Recipient Committee
Campaign Statement
Cover Page

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 6)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
     - Controlled
     - Sponsored
     (Also Complete Part 6)
   - Primarily Formed Candidate/Officerholder Committee
     (Also Complete Part 7)

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

3. Committee Information
   LID NUMBER: 1404984

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   ED SMITH CUSD COUNCIL RE-ELECTION 2018

   CITY: MONTEREY
   STATE: CA
   ZIP CODE: 93940
   AREA CODE/PHONE: 831-644-9108

   Mailing Address:
   578 HOUSTON ST
   MONTEREY, CA 93940

   Optional Fax/E-mail Address:
   E SMITH@MONTEREY.CITY.CALIFORNIA.COM

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that this form

   Executed on 1-31-19
   Executed on 2-31-19
   Executed on
   Executed on

   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   By
   Signature of Controlling Officerholder, 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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>CITY COUNCIL RETIREMENT 2018</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 (NO. AND STREET)</td>
<td>MARY CA 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>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td>CITY</td>
</tr>
<tr>
<td>COMMITTEE NAME</td>
<td>I.D. NUMBER</td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td>CITY</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

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

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.

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

NAME OF OFFICEHOLDER OR CANDIDATE

| OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

| OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

| OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

| OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3 $ 0.00 $ 0.00
2. Loans Received ....................................................... Schedule B, Line 3 $ 0.00 $ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS ................................. Add Lines 1 + 2 $ 0.00 $ 0.00
4. Nonmonetary Contributions ........................................ Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .............................. Add Lines 3 + 4 $ 0.00 $ 0.00

### Expenditures Made

6. Payments Made ........................................................ Schedule E, Line 4 $ 260.00 $ 260.00
7. Loans Made .............................................................. Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS ...................................... Add Lines 6 + 7 $ 260.00 $ 260.00
9. Accrued Expenses (Unpaid Bills) .................................. Schedule F, Line 3 $ 0.00 $ 0.00
10. Nonmonetary Adjustment .......................................... Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE ..................................... Add Lines 8 + 9 + 10 $ 260.00 $ 260.00

### Current Cash Statement

12. Beginning Cash Balance ............................................ Previous Summary Page, Line 16 $ 159.00 $ 0.00
13. Cash Receipts ........................................................ Column A, Line 3 above $ 101.00 $ 0.00
14. Miscellaneous Increases to Cash ................................ Column I, Line 4 $ 260.00 $ 0.00
15. Cash Payments ........................................................ Column A, Line 8 above $ 0.00 $ 0.00
16. ENDING CASH BALANCE .......................................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 0.00 $ 0.00

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

### Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED ................................ Schedule B, Part 2 $ 2,000.00 $ 0.00

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*  

   (If Subject to Voluntary Expenditure Limit)

   Date of Election (mm/dd/yyyy) $ 0.00

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

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).
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from January 1, 2019 to June 30, 2019

NAME OF FILER

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)

<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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $

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 (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
Schedule B - Part 1  
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from Jan 1, 2019 through June 30, 2019

SCHEDULE B - PART 1

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

ED SMITH City Council 2018
Monterey, CA 93940

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

City Council Self-employed

(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD

(b) AMOUNT RECEIVED THIS PERIOD

(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*

(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

(e) INTEREST PAID THIS PERIOD

(f) ORIGINAL AMOUNT OF LOAN

(g) CUMULATIVE CONTRIBUTIONS TO DATE

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$3,000.00</td>
<td>$3,000.00</td>
<td>$3,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$300.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$300.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$300.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTALS $ 0 $ 3,000.00 $ 0 $ 0

Schedule B Summary

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

2. Loans paid or forgiven this period ..................................$ 3,000.00  
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

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 2.

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

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (855/275-3772)
www.fppc.ca.gov
### Schedule B – Part 2
#### Loan Guarantors

Amounts may be rounded to whole dollars.

**NAME OF FILER**: ED SMITH

**I.D. NUMBER**: 1404984

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (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>LOAN</th>
<th>AMOUNT GUARANTEED THIS PERIOD</th>
<th>CUMULATIVE TO DATE</th>
<th>BALANCE OUTSTANDING TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED SMITH</td>
<td></td>
<td>City Council Member</td>
<td>LENDER</td>
<td>$3,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-Employed 10-5-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 

Enter on Summary Page, Line 17 only.

**Statement covers period from Jan 1, 2019 through June 30, 2019**

FPCC Form 460 (Jan/2016)
FPCC Advice: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov
Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from Jan 1, 2019
through June 30, 2019

NAME OF FILER: E D Smith City Council Re-elected 2018
I.D. NUMBER: 1404984

<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>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 (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>IND</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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 $ 6

*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
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
**Schedule E**
Payments Made

**NAME OF FILER**
ED SMITH city council re-election 2018

**T.D. NUMBER**
1404984

**NAME AND ADDRESS OF PAYEE**

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRO</td>
<td>EVENT Photos</td>
<td>175.00</td>
</tr>
<tr>
<td>PRO</td>
<td>Bank Service Fees</td>
<td>85.00</td>
</tr>
</tbody>
</table>

**PAYMENTS**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 240.00
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 $ 260.00

**Schedule E Summary**

**WEB** Information technology costs (internet, e-mail)

**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 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

**Statement covers period**
from Jan 1, 2019 to June 30, 2019
**Page 9 of 13**
Schedule F
Accrued Expenses (Unpaid Bills)

<table>
<thead>
<tr>
<th>CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
</tr>
<tr>
<td>CNS</td>
</tr>
<tr>
<td>CTB</td>
</tr>
<tr>
<td>CVC</td>
</tr>
<tr>
<td>FIL</td>
</tr>
<tr>
<td>FND</td>
</tr>
<tr>
<td>IND</td>
</tr>
<tr>
<td>LEG</td>
</tr>
<tr>
<td>LIT</td>
</tr>
<tr>
<td>MBR</td>
</tr>
<tr>
<td>MTG</td>
</tr>
<tr>
<td>OFC</td>
</tr>
<tr>
<td>PET</td>
</tr>
<tr>
<td>PHO</td>
</tr>
<tr>
<td>POL</td>
</tr>
<tr>
<td>POS</td>
</tr>
<tr>
<td>PRO</td>
</tr>
<tr>
<td>PRT</td>
</tr>
<tr>
<td>RAD</td>
</tr>
<tr>
<td>RFD</td>
</tr>
<tr>
<td>SAL</td>
</tr>
<tr>
<td>TEL</td>
</tr>
<tr>
<td>TRC</td>
</tr>
<tr>
<td>TRS</td>
</tr>
<tr>
<td>TSF</td>
</tr>
<tr>
<td>VOT</td>
</tr>
<tr>
<td>WEB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE OR DESCRIPTION OF PAYMENT</td>
</tr>
<tr>
<td>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</td>
</tr>
<tr>
<td>(b) AMOUNT INCURRED THIS PERIOD</td>
</tr>
<tr>
<td>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</td>
</tr>
<tr>
<td>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</td>
</tr>
</tbody>
</table>

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

**SUBTOTALS $**

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 $
<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NONE</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

*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*

Amounts may be rounded to whole dollars.

Statement covers period from Jan 1, 2019 through June 30, 2019

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

YES ON MEASURE S
PPC 2141535
552 FRMNT ST
MONTAG, CA 91940

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

Committee

(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD

(b) AMOUNT LOANED THIS PERIOD

(c) REPAYMENT OR FORGIVENESS THIS PERIOD

(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

(e) INTEREST RECEIVED

(f) ORIGINAL AMOUNT OF LOAN

(g) CUMULATIVE LOANS TO DATE

SUBTOTALS

CALFORNIA FORM

SCHEDULE H

Page 12 of 13

I.D. NUMBER

1404984

*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

(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.)

(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
### Schedule I
**Miscellaneous Increases to Cash**

Amended amounts may be rounded to whole dollars.

<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>2-18-19</td>
<td>ED Smith Leadership &amp; Training</td>
<td>Cash to balance acc.</td>
<td>$101.00</td>
</tr>
<tr>
<td></td>
<td>Monterey, CA 93940</td>
<td>close bank acc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>cover last bank fees</td>
<td></td>
</tr>
</tbody>
</table>

Subtotal $101.00

**Schedule I Summary**

1. Itemized increases to cash this period. $101.00
2. Unitemized increases to cash of under $100 this period. $
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) $
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) $101.00

SUBTOTAL $101.00

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