

Recipient Committee Campaign Statement Cover Page

RECEIVED stamp with Date Stamp AUG - 2 2017, Office of the City Clerk, CALIFORNIA FORM 460, Page 1 of 5, For Official Use Only

Statement covers period from Jan 1, 2017 through Jun 30, 2017. Date of election if applicable: (Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee (checked)
State Candidate Election Committee
Recall
General Purpose Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement (checked)
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1367258

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Matthew Jacob for Turlock City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE Turlock CA 95382

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER Matthew Jacob

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE Turlock CA 95382

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 8/2/2017 Date
Executed on 8/2/2017 Date
Executed on Date
Executed on Date

By Matthew Jacob Signature of Treasurer or Assistant Treasurer
By Matthew Jacob 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

Clear Cover Pg1

Print Form

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Matthew Jacob

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Turlock City Council Turlock, CA 95382

**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*

**Clear Cover Pg2**

**Print Form**

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>Jan 1, 2017</u> | <b>CALIFORNIA FORM 460</b>    |
| through <u>Jun 30, 2017</u>                        |                               |
| Page <u>3</u> of <u>5</u>                          | I.D. NUMBER<br><u>1367258</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matthew Jacob for Turlock City Council 2014

## Contributions Received

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

## 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

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i>                   | \$ <u>50.00</u>  | \$ _____                                   |
| 7. Loans Made..... <i>Schedule H, Line 3</i>                      | \$ <u>0.00</u>   | \$ _____                                   |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>             | \$ <u>50.00</u>  | \$ _____                                   |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | \$ <u>0.00</u>   | \$ _____                                   |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>         | \$ <u>0.00</u>   | \$ _____                                   |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>50.00</u>  | \$ _____                                   |

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

## Current Cash Statement

|   |                   |
|---|-------------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>             | \$ <u>5010.74</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i>                              | \$ <u>0.00</u>    |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>                | \$ <u>0.00</u>    |
| 15. Cash Payments..... <i>Column A, Line 8 above</i>                              | \$ <u>50.00</u>   |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>4960.74</u> |

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

|   |                |
|---|----------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0.00</u> |
|---|----------------|

## Cash Equivalents and Outstanding Debts

|   |                   |
|---|-------------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i>            | \$ <u>0.00</u>    |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>8100.00</u> |

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).

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

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**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>Jan 1, 2017</u><br>through <u>Jun 30, 2017</u> | <b>CALIFORNIA FORM 460</b>    |
|   | Page <u>4</u> of <u>5</u>     |
|   | I.D. NUMBER<br><b>1367258</b> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matthew Jacob for Turlock City Council 2014

| 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)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN      | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                 |
|---|--|--|------------------------------------|--|--|----------------------------------|-------------------------------------|---|
| Matthew Jacob<br>2166 Ellesmere Court<br>Turlock, CA 95382<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ <u>8100.00</u>                                | \$ <u>0.00</u>                     | <input type="checkbox"/> PAID<br>\$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ <u>8100.00</u><br><br>DATE DUE _____            | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED _____ | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |  | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____       | \$ _____<br><br>DATE DUE _____                     | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED _____ | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |  | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____       | \$ _____<br><br>DATE DUE _____                     | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED _____ | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS</b>  |  | \$   | \$ <u>0.00</u>                     | \$ <u>0.00</u>   | \$ <u>8100.00</u>                                  | \$ <u>0.00</u>                   |                                     |   |

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

**Schedule B Summary**

- 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)

†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

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|   |              |                                |
|---|--------------|--------------------------------|
| Statement covers period                     |              | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | Jan 1, 2017  |                                |
| through                                     | Jun 30, 2017 | Page <u>5</u> of <u>5</u>      |
| NAME OF FILER                               |              | I.D. NUMBER                    |
| Matthew Jacob for Turlock City Council 2014 |              | 1367258                        |

SEE INSTRUCTIONS ON REVERSE

**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 |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$ 0.00**

**Schedule E Summary**

|  |                 |              |
|--|-----------------|--------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | 0.00         |
| 2. Unitemized payments made this period of under \$100   | \$              | 50.00        |
| 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> | <b>50.00</b> |

**Clear Sch. E**

**Print Form**