

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp MORENO VALLEY RECEIVED 17 MAY 25 PM 2:25	CALIFORNIA FORM 460
	Page <u>1</u> of <u>12</u> For Official Use Only

Statement covers period from <u>04/23/2017</u> through <u>05/20/2017</u>	Date of election if applicable: (Month, Day, Year) <u>06/06/2017</u>
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1395588

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Baker for City Council 2017

STREET ADDRESS (NO P.O. BOX)
25319 Orbit Ct.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Moreno Valley</u>	<u>CA</u>	<u>92551</u>	<u>[REDACTED]</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

Treasurer(s)

NAME OF TREASURER

Yolanda Miranda

MAILING ADDRESS

728 W. Edna Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Covina</u>	<u>CA</u>	<u>91722</u>	<u>[REDACTED]</u>

NAME OF ASSISTANT TREASURER, IF ANY

Irma Flores

MAILING ADDRESS

6964 Capistrano Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Riverside</u>	<u>CA</u>	<u>92504</u>	<u>[REDACTED]</u>

OPTIONAL: FAX / E-MAIL ADDRESS

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.

Executed on 05/25/2017
Date

By [REDACTED]
Assistant Treasurer

Executed on 05/25/2017
Date

By [REDACTED]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

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

Executed on _____
Date

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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
James C. Baker II
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member: Moreno Valley District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
25319 Orbit Ct.	Moreno Valley	CA	92551

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
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	

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		CALIFORNIA FORM 460
from	04/23/2017	
through	05/20/2017	Page <u>3</u> of <u>12</u>
NAME OF FILER		I.D. NUMBER
Baker for City Council 2017		1395588

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Baker for City Council 2017

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 2,360.00	\$ 2,794.00
2. Loans Received Schedule B, Line 3	150.00	250.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2,510.00	\$ 3,044.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	59.66
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,510.00	\$ 3,103.66

**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	\$ 1,176.72	\$ 1,375.45
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,176.72	\$ 1,375.45
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	1,495.15	3,605.97
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	59.66
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 2,671.87	\$ 5,041.08

**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	\$ 335.27
13. Cash Receipts Column A, Line 3 above	2,510.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	45.03
15. Cash Payments Column A, Line 8 above	1,176.72
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,713.58

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).

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

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

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

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 3,855.97

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	04/23/2017	
through	05/20/2017	Page <u>4</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Baker for City Council 2017

I.D. NUMBER

1395588

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)
04/29/2017	Jose L A Espinoza [REDACTED] Moreno Valley, CA 92555	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO A-2 Transportat	100.00	100.00	P2017 \$100.00
05/18/2017	Sonia Gregson [REDACTED] Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Asstistant City of Los Angeles	500.00	1,000.00	P2017 \$1,000.00
05/18/2017	Sonia Gregson [REDACTED] Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Asstistant City of Los Angeles	500.00	1,000.00	P2017 \$1,000.00
05/06/2017	Ada Marlyn P. Ramirez [REDACTED] Wildomar, CA 92595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,000.00	1,000.00	P2017 \$1,000.00
05/17/2017	Weiquan Tan [REDACTED] Rimforest, CA 92378	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal W Tan Engineering	150.00	150.00	P2017 \$150.00
SUBTOTAL \$				2,250.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,250.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 110.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,360.00

*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 B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>04/23/2017</u> through <u>05/20/2017</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Baker for City Council 2017	I.D. NUMBER 1395588
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD * <input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD DATE DUE	(e) INTEREST PAID THIS PERIOD RATE \$ <u>0.00</u>	(f) ORIGINAL AMOUNT OF LOAN DATE INCURRED	(g) CUMULATIVE CONTRIBUTIONS TO DATE CALENDAR YEAR \$ <u>255.00</u> PER ELECTION ** \$ <u>P2017 255.00</u>
James C. Baker, II 25319 Orbit Ct. Moreno Valley, CA 92551 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$ <u>100.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>100.00</u> DATE DUE	<u>0.00</u> % \$ <u>0.00</u>	\$ <u>100.00</u> 04/05/2017 DATE INCURRED	\$ <u>255.00</u> PER ELECTION ** \$ <u>P2017 255.00</u>
James C. Baker, II 25319 Orbit Ct. Moreno Valley, CA 92551 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$ <u>0.00</u>	\$ <u>150.00</u>	\$ <u>0.00</u>	\$ <u>150.00</u> DATE DUE	<u>0.00</u> % \$ <u>0.00</u>	\$ <u>150.00</u> 04/27/2017 DATE INCURRED	\$ <u>255.00</u> PER ELECTION ** \$ <u>P2017 255.00</u>
 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____ <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% \$ _____	\$ _____ DATE INCURRED	_____ PER ELECTION ** \$ _____
SUBTOTALS \$			150.00 \$	0.00 \$	250.00 \$	0.00		

Schedule B Summary

(Enter (e) on Schedule E, Line 3)

- Loans received this period \$ 150.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 150.00
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/23/2017	
through	05/20/2017	Page <u>6</u> of <u>12</u>
NAME OF FILER		I.D. NUMBER
Baker for City Council 2017		1395588

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Baker for City Council 2017

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
A to Z Printing 4330 Van Buren Blvd. Riverside, CA 92503	LIT			226.28
A to Z Printing 4330 Van Buren Blvd. Riverside, CA 92503	LIT			265.82
A to Z Printing 4330 Van Buren Blvd. Riverside, CA 92503	LIT			7.90

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

SUBTOTAL \$ 500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	1,150.00
2. Unitemized payments made this period of under \$100	\$	26.72
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 \$	1,176.72

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/23/2017	
through	05/20/2017	Page <u>7</u> of <u>12</u>
NAME OF FILER		I.D. NUMBER
Baker for City Council 2017		1395588

SEE INSTRUCTIONS ON REVERSE

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
Ivan Aquayo [REDACTED] San Bernardino, CA 92411			Field Consulting	500.00
Nicholas Zavala Silkscreening [REDACTED] Moreno Valley, CA 92557	CMP		T-shirt printing	150.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 650.00

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/23/2017	
through	05/20/2017	Page 8 of 12
NAME OF FILER		I.D. NUMBER
Baker for City Council 2017		1395588

SEE INSTRUCTIONS ON REVERSE

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 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
A to Z Printing 4330 Van Buren Blvd. Riverside, CA 92503	LIT	265.82	0.00	265.82	0.00
Nicholas Zavala Silkscreening Moreno Valley, CA 92557	CMP T-shirt printing	150.00	0.00	150.00	0.00
Yolanda Miranda & Assoc. 728 W. Edna Place Covina, CA 91722	PRO	0.00	250.00	0.00	250.00
SUBTOTALS \$		415.82\$	250.00\$	415.82\$	250.00

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

Schedule F Summary

- 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 \$** 1,910.97
- 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 \$** 415.82
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 1,495.15
May be a negative number

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

Amounts may be rounded
to whole dollars.

Statement covers period	CALIFORNIA FORM 460
from <u>04/23/2017</u>	
through <u>05/20/2017</u>	Page <u>9</u> of <u>12</u>

NAME OF FILER Baker for City Council 2017	I.D. NUMBER 1395588
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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) |

* 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
A to Z Printing 4330 Van Buren Blvd. Riverside, CA 92503	LIT	0.00	1,198.90	0.00	1,198.90
A to Z Printing 4330 Van Buren Blvd. Riverside, CA 92503	LIT	0.00	212.07	0.00	212.07
Yolanda Miranda & Assoc. 728 W. Edna Place Covina, CA 91722	PRO	0.00	250.00	0.00	250.00
Demetra Coulter [REDACTED] Riverside, CA 92509	Image consulting	300.00	0.00	0.00	300.00
SUBTOTALS \$		300.00 \$	1,660.97 \$	0.00 \$	1,960.97

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>04/23/2017</u> through <u>05/20/2017</u>	CALIFORNIA FORM 460
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NAME OF FILER Baker for City Council 2017	I.D. NUMBER 1395588
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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) |

* 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
Irma Flores [REDACTED] Riverside, CA 92504	CNS	575.00	0.00	0.00	575.00
James C. Baker, II 25319 Orbit Ct. Moreno Valley, CA 92551	FIL Reimbursement for Candidate Estatement	260.00	0.00	0.00	260.00
James C. Baker, II 25319 Orbit Ct. Moreno Valley, CA 92551	FIL Reimbursement for filing fee	25.00	0.00	0.00	25.00
James C. Baker, II 25319 Orbit Ct. Moreno Valley, CA 92551	FIL Reimbursement for filing fee	35.00	0.00	0.00	35.00
SUBTOTALS \$		895.00 \$	0.00 \$	0.00 \$	895.00

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/23/2017	
through	05/20/2017	Page 11 of 12
NAME OF FILER		I.D. NUMBER
Baker for City Council 2017		1395588

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) |

* 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
Laura Banks [REDACTED] Moreno Valley, CA 92553	SAL	500.00	0.00	0.00	500.00
SUBTOTALS \$		500.00 \$	0.00 \$	0.00 \$	500.00

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

Statement covers period
from 04/23/2017
through 05/20/2017

SCHEDULE I
**CALIFORNIA
FORM 460**
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Baker for City Council 2017

I.D. NUMBER

1395588

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Itemized increases to cash this period. \$ 0.00
- 2. Unitemized increases to cash of under \$100 this period. \$ 45.03
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 45.03