

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp RECEIVED AUG - 5 2020 Office of the City Clerk	CALIFORNIA FORM 460
	Page <u>1</u> of <u>3</u> For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>1/31/20</u> through <u>7/31/20</u> <i>6/21/20</i>	Date of election if applicable: (Month, Day, Year) <u>11/6/18</u>
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1407589

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Larson For Turlock City Council 2018

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Turlock CA 95380 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
Turlock CA 95380 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Nicole Larson

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Turlock CA 95380 [REDACTED]

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 8/5/20
Date

Executed on 8/5/20
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Nicole Larson

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

Turlock City Council - District 1

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

Turlock CA
95380

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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

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 <u>1/31/20</u>	CALIFORNIA FORM 460
through <u>7/31/20</u>	
<u>6/31/20</u>	Page <u>3</u> of <u>3</u>
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Contributions Received

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

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

**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	\$ <u>4285</u>
13. Cash Receipts..... Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	_____
15. Cash Payments..... Column A, Line 8 above	_____
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>4285</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.

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ _____
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Cash Equivalents and Outstanding Debts

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

The Form 460 is for use by all recipient committees, including:

Candidates, Officeholders and Their Controlled Committees

- A candidate or officeholder who has a controlled committee, or who has raised or spent or will raise or spend \$2,000 or more during a calendar year in connection with election to office or holding office. The Form 460 is also required if \$2,000 or more will be raised or spent during the calendar year at the behest of the officeholder or candidate.

Primarily Formed Ballot Measure Committees

- A person, entity, or organization that receives contributions totaling \$2,000 or more during a calendar year for the primary purpose of supporting or opposing the qualification, passage, or defeat of a single ballot measure or two or more measures being voted on in the same city, county, multi-county or state election.

Primarily Formed Candidate/Officeholder Committees

- A person, entity, or organization that receives contributions totaling \$2,000 or more during a calendar year to support or oppose a single candidate or officeholder, or two or more candidates or officeholders who are being voted upon in the same city, county, or multi-county election. This type of committee is not controlled by the candidate(s) or officeholder(s).

General Purpose Committees

- A person, entity, or organization that receives contributions totaling \$2,000 or more during a calendar year to support or oppose various candidates and measures (e.g., political parties, political action committees).

Non-controlled committees that do not receive contributions, loans, or miscellaneous receipts totaling \$100 or more from a single source during a calendar year may use Form 450 – Recipient Committee Campaign Statement – Short Form.

Note: Refer to the Statement of Organization, Form 410, for guidance to determine the type of committee.

Use the Form 460 to file any of the following:

- Preelection Statement
- Semi-annual Statement
- Quarterly Statement
- Special Odd-Year Report
- Termination Statement
- Amendment to a previously filed statement

Note: Mark the preelection statement box if a committee files a monthly report in connection with a LAFCO proposal.

See reverse for general guidance on where to file this form.

Contribution Limits: Candidates for elective state office are subject to state contribution limits. Contributions received by committees for the purpose of making contributions to candidates for elective state office are also subject to limits. A chart identifying the limits is located at www.fppc.ca.gov. In addition, local candidates may be subject to contribution limits imposed by local ordinance. Questions concerning local limits should be addressed to election officials in the local jurisdiction.

This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual for your type of committee (available from your filing officer or the FPPC). Campaign filing deadlines, forms, and other informational materials are available on the FPPC website (www.fppc.ca.gov).