Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

For Official Use Only

Date Stamp

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SEP 24 2020
CITY OF

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2020
through 9/19/2020

Date of election if applicable: (Month, Day, Year)
11/03/2020

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

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
  - *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
  - *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1383668

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to elect Paul Joiner Council Member District 3

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lincoln	CA	95648	[redacted]

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
Paul Joiner

MAILING ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lincoln	CA	95648	[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 foreg[redacted]

Executed on 9/24/2020 (Date) — By [redacted] easurer or Assistant Treasurer

Executed on 9/24/2020 (Date) — By [redacted], State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (Date) — By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) — By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7/1/2020 through 9/19/2020

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NAME OF FILER

I.D. NUMBER 1383668

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ $2,500	$
2. Loans Received	*Schedule B, Line 3*	0	
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ $2,500	$
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ $2,500	$

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 0	$
7. Loans Made	*Schedule H, Line 3*	0	
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 0	$
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 0	$

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ $644.
13. Cash Receipts	*Column A, Line 3 above*	2,500
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	0
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 3,144

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0

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).

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	$	$

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
___/___/___	$
___/___/___	$

*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

CALIFORNIA FORM **460**

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from 7/01/2020
through 9/19/2020

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I.D. NUMBER
1383668

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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/11/2020	Committee For Home Ownership of the North State BIA 1536 EUREKA RD. 95661 ID#782240	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$2,500	$2,500	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ $2,500
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ $2,500

*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