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 F)
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part F)

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

3. Committee Information
   - I.D. NUMBER: 1340305
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): HAFPA FOR COUNCIL 2016
   - STREET ADDRESS (IN P.O. BOX): [Redacted]
   - CITY: [Redacted]
   - STATE: [Redacted]
   - ZIP CODE: [Redacted]
   - AREA CODE/PHONE: [Redacted]

   [Optional: Tax/Email Address]
   - [Redacted]

   [Optional: Mailing Address]
   - CITY: MONTREY CA 93940
   - STATE: CA
   - ZIP CODE: 93940
   - AREA CODE/PHONE: 831

   [Optional: Tax/Email Address]
   - rbfranken@aol.com

4. Verification
   - I certify under penalty of perjury under the laws of the State of California that the foregoing
   - Executed on 7-26-17
   - By: [Signed]
   - Signature of Controlling Officeholder, Candidate, State Measure Proponent
   - Executed on 7-26-17
   - By: [Signed]
   - Signature of Responsible Officer of Sponsor
   - Executed on 7-26-17
   - By: [Signed]
   - 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
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ALAN HAFFA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

MONTEREY CITY COUNCIL

RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET)

CITY STATE ZIP

MONTEREY, CA 93940

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>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO. P.O. BOX)</td>
<td>CITY STATE ZIP CODE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</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 OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Contribution Type</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3. Subtotal Cash Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>5. Total Contributions Received</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>8. Subtotal Cash Payments</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Expenditures Made</td>
<td>$250</td>
<td>$250</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Cash Statement Type</th>
<th>Column A (Total This Period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$435,068</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>$0</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>$250</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>$0</td>
</tr>
<tr>
<td>16. Ending Cash Balance</td>
<td>$110,068</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Cash Equivalents / Outstanding Debts</th>
<th>Column A (Total This Period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>$0</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>$0</td>
</tr>
</tbody>
</table>
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 1-1-17 through 6-30-17

NAME OF FILER
HAFFA FOR COUNCIL 2016

I.D. NUMBER
1340305

<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>
<tr>
<td></td>
<td>NONE.</td>
<td></td>
<td></td>
<td>$0.</td>
<td>$0.</td>
<td>$0.</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 0.

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) $ 0.
2. Amount received this period – unitemized monetary contributions of less than $100 $ 0.
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1) TOTAL $ 0.

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/775-3772)
www.fppc.ca.gov
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTED, ALSO ENTER ID 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 ELECTOR TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NONE.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Contributor Codes

IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
### Schedule B - Part 1
**Loans Received**

**Haffa for Council 2016**

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code</th>
<th>Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amounts Paid or Forgiven This Period</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>Cumulative Contributions to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan Haffa</td>
<td>Professor, Monterey Peninsula College</td>
<td>$200</td>
<td>$200 paid</td>
<td>$200</td>
<td>0% Rate 0</td>
<td>$200 Per Election**</td>
<td>$200 Calendar Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period: $0
2. Loans paid or forgiven this period: $200
3. Net change this period: ($200 - $0) = $-200

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

**California Form 460**

Statement covers period from 1-1-17 through 6-30-17

Page 6 of 16

---

FPPC Form 460 (Jan/2015)
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## FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

### Schedule B – Part 2
Loan Guarantors

Amounts may be rounded to whole dollars.

**NAME OF FILER**

**FULL NAME; STREET ADDRESS AND ZIP CODE OF GUARANTOR**

(If committee, also enter C/O NAME)

<table>
<thead>
<tr>
<th>CONTRIBUTOR CODE</th>
<th>LENDER</th>
<th>AMOUNT GUARANTEED THIS PERIOD</th>
<th>LOAN</th>
<th>CUMULATIVE TO DATE</th>
<th>BALANCE OUTSTANDING TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ IND</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>CALENDARYEAR</td>
</tr>
<tr>
<td>□ COM</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>PER ELECTION</td>
</tr>
<tr>
<td>□ OTH</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>(IF REQUIRED)</td>
</tr>
<tr>
<td>□ PTY</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>$ ___________________</td>
</tr>
<tr>
<td>□ SCC</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>$ ___________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRIBUTOR CODE</th>
<th>LENDER</th>
<th>AMOUNT GUARANTEED THIS PERIOD</th>
<th>LOAN</th>
<th>CUMULATIVE TO DATE</th>
<th>BALANCE OUTSTANDING TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ IND</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>CALENDARYEAR</td>
</tr>
<tr>
<td>□ COM</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>PER ELECTION</td>
</tr>
<tr>
<td>□ OTH</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>(IF REQUIRED)</td>
</tr>
<tr>
<td>□ PTY</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>$ ___________________</td>
</tr>
<tr>
<td>□ SCC</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>$ ___________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRIBUTOR CODE</th>
<th>LENDER</th>
<th>AMOUNT GUARANTEED THIS PERIOD</th>
<th>LOAN</th>
<th>CUMULATIVE TO DATE</th>
<th>BALANCE OUTSTANDING TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ IND</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>CALENDARYEAR</td>
</tr>
<tr>
<td>□ COM</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>PER ELECTION</td>
</tr>
<tr>
<td>□ OTH</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>(IF REQUIRED)</td>
</tr>
<tr>
<td>□ PTY</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>$ ___________________</td>
</tr>
<tr>
<td>□ SCC</td>
<td></td>
<td></td>
<td>LENDER</td>
<td>DATE</td>
<td>$ ___________________</td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 0**

Enter on Summary Page. Use if only...
### Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

**Statement covers period** from **1-1-17** to **6-30-17**

**NAME OF FILER**

**HAFFA FOR COUNCIL 2016**

**I.D. NUMBER**

**1390305**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-Employed, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (OF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.) .................................................. $ 0.

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 $ 0.

*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 (866/775-3772)

**www.fppc.ca.gov**
Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

- Support
- Oppose

- Monetary Contribution
- Nonmonetary Contribution
- Independent Expenditure

- Monetary Contribution
- Nonmonetary Contribution
- Independent Expenditure

- Monetary Contribution
- Nonmonetary Contribution
- Independent Expenditure

SUBTOTAL $ 0

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/725-3772)
www.fppc.ca.gov
## Schedule D (Continuation Sheet)

**Summary of Expenditures**

**Supporting/Opposing Other Candidates, Measures and Committees**

**Name of Filer:** Haffa FOR COUNCIL 2016  
**ID Number:** 1390305

<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 (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Support  □ Oppose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Support  □ Oppose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Support  □ Oppose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal:** $ 0.00

---

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/225-3772)
www.fppc.ca.gov
## Schedule E Payments Made

**NAME OF FILER:** HAFPA FOR COUNCIL 2016

**ID. NUMBER:** 1390305

**Statement covers period from 1-1-17 through 6-30-17**

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

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

### Payments Made

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECRETARY OF STATE</td>
<td>FIL</td>
<td>ANNUAL FEE</td>
<td>$50.</td>
</tr>
<tr>
<td>SACRAMENTO, CA 95815</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 50.
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 $ 50.

FPCC Form 460 (Jan/2016)
FPCC Advice: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov
**Schedule F**

**Accrued Expenses (Unpaid Bills)**

**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.
- 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, airline and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL $x or cable airline and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/pause travel, lodging, and meals
- TSB transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (Internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON D)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NONE.</strong></td>
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</tbody>
</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 $ 0.**

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 $ 0.**

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 8.) .......................................................... **NET $ 0.**

---

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/735-3772)
www.fppc.ca.gov
**Schedule G**  
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period from **1-1-17** through **6-30-17**

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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

**NAME AND ADDRESS OF PAYEE OR CREDITOR**  
(P COMMITTEE ALSO ENTER I.D. NUMBER)

**CODE OR**

**DESCRIPTION OF PAYMENT**

**AMOUNT PAID**

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**TOTAL $ 0.**

*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.*

PPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
**Schedule H
 Loans Made to Others**

<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>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT LOANED THIS PERIOD</th>
<th>REPAYMENT OR FORGIVENESS THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST RECEIVED</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE LOANS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>$______</td>
<td>$______</td>
<td>☐ PAID $______ ☐ FORGIVEN $______</td>
<td>☐ PAID $______ DATE DUE $______ CERT DATE INCURRED ☐ FORGIVEN $______ DATE DUE $______ CERT DATE INCURRED ☐ PAID $______ ☐ FORGIVEN $______</td>
<td>☐ PAID $______ ☐ FORGIVEN $______</td>
<td>☐ PAID $______ ☐ FORGIVEN $______</td>
<td>☐ PAID $______ ☐ FORGIVEN $______</td>
</tr>
</tbody>
</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...$________ **If Required**
   (Total Column (b) plus unitemized loans of less than $100.)

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

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

**FPPC Form 460 (Jan/2016)**
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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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 $ 0