

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

|                                                                                       |                                                                            |                                                                                                  |                                                                                  |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Statement covers period</b><br><b>from</b> 01/01/2020<br><b>through</b> 10/17/2020 | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br>11/03/2020 | <b>Date Stamp</b><br><div>E-Filed<br/>10/22/2020<br/>16:46:09<br/>Filing ID:<br/>193804047</div> | <b>CALIFORNIA FORM 460</b><br><b>Page</b> 1 <b>of</b> 7<br>For Official Use Only |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- |                                                                                                                                                                                                                  |                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>               | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>                                                                |

## 2. Type of Statement:

- |                                                                                      |                                                                               |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Preelection Statement                            | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement                                       | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)                                   |                                                                               |

## 3. Committee Information

I.D. NUMBER  
1433463

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
San Bernardino County Business Owners PAC

STREET ADDRESS (NO P.O. BOX)

|         |       |          |                 |
|---------|-------|----------|-----------------|
| CITY    | STATE | ZIP CODE | AREA CODE/PHONE |
| Fontana | CA    | 92335    | (909) 519-7374  |

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS  
danielle@cothran.co

## Treasurer(s)

NAME OF TREASURER

Danielle Holley

MAILING ADDRESS

|         |       |          |                 |
|---------|-------|----------|-----------------|
| CITY    | STATE | ZIP CODE | AREA CODE/PHONE |
| Fontana | CA    | 92335    | (909) 519-7374  |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS  
danielle@cothran.com

## 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 10/21/2020  
Date

Executed on 10/21/2020  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Danielle Holley  
Signature of Treasurer or Assistant Treasurer

By Phil Cothran  
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  
FORM 460

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                                                                  |                            |
|------------------------------------------------------------------|----------------------------|
| Statement covers period<br>from 01/01/2020<br>through 10/17/2020 | <b>CALIFORNIA FORM 460</b> |
| Page 3 of 7                                                      | I.D. NUMBER<br>1433463     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Business Owners PAC

## Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|------------------------------------------------------------|--------------------------------------------|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$ 44,500.00                                               | \$ 44,500.00                               |
| 2. Loans Received .....               | Schedule B, Line 3 | 0.00                                                       | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$ 44,500.00                                               | \$ 44,500.00                               |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | 0.00                                                       | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$ 44,500.00                                               | \$ 44,500.00                               |

## 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   | \$ 8,921.08 | \$ 8,921.08 |
| 7. Loans Made .....                      | Schedule H, Line 3   | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$ 8,921.08 | \$ 8,921.08 |
| 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. TOTALEXPENDITURES MADE .....         | Add Lines 8 + 9 + 10 | \$ 8,921.08 | \$ 8,921.08 |

## Expenditure Limit Summary for State Candidates

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

## Current Cash Statement

|                                                           |                                               |              |
|-----------------------------------------------------------|-----------------------------------------------|--------------|
| 12. Beginning Cash Balance .....                          | Previous Summary Page, Line 16                | \$ 0.00      |
| 13. Cash Receipts .....                                   | Column A, Line 3 above                        | 44,500.00    |
| 14. Miscellaneous Increases to Cash .....                 | Schedule I, Line 4                            | 0.00         |
| 15. Cash Payments .....                                   | Column A, Line 8 above                        | 8,921.08     |
| 16. ENDING CASH BALANCE .....                             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 35,578.92 |
| 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 | \$ 0.00 |

\*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 01/01/2020  
through 10/17/2020

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Business Owners PAC

I.D. NUMBER

1433463

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------|---------------------------------------|
| 10/02/2020    | Jeffrey Burum<br>Rancho Cucamonga, CA 91730-3804                                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Jeffrey Burum Enterprises                                                            | 18,500.00                   | 18,500.00                                              |                                       |
| 10/02/2020    | James Previti<br>Rancho Cucamonga, CA 91730                                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President/CEO<br>Frontier Enterprises                                                         | 18,500.00                   | 18,500.00                                              |                                       |
| 10/09/2020    | Christopher Leggio<br>Ontario, CA 91764                                                         | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President<br>Mountain View Chevrolet, Inc.                                                    | 7,500.00                    | 7,500.00                                               |                                       |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                             |                                                        |                                       |
|               |                                                                                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                             |                                                        |                                       |

**SUBTOTAL \$** 44,500.00

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 44,500.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 44,500.00

### \*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 D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

|                         |            |                            |  |
|-------------------------|------------|----------------------------|--|
| Statement covers period |            | CALIFORNIA FORM <b>460</b> |  |
| from                    | 01/01/2020 |                            |  |
| through                 | 10/17/2020 | Page <u>5</u> of <u>7</u>  |  |
|                         |            | I.D. NUMBER<br>1433463     |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Business Owners PAC

| DATE        | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT                                                                                                                                                    | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|-----------------------------------------------------|------------------------------------|
| 10/08/2020  | Carlos Garcia<br>City Council Member<br>City of Upland<br>District: 3                               | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input checked="" type="checkbox"/> Independent Expenditure | Voter data                | 167.40             | 8,842.96                                            |                                    |
|             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |                                                                                                                                                                    |                           |                    |                                                     |                                    |
| 10/08/2020  | Carlos Garcia<br>City Council Member<br>City of Upland<br>District: 3                               | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input checked="" type="checkbox"/> Independent Expenditure | Mailer design             | 350.00             | 8,842.96                                            |                                    |
|             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |                                                                                                                                                                    |                           |                    |                                                     |                                    |
| 10/08/2020  | Carlos Garcia<br>City Council Member<br>City of Upland<br>District: 3                               | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input checked="" type="checkbox"/> Independent Expenditure | Mailer and postage        | 8,325.56           | 8,842.96                                            |                                    |
|             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |                                                                                                                                                                    |                           |                    |                                                     |                                    |
| SUBTOTAL \$ |                                                                                                     |                                                                                                                                                                    |                           | 8,842.96           |                                                     |                                    |

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 8,842.96
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 8,842.96

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                           |            |                            |
|-------------------------------------------|------------|----------------------------|
| Statement covers period                   |            | <b>CALIFORNIA FORM 460</b> |
| from                                      | 01/01/2020 |                            |
| through                                   | 10/17/2020 | Page 6 of 7                |
| NAME OF FILER                             |            | I.D. NUMBER                |
| San Bernardino County Business Owners PAC |            | 1433463                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Business Owners PAC

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT                                                          | AMOUNT PAID |
|---------------------------------------------------------------------|------|----|---------------------------------------------------------------------------------|-------------|
| DMH Meyer, Inc.<br>Newbury Park, CA 91320                           | IND  |    | Mailer and postage in support of Carlos Garcia, Upland City Council, District 3 | 8,325.56    |
| Brittany Sweeney<br>Phoenix, AZ 85086                               | IND  |    | Mailer design in support of Carlos Garcia, Upland City Council, District 3      | 350.00      |
| Voter Link<br>Alpine, UT 84004                                      | IND  |    | Voter data in support of Carlos Garcia, Upland City Council, District 3         | 167.40      |

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

**SUBTOTAL \$** 8,842.96

## Schedule E Summary

|                                                                                                                    |                 |          |
|--------------------------------------------------------------------------------------------------------------------|-----------------|----------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)                                         | \$              | 8,842.96 |
| 2. Unitemized payments made this period of under \$100                                                             | \$              | 78.12    |
| 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.) | <b>TOTAL \$</b> | 8,921.08 |

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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 |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2020 |                            |
| through                 | 10/17/2020 | Page <u>7</u> of <u>7</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Business Owners PAC

NAME OF AGENT OR INDEPENDENT CONTRACTOR

DMH Meyer, Inc.

I.D. NUMBER

1433463

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT                                               | AMOUNT PAID |
|---------------------------------------------------------------------------------|------|----|----------------------------------------------------------------------|-------------|
| USPS<br>Rancho Cucamonga, CA 91730                                              | POS  |    | Postage in support of Carlos Garcia, Upland City Council, District 3 | 3,501.50    |
|                                                                                 |      |    |                                                                      |             |
|                                                                                 |      |    |                                                                      |             |
|                                                                                 |      |    |                                                                      |             |
|                                                                                 |      |    |                                                                      |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 3,501.50

\* 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.