	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
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Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$								
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Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$				The second se				
	Payments that are contributions or independent expenditures must also	be summarized on So	hedule D.			SU	BTOTAL \$	

SCHE	NI II	F- F

Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULEF
Statement covers period	CALIFORNIA 460
from	FORM TOU
through	Page of
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances returned contributions 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 РНО phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF 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) (a) NAME AND ADDRESS OF CREDITOR (b) (c) AMOUNT PAID CODE OR (d) OUTSTANDING (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **AMOUNT INCURRED** OUTSTANDING **DESCRIPTION OF PAYMENT BALANCE BEGINNING** THIS PERIOD THIS PERIOD BALANCE AT CLOSE OF THIS PERIOD (ALSO REPORT ON E) OF THIS PERIOD * Payments that are contributions 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 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

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

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Accrued Expenses (Unpaid Bills)			Statement co	overs period	CALIFORNIA 460		
NAME OF FILER			through		Page	of	
CODES: If one of the following codes accurately descri	bes the navment you ma	NV onto all			I.D, NUMBER		
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 * Payments that are contributions or independent expenditures must a	MTG meetings and appear OFC office expenses PET petition circulating PHO phone banks POL polling and survey re POS postage, delivery and PRO professional services	rances search messenger services (legal, accounting)	RAD radio airtime RFD returned con SAL campaign wo TEL t.v. or cable a TRC candidate tra TRS staff/spouse	and production c tributions orkers' salaries airtime and produ- vel, lodging, and a travel, lodging, ar een committees of tion	osts ction costs meals nd meals of the same ca	andidate/sponsor)	
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 O	DD BAL	(d) PUTSTANDING ANCE AT CLOSE THIS PERIOD	

SUBTOTALS \$

\$

\$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

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CALIFORNIA	00

FORM

Statement covers period

from.

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TO THE OF THE PARTY OF THE PART						I.D. NUME	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
			On desphere				
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 * Payments that are contributions or independent expenditures must also	MTG meetings a OFC office experience PET petition circ PHO phone ban POL polling and POS postage, d PRO professiona PRT print ads	and appear enses culating ks I survey re elivery and al services	ances ances search messe (legal,	enger services accounting)	RAD radio airtime and production contributions returned contributions campaign workers' salaries t.v. or cable airtime and production contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and staff/spouse travel, lodging, are transfer between committees of voter registration information technology costs (in	osts ction costs meals id meals of the same	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCR	IPTION OF PAYMENT		AMOUNT PAID
			-				
			-				
			+				
Attach additional information on appropriately labeled continua	tion sheets.		<u></u>				
Do not transfer to any other schedule or to the Summon Page This to the					To	OTAL* \$	

Schedule H

Type or print in ink.

	SCHEDULE H
Statement covers period	CALIFORNIA 460
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Loans Made to Others*		to wh	Amounts may be rounded to whole dollars. from		CALIFORI FORM	^{NIA} 460		
SEE INSTRUCTIONS ON REVERSE					46.			
NAME OF FILER					through		Page	of
							I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	(a) OUTSTANDING	(b) AMOUNT	(c)	OUTSTANDING	(e)	(0)	(g)
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD		REPAYMENT OF FORGIVENESS THIS PERIOD	BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
j				PAID				CALENDAR YEAR
				\$	\$	RATE %	\$	\$PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				FORGIVEN	\$	RATE	\$	\$PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidat must also be summarized on Schedule D. Loans also be reported on Schedule E.	forgiven must	SUBTOTALS	\$	\$	\$			
			*	Ψ	Ф	\$		
Schedule H Summary						(Enter (e) on Schedule I, Line 3)		
Loans made this period (Total Column (b) plus unitemized loans le	ess than \$100)	••••••			\$		- <u> </u>	***
2. Payments received on loans			•••••	••••	 \$			*If Required
. ,	π φ (ου.)						-	
Net change this period. (Subtract Line 2 (Enter the net here and on the Summary I	from Line 1.) Page, Column A, Line 7.)			••••••••••	NET \$	e a negalive number)		

Schedule I		Type or print in ink.	or print in int.				
Miscellane	ous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 46			
		to whole dollars.	from				
SEE INSTRUCTIONS	S ON REVERSE		through				
NAME OF FILER			anough	Page of			
				I.D. NUMBER			
DATE							
RECEIVED FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	CCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH			
Attach addition	nal information on appropriately labeled continuation sheets.						
			SUBTOTAL	\$			
Schedule I S							
. Increases to	cash of \$100 or more this period		\$				
. Unitemized in	ncreases to cash under \$100 this period	***************************************	\$				
. lotal of all int	terest received this period on loans made to others. (Schedu	le H, Column (e).)	\$				
. Total miscella	aneous increases to cash this period. (Add Lines 1, 2, and 3	3. Enter here and on the	TOTAL A				

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