

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 01/01/2016 through 06/30/2016	Date of election if applicable: (Month, Day, Year) _____	Date Stamp <div style="border: 2px solid red; padding: 5px; color: red; text-align: center;">E-Filed 07/11/2016 12:57:33 Filing ID: 160863818</div>	CALIFORNIA FORM 460 Page 1 of 14 For Official Use Only
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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
<small>(Also Complete Part 5)</small> | ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
<small>(Also Complete Part 6)</small> |
| ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|---|
| ☐ Preelection Statement | ☐ Quarterly Statement |
| ☒ Semi-annual Statement | ☐ Special Odd-Year Report |
| ☐ Termination Statement
(Also file a Form 410 Termination) | ☐ Supplemental Preelection Statement - Attach Form 495 |
| ☐ Amendment (Explain below)

_____ | |

3. Committee Information

I.D. NUMBER
1368283

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Lynne Kennedy for City Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Rancho Cucamonga	CA	91737	

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

Treasurer(s)

NAME OF TREASURER

Mondi Taylor

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Etiwanda	CA	91739	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 07/11/2016
Date

Executed on 07/11/2016
Date

Executed on _____
Date

Executed on _____
Date

By Mondi M Taylor
Signature of Treasurer or Assistant Treasurer

By Lynne R. Kennedy
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Lynne Kennedy

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

City Council Member: City of Rancho Cucamonga

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	Rancho Cucamonga	CA	91737

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? ☐ YES ☐ 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? ☐ YES ☐ 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	☐ SUPPORT ☐ OPPOSE
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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
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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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Schedule A

Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lynne Kennedy for City Council 2016

I.D. NUMBER

1368283

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)
03/06/2016	Building Industry Association of Southern California PAC Restricted #741733C/O Reed & Davidson Los Angeles, CA 90071	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	1,500.00	G2016 \$1,500.00
04/25/2016	James Moore Rancho Cucamonga, CA 91739	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Gerdau	500.00	500.00	G2016 \$500.00
04/28/2016	Alta Laguna MH Communityc/o Bessire & Casenhiser, INC San Dimas, CA 91773	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	G2016 \$250.00
04/28/2016	Building Industry Association of Southern California PAC Restricted #741733C/O Reed & Davidson Los Angeles, CA 90071	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	1,500.00	G2016 \$1,500.00
04/28/2016	Mr. E. Burr Temecula, CA 92592	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner/President Burrtec Waste	1,000.00	1,000.00	G2016 \$1,000.00

SUBTOTAL \$ 3,250.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 15,948.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 297.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 16,245.00

*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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2016 through 06/30/2016		CALIFORNIA FORM 460 Page 5 of 14
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NAME OF FILER

Lynne Kennedy for City Council 2016

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)
04/28/2016	Mrs. Tracy Burr Temecula, CA 92592	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Housewife Self	1,000.00	1,000.00	G2016 \$1,000.00
04/28/2016	CHT Investment, LLC Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	G2016 \$500.00
04/28/2016	Citizens and Friends of Acquanetta Warren (ID# 1256423) Fontana, CA 92336	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		300.00	300.00	G2016 \$300.00
04/28/2016	Desert-Candle, LP Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	G2016 \$500.00
04/28/2016	FH II, LLC Rancho Cucamonga, CA 91730	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2,500.00	2,500.00	G2016 \$2,500.00
SUBTOTAL \$				4,800.00		

***Contributor Codes**

IND – Individual
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 OTH – Other (e.g., business entity)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2016 through 06/30/2016		CALIFORNIA FORM 460 Page 6 of 14
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NAME OF FILER

Lynne Kennedy for City Council 2016

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)
04/28/2016	Fox Family Trust DTD 7/29/12 Claremont, CA 91711-2273	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2016 \$1,000.00
04/28/2016	Artist Gilbert Rialto, CA 92376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	200.00	200.00	G2016 \$200.00
04/28/2016	Charles Harrell Alta Loma, CA 91737	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	150.00	150.00	G2016 \$150.00
04/28/2016	Mrs. Sara Hector Yucaipa, CA 92399	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Small Business Self Employed	100.00	100.00	G2016 \$100.00
04/28/2016	Stacy Henry Rancho Cucamonga, CA 91730	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sr Investigator Metlife Auto & Home	150.00	150.00	G2016 \$150.00
SUBTOTAL \$				1,600.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2016 through 06/30/2016		CALIFORNIA FORM 460 Page 7 of 14
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NAME OF FILER

Lynne Kennedy for City Council 2016

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)
04/28/2016	Ryan Hutchison Rancho Cucamonga, CA 91739	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Agent All Nations Realty	198.00	198.00	G2016 \$198.00
04/28/2016	JCLIN Investment, LP Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	G2016 \$500.00
04/28/2016	LCTH Investment, LP Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	G2016 \$500.00
04/28/2016	Lewis Management Corp. Lewis Investment Company, LLC Upland, CA 91786	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	G2016 \$500.00
04/28/2016	Teresa Lyons Rancho Cucamonga, CA 91739	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired Retired	150.00	150.00	G2016 \$150.00
SUBTOTAL \$				1,848.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2016 through 06/30/2016		CALIFORNIA FORM 460 Page 8 of 14
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NAME OF FILER

Lynne Kennedy for City Council 2016

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)
04/28/2016	Madole & Associates, INC Rancho Cucamonga, CA 91730	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	G2016 \$500.00
04/28/2016	Magnolia, LP Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	G2016 \$500.00
04/28/2016	Minuteman Press of Rancho Cucamonga Rancho Cucamonga, CA 91730	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	150.00	G2016 \$150.00
04/28/2016	Mr. D Mize Riverside, CA 92507	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate/Affordable Housing Native Building Corporation	150.00	150.00	G2016 \$150.00
04/28/2016	Anthony Morales Rancho Cucamonga, CA 91739	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Store Manager Stater Brothers Markets	150.00	150.00	G2016 \$150.00
SUBTOTAL \$				1,450.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2016 through 06/30/2016		CALIFORNIA FORM 460 Page 9 of 14
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NAME OF FILER

Lynne Kennedy for City Council 2016

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)
04/28/2016	Real Estate & Design by Janine Rancho Cucamonga, CA 91739	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	150.00	G2016 \$150.00
04/28/2016	Salvatore Sagnolo Rancho Cucamonga, CA 91737	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	200.00	200.00	G2016 \$200.00
04/28/2016	San Bernardino County Safety Employees Benefit Association Local PAC 1272515 San Bernardino, CA 92408	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	G2016 \$500.00
04/28/2016	Water Mill Homes, INC Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2016 \$1,000.00
06/02/2016	Kathleen Hall San Bernardino, CA 92410	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Abbott Vascular	150.00	150.00	G2016 \$150.00
SUBTOTAL \$				2,000.00		

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 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2016

through 06/30/2016

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NAME OF FILER

Lynne Kennedy for City Council 2016

I.D. NUMBER

1368283

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)
06/24/2016	CAAPAC California Apartment Association of the Greater Inland Empire Sacramento, CA 95814	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2016 \$1,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$				1,000.00		

***Contributor Codes**

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PTY – Political Party

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FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 01/01/2016 through 06/30/2016		CALIFORNIA FORM 460 Page 11 of 14
I.D. NUMBER 1368283		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lynne Kennedy for City Council 2016

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 *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lynne Kennedy Rancho Cucamonga, CA 91737 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director, Alliance for Education San Bernardino County Superintendent of Schools	\$ 3,500.00	\$ 0.00	☐ PAID \$ 0.00 ☐ FORGIVEN \$ 0.00	\$ 3,500.00 DATE DUE	 % RATE \$ 0.00	\$ 3,500.00 08/19/2014 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
Lynne Kennedy Rancho Cucamonga, CA 91737 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director, Alliance for Education San Bernardino County Superintendent of Schools	\$ 20,000.00	\$ 0.00	☐ PAID \$ 0.00 ☐ FORGIVEN \$ 0.00	\$ 20,000.00 DATE DUE	 % RATE \$ 0.00	\$ 20,000.00 08/22/2014 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
 † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	 % RATE \$	 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$		0.00	\$	0.00	\$	23,500.00	\$	0.00

Schedule B Summary

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

- Loans received this period \$ 0.00
(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 \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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 IND – Individual
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 OTH – Other (e.g., business entity)
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 SCC – Small Contributor Committee

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

** If required.

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 01/01/2016 through 06/30/2016		CALIFORNIA FORM 460 Page 12 of 14
I.D. NUMBER 1368283		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lynne Kennedy for City Council 2016

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/28/2016	Rancho Cucamonga Professional Firefighters Association, IAFF Local 2274 PAC Rancho Cucamonga, CA 91730	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Food and Beverages for Fundraiser	953.91	953.91	62016 \$953.91
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 953.91

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 953.91
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- 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 \$** 953.91

*Contributor Codes
 IND – Individual
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 OTH – Other (e.g., business entity)
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 SCC – Small Contributor Committee

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2016	
through	06/30/2016	Page 13 of 14
NAME OF FILER		I.D. NUMBER
Lynne Kennedy for City Council 2016		1368283

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lynne Kennedy for City Council 2016

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
Citibank, Corp Rancho Cucamonga, CA 91730			Service Charges for Checking Account	20.51
Mondi Taylor Etiwanda, CA 91739	PRO			292.50
Citibank, Corp Rancho Cucamonga, CA 91730			Service Charges for Checking Account	20.91

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

SUBTOTAL \$ 333.92

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	618.82
2. Unitemized payments made this period of under \$100	\$	133.50
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 \$	752.32

FPPC Form 460 (Jan/2016)

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Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2016	
through	06/30/2016	Page 14 of 14
NAME OF FILER		I.D. NUMBER
Lynne Kennedy for City Council 2016		1368283

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lynne Kennedy for City Council 2016

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
Citibank, Corp Rancho Cucamonga, CA 91730			Service Charges for Checking Account	20.43
Citibank, Corp Rancho Cucamonga, CA 91730			Service Charges for Checking Account	22.07
Citibank, Corp Rancho Cucamonga, CA 91730			Service Charges for Checking Account	21.03
Citibank, Corp Rancho Cucamonga, CA 91730			Service Charges for Checking Account	26.37
Mail Center and More Rancho Cucamonga, CA 91701	POS			195.00

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

SUBTOTAL \$ 284.90