

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/20/24
through 12/31/24

Date of election if applicable:
(Month, Day, Year)

Date Stamp
RECEIVED
JAN 28 2025
TOWN CLERK
TOWN OF TIBURON

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
(Also Complete Part 6)
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
(Also Complete Part 6)
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1398219

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
HOUGH JERRY R REPUBLICAN
REPUBLICAN COMMITTEE

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
TIBURON CA 94920

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

CITY STATE ZIP CODE AREA CODE/PHONE
TIBURON CA 94920

OPTIONAL: [REDACTED]

Treasurer(s)

NAME OF TREASURER
JERRY HUGHES

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
HOUGH TIBURON CA 94920

NAME OF ASSISTANT TREASURER (IF ANY)
[REDACTED]

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
TIBURON CA 94920

OPTIONAL: [REDACTED]

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete. I

Executed on 1/25/25 Date
Executed on 1/25/25 Date
Executed on _____ Date
Executed on _____ Date

By [REDACTED]
By [REDACTED]
By [REDACTED]
By [REDACTED]

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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
HOOPER DEBORAH REBECCA TOWN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
TREASURER TOWN COUNCIL TREBURY CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
TREBURY CA 92582

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

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/25/29</u> through <u>12/31/29</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>10</u>
I.D. NUMBER <u>159829</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MOCAL REPORT FOR DEBORAH NEWCOMER CON 29

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>11,350.00</u>	\$ <u>7,475.</u>
2. Loans Received..... Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>11,350.00</u>	\$ <u>7,475.</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>1,500.00</u>	<u>4,675.</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>12,850.00</u>	\$ <u>12,150.</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>10,154.03</u>	\$ <u>32,584.00</u>
7. Loans Made..... Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>10,154.03</u>	\$ <u>32,584.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>1,500.00</u>	<u>4,675.00</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>11,654.03</u>	\$ <u>37,259.00</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>38,130.63</u>
13. Cash Receipts..... Column A, Line 3 above	<u>11,350.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0.00</u>
15. Cash Payments..... Column A, Line 8 above	<u>10,154.03</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>39,326.60</u>

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

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/20/20</u> through <u>10/31/20</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>10</u>
	I.D. NUMBER <u>1390019</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HOULDER R TERRY TOWN COUNCIL 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>10/25/20</u>	<u>Carol [redacted]</u> <u>TOWN OF [redacted] CA 94920</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u> <u>SELF</u>	<u>100.00</u>	<u>100.00</u>	<u>(00.00)</u>
<u>10/25/20</u>	<u>PETER [redacted]</u> <u>TOWN OF [redacted] CA 94920</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>JUDGE</u> <u>SELF</u>	<u>100.00</u>	<u>200.00</u>	<u>100.00</u>
<u>10/28/20</u>	<u>Wendell [redacted]</u> <u>TOWN OF [redacted] CA 94920</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u> <u>SELF</u>	<u>500.00</u>	<u>700.00</u>	<u>500.00</u>
<u>10/30/20</u>	<u>Greg [redacted]</u> <u>SAN FRANCISCO CA 94920</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>JUC, LOCAL 8</u> <u>UNION REPRESENTATIVE</u>	<u>100.00</u>	<u>800.00</u>	<u>100.00</u>
<u>11/3/20</u>	<u>STEPHANIE MOULTON-PETER</u> <u>[redacted] WILLIAMS CA 94941</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>SUPERVISOR</u> <u>MARIN COUNTY</u>	<u>100.00</u>	<u>900.00</u>	<u>100.00</u>
SUBTOTAL \$				<u>900.00</u>		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 11,350.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 11,350.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/20/24</u> through <u>12/31/24</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>10</u>
	I.D. NUMBER <u>1398219</u>

NAME OF FILER

MOBILE THE FEEDBACK NEW CONCRETE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>10/28/24</u>	<u>V.A. COAK 342 PAC Fund</u> [REDACTED] <u>CONCRETE, CA 94518</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>FAC 207 89008</u>	<u>1000.00</u>	<u>1000.00</u>	<u>1000.00</u>
<u>10/28/24</u>	<u>MARCO CAROLINE #100</u> [REDACTED] <u>SANTA ROSA, CA 95405</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>FAC 207 89008</u>	<u>1000.00</u>	<u>2000.00</u>	<u>2000.00</u>
<u>10/28/24</u>	<u>PATY CAROLINE</u> [REDACTED] <u>SANTA ROSA, CA 95405</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Business Munchy</u>	<u>250.00</u>	<u>250.00</u>	<u>250.00</u>
<u>10/28/24</u>	<u>MARCO CAROLINE</u> [REDACTED] <u>SANTA ROSA, CA 95405</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>2 GO Adlyce</u>	<u>500.00</u>	<u>500.00</u>	<u>500.00</u>
<u>10/28/24</u>	<u>INTERNATIONAL PROFESSIONAL OF ELECTRICIAN</u> [REDACTED] <u>SANTA ROSA, CA 95405</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>FAC 207 89008</u>	<u>500.00</u>	<u>500.00</u>	<u>500.00</u>

SUBTOTAL \$ 2750

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/20/20</u> through <u>12/31/20</u>	CALIFORNIA FORM 460
Page <u>15</u> of <u>10</u>	I.D. NUMBER <u>1398219</u>

NAME OF FILER: HOPE TRUST FOR TERRY RAYMOND CONNER 2021

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/20	<u>NO TNY PARKERS PARKERS PARKERS PARKERS</u> <u>PARSONS STAIR PARKERS</u> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>event staff /</u> <u>Finberber</u>	<u>100.00</u>	<u>100.00</u>	<u>100.00</u>
11/18/20	<u>SPRUE ENWOODS ENWOODS</u> <u>ENWOODS ENWOODS ENWOODS</u> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	<u>Idol</u>	<u>1500.00</u>	<u>1500.00</u>	<u>1500.00</u>
10/31/20	<u>SPRUE ENWOODS APPRENTICES</u> <u>ENWOODS ENWOODS ENWOODS</u> [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>201</u>	<u>300.00</u>	<u>2500.00</u>	<u>1500.00</u>
11/15/20	<u>SYDIA SINGH</u> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Artist</u>	<u>250.00</u>	<u>1250.00</u>	<u>1250.00</u>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 2,200.00

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

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/1/20</u> through <u>10/3/20</u>	CALIFORNIA FORM 460
	Page <u>1</u> of <u>10</u>
	I.D. NUMBER <u>139829</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Heidi Thibodeaux TRAVEL TOWN Garage 2009

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>11/5/20</u>	<u>SAT + Dinner Request</u> <u>[REDACTED]</u> <u>TRAVEL TOWN GARAGE</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>FOOD + BEVERAGE</u>	<u>1,500.00</u>	<u>1,500.00</u>	<u>1,500.00</u>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 1,500.00

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 \$** 1,500.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/25/24	
through	12/3/24	Page 8 of 10
NAME OF FILER		I.D. NUMBER
HOCOR PAPER FOR TRAINING CENTER 2024		139829

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.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HUC Madry	CAF		114.32
AMOR CHILLS CONTACT 3134 E Fern Ave #100 Billerica, MA 01821	WEB		42.84
PAEPPY PAPER PRESS 501 Amherst St #201 Amherst, MA 01002	CAF		373.02

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

SUBTOTAL \$ 3,200.18

Schedule E Summary

- | | |
|--|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 9975.18 |
| 2. Unitemized payments made this period of under \$100 | \$ 188.85 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 10,164.03 |

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/25/20</u> through <u>02/3/20</u>	CALIFORNIA FORM 460
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I.D. NUMBER <u>138219</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

World Press & Tribune Forum Council 2019

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Public Action PM Center Public Affairs P.O. Box 1501 San Rafael, CA 94915</u>	<u>CNS</u>		<u>500.00</u>
<u>Carle Trust 4200 Park Blvd #107 Oakland, CA 94612</u>	<u>PRO</u>		<u>500.00</u>
<u>Nugget Market 1 Blackwell Pl Tiburon, CA 94920</u>	<u>FND</u>		<u>260.00</u>
<u>NATIONAL IDEA P.O. Box 11416 Los Angeles, CA 90011</u>	<u>OFC</u>		<u>110.00</u>
<u>World Press & Tribune The Robert S. Green Group 105 N. Main St Atlanta, GA 30312</u>	<u>WEB</u>		<u>405.00</u>

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

6,25.00 SUBTOTAL \$ 1,825.00