

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 09/23/2018 through 10/20/2018	Date of election if applicable: (Month, Day, Year) 11/06/2018	Date Stamp <div>E-Filed 10/25/2018 09:40:38 Filing ID: 174462265</div>	CALIFORNIA FORM 460 Page 1 of 21 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
<i>(Also Complete Part 5)</i> | ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
<i>(Also Complete Part 6)</i> |
| ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1323223

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Dennis Michael for Mayor 2018

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Rancho Cucamonga	CA	91730	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Rancho Cucamonga	CA	91701	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Mondi Taylor

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Etiwanda	CA	91739	(909)260-1608

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 10/22/2018
Date

Executed on 10/22/2018
Date

Executed on _____
Date

Executed on _____
Date

By Mondi M Taylor
Signature of Treasurer or Assistant Treasurer

By Dennis Michael
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

FPPC Form 460 (Jan/2016)

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Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 21

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Dennis Michael

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

Mayor: City of Rancho Cucamonga

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	Rancho Cucamonga	CA	91701

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

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.*

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 09/23/2018 through 10/20/2018	CALIFORNIA FORM 460
Page 3 of 21	I.D. NUMBER 1323223

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Michael for Mayor 2018

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 48,932.00	\$ 62,826.00
2. Loans Received Schedule B, Line 3	0.00	26,500.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 48,932.00	\$ 89,326.00
4. Nonmonetary Contributions Schedule C, Line 3	15,504.50	16,278.80
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 64,436.50	\$ 105,604.80

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 18,258.60	\$ 45,371.96
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 18,258.60	\$ 45,371.96
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	15,504.50	16,278.80
11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 33,763.10	\$ 61,650.76

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 25,372.87
13. Cash Receipts Column A, Line 3 above	48,932.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	18,258.60
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 56,046.27
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 26,500.00

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

Schedule A

Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>21</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Michael for Mayor 2018

I.D. NUMBER

1323223

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)
09/24/2018	Timothy Lynch Upland, CA 91786-2448	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President General Outdoor Advertising	300.00	600.00	G2018 \$300.00
09/25/2018	Adobe Animal Hospital Rancho Cucamonga, CA 91737	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		200.00	200.00	
09/25/2018	Armada Transport INC San Bernardino, CA 92410	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2,000.00	2,000.00	
09/25/2018	Charandreet Boparai Rancho Cucamonga, CA 91737	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Veternarian Alleve Animal Hospital	200.00	200.00	
09/25/2018	Cargo Solution Express INC Fontana, CA 92335	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	
SUBTOTAL \$				3,700.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 48,808.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 124.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 48,932.00

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 09/23/2018

through 10/20/2018

CALIFORNIA
FORM 460

Page 5 of 21

NAME OF FILER

Dennis Michael for Mayor 2018

I.D. NUMBER

1323223

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)
09/25/2018	Ranjit Dhillon Alta Loma, CA 91737	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner 7 Eleven	200.00	200.00	
09/25/2018	Hadley Tow Whittier, CA 90601	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2,000.00	2,000.00	
09/25/2018	Rajbir Husson Rancho Cucamonga, CA 91739	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Nutritionist Jasmine Global, LLC	150.00	150.00	
09/25/2018	Prasad Jeereddi Claremont, CA 91711	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Chapparal Medical Group	2,500.00	2,500.00	
09/25/2018	Parshotam Kamboj Arcadia, CA 91007	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Milt's Liquor	250.00	250.00	
SUBTOTAL \$				5,100.00		

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FPPC Form 460 (Jan/2016)

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 09/23/2018		
through 10/20/2018		Page 6 of 21
NAME OF FILER		I.D. NUMBER
Dennis Michael for Mayor 2018		1323223

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)
09/25/2018	Bhupal Kommineni Upland, CA 91784	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired Retired	200.00	200.00	
09/25/2018	Kumar Koneru Pomona, CA 91767	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Investor Income Property Investments	1,000.00	1,000.00	
09/25/2018	Parambir Padda Rancho Cucamonga, CA 91737	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	100.00	100.00	
09/25/2018	Nat Patel Cerritos, CA 90703	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired retired	100.00	100.00	
09/25/2018	Tarlochan Rangi Rancho Cucamonga, CA 91737	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner 7 Eleven	250.00	250.00	
SUBTOTAL \$				1,650.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 09/23/2018		
through 10/20/2018		Page 7 of 21
NAME OF FILER		I.D. NUMBER
Dennis Michael for Mayor 2018		1323223

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)
09/25/2018	Sudmir Reddy Upland, CA 91786	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Health Partners Clinics Affiliated Self Employed	250.00	250.00	
09/25/2018	Sierra Gateway Dental Office San Bernardino, CA 92407	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	150.00	
09/25/2018	Venkatakrishn Srinivasan Arcadia, CA 91006	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	IT Kaiser Permanente	108.00	208.00	
09/25/2018	Venkatakrishn Srinivasan Arcadia, CA 91006	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	IT Kaiser Permanente	100.00	208.00	
09/25/2018	Swad of India LLC Upland, CA 91786	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		200.00	200.00	
SUBTOTAL \$				808.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	09/23/2018	
through	10/20/2018	Page 8 of 21

NAME OF FILER

Dennis Michael for Mayor 2018

I.D. NUMBER

1323223

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)
09/25/2018	Rama Thumati Claremont, CA 91711	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Internal Medicine Medical Group	250.00	250.00	
09/25/2018	Lakha Wahla Alta Loma, CA 91737	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired retired	200.00	200.00	
09/26/2018	Thomas Winery Property Owner, LLC/o Apartment Income Investors, INC Rancho Cucamonga, CA 91730	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		300.00	300.00	
09/28/2018	Hae Park Bloomington, CA 92316	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Bel Air Swap Meet, INC Owner	5,000.00	5,000.00	G2018 \$5,000.00
10/01/2018	JV Jiu Jitsu, INCDBA Javier Vazquez Jiu-Jitsu Academy Rancho Cucamonga, CA 91730	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	150.00	
SUBTOTAL \$				5,900.00		

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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 09/23/2018 through 10/20/2018		CALIFORNIA FORM 460 Page 9 of 21
I.D. NUMBER 1323223		

NAME OF FILER

Dennis Michael for Mayor 2018

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)
10/02/2018	Amended & Reinstated King Family Living Trust Pamela and Jeffery King Rancho Cucamonga, CA 91701	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		300.00	300.00	
10/02/2018	Michael Arreguin Rancho Cucamonga, CA 91739	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President Burrtec Waste Industries, INC	1,000.00	1,000.00	
10/02/2018	Ernest and Juanita Braunwalder Rancho Cucamonga, CA 91701	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Agent Farmers Insurance Braunwalder Agency	100.00	100.00	
10/02/2018	Building Industry Association of Southern California PAC Restricted #741733c/o Reed & Davidson, LLP Los Angeles, CA 90071	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	G2018 \$1,000.00
10/02/2018	E Burr Temecula, CA 92592	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Burrtec Waste	1,000.00	2,250.00	G2018 \$1,250.00
SUBTOTAL \$				3,400.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from 09/23/2018 through 10/20/2018		CALIFORNIA FORM 460 Page 10 of 21
I.D. NUMBER 1323223		

NAME OF FILER

Dennis Michael for Mayor 2018

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)
10/02/2018	Tracy Burr Temecula, CA 92592	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Burrtec Waste	1,000.00	2,250.00	G2018 \$1,250.00
10/02/2018	Coastline Acquisitions, LLC Rancho Cucamonga, CA 91739	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/02/2018	Peter Dejager Claremont, CA 91711	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Independent Business Owner Good Tyme Car Wash, INC	1,000.00	1,000.00	
10/02/2018	Diversified Pacific Development Goup, LLC Rancho Cucamonga, CA 91730	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		5,000.00	5,000.00	
10/02/2018	FH II, LLC Ontario, CA 91764	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		5,000.00	5,000.00	
SUBTOTAL \$				12,500.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
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Statement covers period		CALIFORNIA FORM 460
from	09/23/2018	
through	10/20/2018	Page 11 of 21

NAME OF FILER Dennis Michael for Mayor 2018	I.D. NUMBER 1323223
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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)
10/02/2018	ISA Ingra-Structure Aggregates, INC Alta Loma, CA 91737	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	2,000.00	G2018 \$1,000.00
10/02/2018	JCLIN Investment, LP Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/02/2018	Lynne Kennedy Alta Loma, CA 91701	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Educator San Bernardino City Superintendent of Schools	500.00	500.00	
10/02/2018	Magnolia LP Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/02/2018	Minuteman Press Rancho Cucamonga, CA 91730	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	650.00	G2018 \$150.00
SUBTOTAL \$				3,000.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	09/23/2018	
through	10/20/2018	Page 12 of 21

NAME OF FILER Dennis Michael for Mayor 2018	I.D. NUMBER 1323223
--	------------------------

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)
10/02/2018	Stephen Monteros Ontario, CA 91761	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President Converge One	300.00	300.00	
10/02/2018	MP Group, LLC Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/02/2018	Shoaib Patail Alta Loma, CA 91701	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Kaiser Permanente	300.00	550.00	G2018 \$250.00
10/02/2018	Pepe's INC Pepe's Towing Service Moreno Valley, CA 92553	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/02/2018	Pinehurst LLC Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	
SUBTOTAL \$				2,100.00		

*Contributor Codes

IND – Individual
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(other than PTY or SCC)
OTH – Other (e.g., business entity)
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 09/23/2018 through 10/20/2018		CALIFORNIA FORM 460 Page 13 of 21
NAME OF FILER Dennis Michael for Mayor 2018		
		I.D. NUMBER 1323223

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)
10/02/2018	Carol and Boyd Plowman Glen Ivy, CA 92883	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President Fleetwood Vacation Club	500.00	500.00	
10/02/2018	Ryan Hutchison Sole PropDBA Ryan Hutchison Properties Rancho Cucamonga, CA 91739	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	750.00	G2018 \$500.00
10/02/2018	Valley Oak LP Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/04/2018	Lizarraga Law Firm Ontario, CA 91761	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/04/2018	Ravinderjit Sidhu Rancho Cucamonga, CA 91737	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Veterinarian AR Animal Hospital	200.00	200.00	
SUBTOTAL \$				1,950.00		

***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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	09/23/2018	
through	10/20/2018	Page 14 of 21

NAME OF FILER Dennis Michael for Mayor 2018	I.D. NUMBER 1323223
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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)
10/04/2018	Spagnolo for City Council 2020 (ID# 1262891) Rancho Cucamonga, CA 91737	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		300.00	300.00	
10/09/2018	Douglas Morris Alta Loma, CA 91737	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Broker/Office Manager Morgan Stanley	250.00	250.00	
10/10/2018	California Real Estate Political Action Committee-California Association of Realtors CREPAC-C.A.R. Candidate Support ID # 890106 Los Angeles, CA 90020	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2,000.00	2,000.00	
10/11/2018	Lewis Investment Company, LLC Upland, CA 91786	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	2,000.00	G2018 \$1,000.00
10/11/2018	Theresa Marji Alta Loma, CA 91701	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Theresa Marji Attorney at Law	100.00	100.00	
SUBTOTAL \$				3,650.00		

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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 09/23/2018 through 10/20/2018		CALIFORNIA FORM 460
Page 15 of 21		
NAME OF FILER Dennis Michael for Mayor 2018		I.D. NUMBER 1323223

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)
10/12/2018	California Apartment Association of Greater Inland EmpireCalifornia Local Trust Account PAC Sacramento, CA 95814	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	
10/12/2018	Edison International Affiliated Entities Rosemead, CA 91770	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/15/2018	Mark Christopher Properties, LLC Ontario, CA 91764	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2,500.00	2,500.00	
10/20/2018	Inland Cosmetic Surgery Rancho Cucamonga, CA 91730	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		750.00	750.00	
10/20/2018	Robert and Cheryl Smith Rancho Cucamonga, CA 91737	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	300.00	300.00	
SUBTOTAL \$				5,050.00		

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Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 09/23/2018 through 10/20/2018		CALIFORNIA FORM 460 Page 16 of 21
I.D. NUMBER 1323223		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Michael for Mayor 2018

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
Dennis Michael Rancho Cucamonga, CA 91730 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	\$ 16,500.00	\$ 0.00	☐ PAID \$ 0.00 ☐ FORGIVEN \$ 0.00	\$ 16,500.00 DATE DUE	 % RATE \$ 0.00	\$ 30,000.00 10/05/2010 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$ 62018 10,000.00
Dennis Michael Rancho Cucamonga, CA 91730 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	\$ 10,000.00	\$ 0.00	☐ PAID \$ 0.00 ☐ FORGIVEN \$ 0.00	\$ 10,000.00 DATE DUE	0.00 % RATE \$ 0.00	\$ 10,000.00 06/25/2018 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$ 62018 10,000.00
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$		0.00	\$	0.00	\$	26,500.00	\$	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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*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 <u>09/23/2018</u> through <u>10/20/2018</u>		CALIFORNIA FORM 460
Page <u>17</u> of <u>21</u>		
NAME OF FILER Dennis Michael for Mayor 2018		I.D. NUMBER 1323223

SEE INSTRUCTIONS ON REVERSE

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/24/2018	Magic Lamp Rancho Cucamonga, CA 91730	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Food and Beverage for Fundraiser	470.00	470.00	
10/03/2018	Sheriff's Employees' Benefit Association SEBA San Bernardino, CA 92408	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Mailer	7,442.25	8,942.25	62018 \$1,500.00
10/05/2018	Rancho Cucamonga Professional Firefighters Association-IAFF Local 2274 PAC Rancho Cucamonga, CA 91730	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Mailer	7,442.25	8,366.55	62018 \$774.30
10/08/2018	Rancho Cucamonga Professional Firefighters Association-IAFF Local 2274 PAC Rancho Cucamonga, CA 91730	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Paid to Votelist Pro for Data for Mailer	150.00	8,366.55	62018 \$774.30

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 15,504.50

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 15,504.50
- 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 \$** 15,504.50

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IND – Individual
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SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	09/23/2018	
through	10/20/2018	Page 18 of 21
NAME OF FILER		I.D. NUMBER
Dennis Michael for Mayor 2018		1323223

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Michael for Mayor 2018

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
VoterListPro Riverside, CA 92507	WEB			10,750.00
Chris Jones Consulting Newcastle, CA 95658	CNS			1,500.00
Hareline Graphics West Sacramento, CA 95691	LIT			1,250.00

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

SUBTOTAL \$ 13,500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	18,229.47
2. Unitemized payments made this period of under \$100	\$	29.13
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 \$	18,258.60

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/23/2018	
through	10/20/2018	Page 19 of 21
NAME OF FILER		I.D. NUMBER
Dennis Michael for Mayor 2018		1323223

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Michael for Mayor 2018

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
Latino Family Voter Guide Long Beach, CA 90802	LIT			1,113.60
Minuteman Press Rancho Cucamonga, CA 91730	FND			1,980.91
Mondi M Taylor Etiwanda, CA 91739	PRO			488.75
Chris Jones Consulting Newcastle, CA 95658	CNS			1,656.31
Hareline Graphics West Sacramento, CA 95691	LIT			1,500.00

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

SUBTOTAL \$ 6,739.57

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/23/2018	
through	10/20/2018	Page 20 of 21
NAME OF FILER		I.D. NUMBER
Dennis Michael for Mayor 2018		1323223

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Michael for Mayor 2018

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
California Taxpayer Protection Voter Guide Elk Grove, CA 95624	LIT			-1,055.20
Conservative Voter Guide Elk Grove, CA 95624	LIT			-954.90

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

SUBTOTAL \$ -2,010.10

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		CALIFORNIA FORM 460
from	09/23/2018	
through	10/20/2018	Page <u>21</u> of <u>21</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Michael for Mayor 2018

I.D. NUMBER

1323223

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chris Jones Consulting

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data INC Norwalk, CA 90652			Voter Data	1,656.31

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,656.31

* 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.