Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84215.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall (Also Complete Part 5)
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Primarily Formed Candidate/Officeholder Committee
      (Also Complete Part 7)
   - [ ] Primarily Formed Ballot Measure Committee
      (Also Complete Part 6)
   - [ ] Controlled

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

   TERMINATED COMMITTEE

3. Committee Information
   I.D. NUMBER: 1346142
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
   ED SMITH FOR MONTEGO CITY COUNCIL
   STREET ADDRESS (NO BOX):
   CITY, STATE, ZIP CODE: MONTEGO, CA 93940 (83)
   Mailing Address (if different) No. and Street or P.O. Box:
   CITY, STATE, ZIP CODE:
   MAILING ADDRESS:
   CITY, STATE, ZIP CODE:

   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 2-1-2016
By [Signature]
   Name of Treasurer or Assistant Treasurer

Executed on [Date]
By [Signature]
   Signature of Controlling Candidate, Candidate, State Measure Proponent or Responsible Officer of Sponsoring Committee

Executed on [Date]
By [Signature]
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on [Date]
By [Signature]
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/08)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICERHOLDER OR CANDIDATE</th>
<th>ED SMITH</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Monterey City Council</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>Monterey</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP</td>
<td>93940</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>ED SMITH for Monterey City Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D. NUMBER</td>
<td>1346143</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
<td></td>
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<tr>
<td>JURISDICTION</td>
<td></td>
</tr>
<tr>
<td>SUPPORT</td>
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<tr>
<td>OPPOSE</td>
<td></td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICERHOLDER, CANDIDATE, OR PROPONENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
<td></td>
</tr>
<tr>
<td>DISTRICT NO. IF ANY</td>
<td></td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee

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

<table>
<thead>
<tr>
<th>NAME OF OFFICERHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICERHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICERHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
## Contributions Received

1. Monetary Contributions
   - Schedule A, Line 3
   - Column A: $0
   - Column B: $0

2. Loans Received
   - Schedule B, Line 3
   - Column A: $4,372.00
   - Column B: $4,372.00

3. SUBTOTAL CASH CONTRIBUTIONS
   - Add Lines 1 + 2
   - Column A: $4,372.00
   - Column B: $4,372.00

4. Nonmonetary Contributions
   - Schedule C, Line 3
   - Column A: $0
   - Column B: $0

5. TOTAL CONTRIBUTIONS RECEIVED
   - Add Lines 3 + 4
   - Column A: $4,372.00
   - Column B: $4,372.00

## Expenditures Made

6. Payments Made
   - Schedule E, Line 4
   - Column A: $5,000.69
   - Column B: $5,000.69

7. Loans Made
   - Schedule H, Line 3
   - Column A: $0
   - Column B: $0

8. SUBTOTAL CASH PAYMENTS
   - Add Lines 6 + 7
   - Column A: $5,000.69
   - Column B: $5,000.69

9. Accrued Expenses (Unpaid Bills)
   - Schedule F, Line 3
   - Column A: $0
   - Column B: $0

10. Nonmonetary Adjustment
    - Schedule C, Line 3
    - Column A: $0
    - Column B: $0

11. TOTAL EXPENDITURES MADE
    - Add Lines 8 + 9 + 10
    - Column A: $5,000.69
    - Column B: $5,000.69

## Current Cash Statement

12. Beginning Cash Balance
    - Previous Summary Page, Line 16
    - Column A: $628.19
    - Column B: $628.19

13. Cash Receipts
    - Column A, Line 3 above
    - Column B: $0

14. Miscellaneous Increases to Cash
    - Schedule I, Line 4
    - Column A: $5,000.69
    - Column B: $5,000.69

15. Cash Payments
    - Column A, Line 8 above
    - Column B: $0

16. ENDING CASH BALANCE
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - Column A: $4,372.00
    - Column B: $4,372.00

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

17. LOAN GUARANTEES RECEIVED
    - Schedule B, Part 2
    - Column A: $4,372.00
    - Column B: $4,372.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents
    - See Instructions on reverse
    - Column A: $0
    - Column B: $0

19. Outstanding Debts
    - Add Line 2 + Line 9 in Column B above
    - Column A: $4,372.00
    - Column B: $4,372.00

---

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

- Contributions Received: $0
- Expenditures Made: $0

**Expenditure Limit Summary for State Candidates**

- Cumulative Expenditures Made: $0
- Date of Election (mm/dd/yy): 1/1

---

*Amounts in this section may be different from amounts reported in Column B.*
Schedule A
Monetary Contributions Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
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</table>

SUBTOTAL $

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

*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 1-1-15 through 6-30-15**

**NAME OF FILER**

ED SMITH

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**

ED & SHARON SMITH

**12 IND, 1 COM, 1 OTH, 0 PTY, 0 SCC**

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTER NAME OF BUSINESS**

Self Employed Leadership Consultant

**OUTSTANDING BALANCE BEGINNING THIS PERIOD**

2,200

**AMOUNT RECEIVED THIS PERIOD**

4,372

**AMOUNT PAID OR FORGIVEN THIS PERIOD**

$0

**OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD**

6572

**INTEREST PAID THIS PERIOD**

$0

**ORIGINAL AMOUNT OF LOAN**

2500

**CALENDAR YEAR 2015 PER ELECTION**

2500

**DATE DUE**

10/11/14

**DATE INCURRED**

**CUMULATIVE CONTRIBUTIONS TO DATE**

**SUBTOTALS**

$ 4,372.00

### Schedule B Summary

1. Loans received this period
   
   (Total Column (b) plus unitemized loans of less than $100.)
   
   $ 4,372.00

2. Loans paid or forgiven this period
   
   (Total Column (c) plus loans under $100 paid or forgiven.)
   
   (Include loans paid by a third party that are also itemized on Schedule A.)
   
   $ 4,372.00

3. Net change this period. (Subtract Line 2 from Line 1.)
   
   Enter the net here and on the Summary Page, Column A, Line 2.
   
   NET $ 4,372.00

   (May be a negative number)

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

**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

**FPPC Form 460 (Jan/2016)**

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

www.fppc.ca.gov
<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>LENDER</th>
<th>AMOUNT GUARANTEED THIS PERIOD</th>
<th>CUMULATIVE TO DATE</th>
<th>BALANCE OUTSTANDING TO DATE</th>
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<tr>
<td>ED Smith Leadership Training</td>
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<td>ED Smith領導訓練</td>
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<tr>
<td>Monterey, CA 93940</td>
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**SUBTOTAL $4,372.00**

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule C
Nonmonetary Contributions Received

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name Address and Code of Contributor</th>
<th>Occupation and Employer</th>
<th>Description of Goods or Services</th>
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<tbody>
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</table>

**TOTAL$** 0

Statement covers period from 1-1-15 through 6-30-15

I.D. NUMBER 1596147

Page 2 of 13
Schedule D
Summary of Expenditures
Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

SUBTOTAL $

Schedule D Summary
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) $ 0
2. Unitemized contributions and independent expenditures made this period of under $100 $ 0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL $ 0

FPCC Form 460 (January/05)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
## Schedule E
### Payments Made

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

**Statement covers period**

- **from** 1-1-15  
- **through** 6-30-15

**NAME OF FILER**

ED SMITH

**I.D. NUMBER**

1346143

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

- CPM 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
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/spointer
- VOT voter registration
- VWEB information technology costs (internet, e-mail)

### NAME AND ADDRESS OF PAYEE

**PAYMENT made for**

- **NAME AND ADDRESS OF PAYEE**
  - Political Data
  - Carmel Pinecone
  - Capital Consulting

- **CODE OR DESCRIPTION OF PAYMENT**
  - LIT Payment made for mail files
  - PRT Balance of Account
  - CNS Balance of Account

- **AMOUNT PAID**
  - 500.69
  - 500.00
  - 4,000

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

**SUBTOTAL**

5,000.69

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................................... $ 5,000.69
2. Unitemized payments made this period of under $100 .............................................................................................. $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ................................. $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... TOTAL $ 5,000.69

---

FPCC Form 460 (January/05)
FPCC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule F

**Accrued Expenses (Unpaid Bills)**

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

**Statement covers period**

from 1-1-15 through 6-30-15

**NAME OF FILER**

ED SMITH

**I.D. NUMBER**

1346147

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

- **CMF** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CIV** 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
- **MBR** member communications
- **MTG** meetings and appearances
- **OFD** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **FRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** tv or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sperson
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

### Table

<table>
<thead>
<tr>
<th>Name and Address of Creditor (if committee, also enter ID, number)</th>
<th>Code or Description of Payment</th>
<th>Outstanding Balance Beginning of This Period</th>
<th>Amount Incurred This Period</th>
<th>Amount Paid This Period (Also Report on E)</th>
<th>Outstanding Balance at Close of This Period</th>
</tr>
</thead>
</table>

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

**SUBTOTALS**

<table>
<thead>
<tr>
<th>$</th>
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</thead>
</table>

### Schedule F Summary

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

   INCURRED TOTALS

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

   PAID TOTALS

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

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

- **CHM**: 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
- **MBR**: member communications
- **MTG**: meetings and appearances
- **OFC**: office expenses
- **PET**: petition circulating
- **PHO**: phone banks
- **POL**: polling and survey research
- **POS**: postage, delivery and messenger services
- **PRO**: professional services (legal, accounting)
- **FRT**: print ads
- **RAD**: radio airtime and production costs
- **RFD**: returned contributions
- **SAL**: campaign workers' salaries
- **TEL**: t.v. or cable airtime 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
- **VOT**: voter registration
- **WEB**: information technology costs (internet, e-mail)

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.
### Schedule H
Loans Made to Others*

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

**Statement covers period**
from 1-1-15 through 6-30-15

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>(b) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(c) AMOUNT LOANED THIS PERIOD</th>
<th>(d) REPAYMENT OR FORGIVENESS THIS PERIOD*</th>
<th>(e) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(f) INTEREST RECEIVED</th>
<th>(g) ORIGINAL AMOUNT OF LOAN</th>
<th>(h) CUMULATIVE LOANS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF FILER</td>
<td>ED SANC</td>
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<tr>
<td>I.D. NUMBER</td>
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</table>

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

#### Schedule H Summary

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

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

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

(FPCC Form 460 (January/05)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
**Schedule I**  
**Miscellaneous Increases to Cash**

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

**Statement covers period from 1-1-15 through 6-30-15**

**CALIFORNIA FORM 460**

**NAME OF FILER**

**FULL NAME AND ADDRESS OF SOURCE**  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
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</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

**Schedule I Summary**

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

**SUBTOTAL $**