Recipient Committee Campaign Statement Cover Page			Date Stamp	CAL F	COVER PAGE IFORNIA 460
	Statement covers period from 9/22/24	Date of election if applicable: (Month, Day, Year)			For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through_10/19.24	11/5/24		MJKL '24	OCT 24 PM
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Aher Complete Parts)	rimanily Formed Ballot Measure Committee Controlled Sponsored to Comphie Part 6 trimanily Formed Candidate/ Unicoholder Committee the Comphie Part 7	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Tar Amendment (Explain bet		Quarterly Stat	tement Year Report
	NUMBER 468567	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	100301	NAME OF TREASURER			
Erlan Gonzalez for Moreno Valley City Council 2024		Erlan Gonzalez			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Moreno Valley	CA	92555	
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURE	R, IF ANY		
Moreno Valley CA 9255		MAILING ADDRESS			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA GO DE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	\$5		
4. Verification					
 Yerrification I have used all reasonable diligence in preparing and reviewing 	on this etaloment and to the hest of my	knowledge the la	in and in the attac	ched schedules is	s true and complete. I
certify under penalty of perjury under the laws of the State of					•
10/94/94	-	72			
Executed on — Date	Ву	Signatu	urer		
10/24/24 Executed on	By	W. 0613 (417 0	nt or Responsible Office	r of Constian	
Date	Signature of Contr	roll og Officeholder, Ci	nt or Hasponsinia Office	r or oponable	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent		
Executed on	Ву	Sleaster of Security Office holder Constitute St	nie Maneura Emponeni		

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460	COVER PAGE - PART 2						
FORM TOO	CALIFORNIA 460						
	FORM TOO						
Page of	Dama of						

Officeholder or Candidate Control	led Committee	•	. Primarily Formed Ballo	ot Measure Committe	99	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Erlan Gonzalez						
OFFICE SOUGHT OR HELD (INCLUDE LOCATI	ON AND DISTRICT NUMBER IF APPLI	ICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Moreno Valley City Council District 3						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STAT		Identify the controlling office	eholder, candidate, or sta	te measure prop	onent, if any.
	Moterio van CA	32333	NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PROPONENT		
Related Committees Not Included	in this Statement' I let any e	nmmittees				
not included in this statement that are contro contributions or make expenditures on behal	lied by you or are primarily formed t	to receive	OFFICE SOUGHT OR HELD		DISTRICT NO.	IFANY
COMMITTEE NAME	I.D. NUMBER		-			
NAME OF TREASURER	CONTROLLED COMP	MITTEE?	 Primarily Formed Cand officeholder(s) or candidate(s) 	didate/Officeholder () for which this committee	committee Lists primarily forms	st names of kd.
	☐ YÉS ☐ N	NO		- Lauren	avair an uri n	
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICES	OUGHT OR HELD	SUPPORT OPPOSE
CITY ST	ATE ZIP CODE AREA C	ODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICES	OUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICES	OUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COM		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICES	OUGHT OR HELD	SUPPORT
	YES N	NO				☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	ESS (NO P.O. BOX)					
CITY ST	ATE ZIP CODE AREA C	ODE/PHONE	Att	ach continuation sheets i	f necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period from	CALIFORNIA 460
through	Page of
	1.D. NUMBER

Contributions Received	Column A TOTAL THIS PERSOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	\$ 12350 \$ 12350 \$ 12350	s 37551 s 37551 s 37551	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	\$ 21968.39 \$ 21968.39 \$ 21968.39	\$ 30,346.83 \$ 30,346.83 \$ 30,346.83	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* [If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	21968.39 7204.17	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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column 8 above		from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	Δ		ts may be rounded				SCHEDULE A	
	Contributions Received	to	whole dollars.	Statement co	vers period	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through		Page	of	
NAME OF FILER			, E-,			I.D. N	UMBER	
Erlan Gonza	lez for Moreno Valley City Council 2024							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTES, ALSO ENTER 1.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE 1 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
10/10/24	PLANNED PARENTHOOD OF ORANGE AND SAN BERNARDINO COUNTIES COMMUNITY ACTION FUND PAC, 801 E. Katella Ave. Anaheim, Ca 92805, #1282464	☐IND ☑COM ☐OTH ☐PTY ☐SCC					15.	
10/24/24	LOCAL 47, IBEW POLITICAL ACTION COMMITTEE, 1405 Spruce St STE H, Riverside, CA 92507, #861332	□IND ☑ COM □ OTH □ PTY □ SCC		3000	3000			
10/24/24	Corey Jackson for Assembly, 1 W. Manchester Blvs, #700, Inglewood, CA 90301, #1456602	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		4500	10000			
10/24/24	Epitome Enterprises Inc. 1675 Main Street, Riverside, CA 92501	□IND □COM ZOTH □PTY □SCC		3000	3000			
) -		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 10600	+			
Amount re (Include al. 2, Amount re	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)	ns of less than	\$ \$100\$ =		OTI PT	(other H – Other Y – Politic	lual plent Committee r than PTY or SCC) (e.g., business entity)	
(Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1	.)TOTAL \$	2350	FPPC Advice: adv		PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772) www.fppc.ca.gov	

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o	be rounded dellars.	Statement covers period from			CALIFORNIA 460 FORM of		
NAME OF FILER									
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTED, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE * IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYER, ENTER NAME) OF BUSINESS)		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)		
		OTH SCC							
		OTH OTH OSCC							
		DIND COM OTH PTY SCC							
		OTH SCC							
		IND COM OTH PTY							
			SUBTOTAL	\$					

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

Loans Received	to whole dollars.					ora porico	FORM 460		
SEE INSTRUCTIONS ON REVERSE					through		Page	of	
NAME OF FILER							I,D, NUMBER		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	THIS PERIOD	BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE	
				\$ FORGIVEN	*	RATE	\$	\$ PER ELECTION	
TO IND COM COTH PTY SCC		1	1	5	DATE DUE	5	DATE INCURRED	GALENDAR YEAR	
				\$ FORGIVEN	s	RATE	s	3PER ELECTION	
TO IND COM OTH PTY SCC		3	5	s	DATE DUE	s	DATE INCURRED	\$	
				\$ FORGIVEN	s	RATE	s	S PER ELECTION	
TO IND COM OTH PTY SCC		\$	s	\$	DATE DUE	5	DATE INCURRED	\$	
		SUBTOTALS	\$	\$	\$	\$			
Schedule B Summary						(Enter (e) on Sch	edule E, Line 3)		
1. Loans received this period	ns of less than \$100.) Do pald or forgiven.) at are also itemized on Schole 2 from Line 1.)	edule A.)	********************	\$			†Contributor Codes iND – Individual COM – Recipient C (other than o OTH – Other (e.g., PTY – Political Pari	ommittee PTY or SCC) business entity)	

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

** If required.

Amounts may be rounded

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(May be a negative number)

SCHEDULE B - PART 1

Schedule	B - Part 2
Loan Gua	rantors

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SCHEDULE B - PART
Statement covers period	california 460
through	Page of
*	I.D. NUMBER

IAME OF FILEK						
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALBO ENTER LD. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER		CALENDAR YEAR	
	□ COM □ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc				1	
	□IND		LENDER		CALENDAR YEAR	
	□ COM □ OTH □ PTY	тн	DATE		PER ELECTION (IF REQUIRED)	
	□scc	14 I			1	
2	□IND		LENDER		CALENDAR YEAR	
	□ COM □ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc	1.00			\$	
	□IND		LENDER		CALENDAR YEAR	
165	□COM □OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$	
			SUBTOTAL	\$	Enter on Summary Page, Une 17 cally.	big e

Schedule Nonmone	C tary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers perio		california 46		
	NIO ON PERSON				thro	ugh		Page	of
NAME OF FILER	INS ON REVERSE							LD. NUME	BER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		OTH SCC							
	6	IND COM							
		OTH SCC							
		□IND □COM □OTH □PTY □SCC							
Attach additi	onal Information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$				
Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)						OTH	(other the d - Other (e. d - Political F	at Committee an PTY or SCC) g., business entity)	

Schedule	e D			SCHEDULE D					
Supporti	y of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be rou to whole dellars		Statement cover	B period	CALIFO FOR	RNIA 460		
oundat	co, mousulos and commission			through		Page	of		
SEE INSTRUCT NAME OF FILER	IONS ON REVERSE	*				I.D. NUMBI			
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	CUMULATIVI CALENDA (JAN. 1 - C	RYEAR	PER ELECTION TO DATE (IF REQUIRED)		
		Monetary Contribution							
		Nonmonetary Contribution							
	Support Dppose	Independent Expenditure							
		Monetary Contribution							
		Monmonetary Contribution							
	Support Dppose	Independent Expenditure							
		Contribution							
		Contribution							
	☐ Support ☐ Oppose	Independent Expenditure							
			SUBTOTAL	. \$	-				
	D Summary contributions and independent expenditures mad	e this period. (Include a	ill Schedule D subtotal:	5.)		\$_			
2, Unitemize	ed contributions and independent expenditures m	ade this period of unde	r \$100		••••	\$			
3. Total cont	tributions and Independent expenditures made th	is period. (Add Lines 1:	and 2. Do not enter or	the Summary Page	ot (.e	TAL \$			

Summary	ation Sheet) y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be to whole do	e rounded blars.	Statement cover from	rs period		of
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNTTHIS PERIOD	CUMULATIV CALENDA (JAN.1-1	RYEAR	PER ELECTION TO DATE ((F REQUIRED)
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Doppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure	,				

Monetary
Contribution
Nonmonetary
Contribution
Independent

Expenditure

SUBTOTAL \$

Oppose

Support Support

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Schedule E Payments Made

Amounts may be rounded to whole dollars.

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

EE INSTRUCTIONS ON REVERSE							
AME OF FILER						I.D. NU	MBER
Erlan Gonzalez for Moreno Valley City Council 2024							
INS campalgn consultants MTG contribution (explain nonmonetary)* OFC Vict donations IL candidate filing/ballot fees PHO fundraising events POL independent expenditure supporting/opposing others (explain)* PRO FRO land defense PRO PRO	menther com meetings and office expens petition circui phone banks polling and su postage, delin	munications if appearance es lating urvey resear very and me	es	RAD radi RFD retu SAL can TEL tv. TRC can TRS staf TSF traf VOT vote	to airtime and productions of contributions of contributi	es es production cos and meals ng, and meals tees of the sai	me candidate/sponsor
NAME AND ADDRESS OF PAYEE #FCOMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID
SC Strategies, 5350 Russell Ave. #2 Los Angeles, CA 90027		CNS					5000
SC Strategies, 5350 Russell Ave. #2 Los Angeles, CA 90027			Texting				4700
Universal Mailworks Inc., 6910 Aragon Cir Suite B, Buena Park, CA 9062	20	LIT		1,00			12268.39
Payments that are contributions or independent expenditures must also be summa	arized on Sche	dule D.				SUBTOTAL	\$ 21968.39
Schedule E Summary							21968.39
I. Itemized payments made this period. (Include all Schedule E su	htotale \					\$ =	
	ototals.j					_	
2. Unitemized payments made this period of under \$100						\$_	
2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from Schell. Total payments made this period. (Add Lines 1, 2, and 3. Enter h	edule B, Par	t 1, Colum	ın (e).)			\$ <u>_</u>	

ov (866/2/3-3/14, www.fppc.ca.gov

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE	8 (CONT.1

FORM 460
Page of
LD. NUMBER

SEE INSTRUCTIONS ON REVERSE						uno.	911	Page	or
NAME OF FILER								I.D. NUM	BER
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc, CNS campaign consultants Ontribution (explain nonmonetary)* civic donations FIL, ND indicate filling/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO	member com meetings and office expens petition circul phone banks polling and si	munication dappearan ses lating urvey resea very and m	ces arch	n senger services	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airlime and production returned contributions campaign workers' salaries t.v. or cable airlime and production candidate travel, lodging, an staff/spouse travel, lodging, a transfer between committees voter registration information technology costs	uction costs I meals and meals of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)			ÇÓDE	0	iR '	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID
							*		
* Demonstrate and another than an independent expenditures must also be	cumm	ertzed on Sche	dule D	-			St	BTOTAL	\$

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

						SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be foun to whole dollars.	ded	Statement cov	Statement covers period from		ORNIA 460 RM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through		Page_	of
CODES: If one of the following codes accurately described CMP campaign paraphemalia/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 campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and i PRO professional services (PRT print ads	ns nces earch nessenger sarvices	RAD radio sirtime a RFD returned contri SAL campeign worl TEL Lv. or cable ali TRC candidate trav TRS staff/spouse tr	nd production co butions kers' salaries time and produce i, lodging, and i avel, lodging, an en committees con	tion costs meals d meals if the same	e candidate/sponsor mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT F THIS PER (ALSO REPORT	IOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ı						
* Peyments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$	\$	
Schedule F Summary						

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$

May be a regetive number

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	Amounts may be rounded		SCHEDULE F (CONT.)
Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from through	FORM Page of
NAME OF FILER		1	I.D. NUMBER

CODES: If one of the following codes accurately describes	the payment, you may enter the code.	Otherwise, describe the payment.
IND Independent expenditure supporting/opposing others (explain)*	MBR member communications meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL politing and survey research POS postage, delivery and measuring refressional services (legal, accounting) PRT print ads	RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)

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

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
	V 1112 1 112			
SUBTOTALS				
	DESCRIPTION OF PAYMENT	DESCRIPTION OF PAYMENT BALANCE BEGINNING OF THIS PERIOD	CODE OR DESCRIPTION OF PAYMENT OF THIS PERIOD AMOUNT INCURRED THIS PERIOD AMOUNT INCURRED THIS PERIOD	CODE OR DESCRIPTION OF PAYMENT OF THIS PERIOD OF THIS PERIOD AMOUNT INCURRED THIS PERIOD THIS PERIOD AMOUNT INCURRED THIS PERIOD AMOUNT INCURRED THIS PERIOD THIS PERIOD THIS PERIOD

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amour	its may be whole doll		fi	Statement covers period	CALIFO	
SEE INSTRUCTIONS ON REVERSE				ŧ	hrough	Page	of
NAME OF FILER				111	- T	1.D. NUMB	ER
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CODES: If one of the following codes accurately describes							
CMP campalgn paraphernalia/misc. CNS campalgn consultants CTB contribution (explain nonmonetary)* CVC civic donations FILL candidate filing/ballot fees FND fundraising events IND Independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campalgn literature and mailings * Payments that are contributions or independent expenditures must also be	MTG meetings a OFC office exper PET petition circ PHO phone bani POL polling and POS postage, de PRO professions PRT print ads	PET petition circulating TEL tw. or cable airlime: phone banks TRC candidate travel, lod TRS staff/spouse travel, log postage, delivery and messenger services professional services (legal, accounting) PRT print ads TEL tw. or cable airlime: TRC candidate travel, lod TRS staff/spouse travel, log transfer between convolutions or print ads TEL tw. or cable airlime: TRC candidate travel, lod TRS staff/spouse travel, log transfer between convolutions or print ads TEL tw. or cable airlime: TRC candidate travel, lod TRS staff/spouse travel, log transfer between convolutions or print ads travel airlines travel, log				ries production costs g, and meals jing, and meals littees of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR HE COMMITTEE ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPT	TION OF PAYMENT		AMOUNT PAID
•							

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*}Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

								SCHEDULE H
Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.			Statement covers period from		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through		Page	of
NAME OF FILER							I.D. NUMBER	¢.
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (F COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	REPAYMENT O FORGIVENESS THIS PERIOD	BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
		s	\$	PAID \$	\$DATE DUE	RATE \$	\$DATE INCURRED	\$PER ELECTION ^{FS}
		\$	\$	PAID PAID PAID FORGIVEN	S	RATE	5 DATE INCURRED	\$PER ELECTION
*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. \$ \$ \$ \$					\$			
Schedule H Summary	£		•			(Enter (e) on Schedule I, Line 3)		
Loans made this period	s of less than \$100.) nents of less than \$100.) 2 from Line 1.)		••••••		\$		ž N	**If Required
, ,					(May I	e negative mumber)		

Schedule I		Amounts may be	rounded	SCHEDULE 1				
Miscellaneous Increases to Cash		to whole do!		Statement covers period	CALIFORNIA 460			
	V5			through	Page of			
SEE INSTRUCTIONS ON RE NAME OF FILER	VERSE				I.D. NUMBER			
DATE RECEIVED			DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH			
•								
			<u> </u>					
	ormation on appropriately labeled continuation sheet	's.		SUBTOTAL	\$			
1. Itemized increases	nary to cash this period			\$	•			
2. Unitemized increas	es to cash of under \$100 this period	****************	***************************************	\$	49			
3. Total of all interest	received this period on loans made to others. (Schedule H, Column	(e).)	\$	2			
4 Total miscellaneous	s increases to cash this period. (Add Lines 1, 2	and 3. Enter here a	nd on the	TOTAL \$				