

WELCOME

CAMPAIGN COMMITTEE FILING WORKSHOP

- √ Committees and their Campaign Statements
- √ Filing Schedules
- √ Getting Candidates Started
- √ Forms 410, 470, 496, 497, and 460
- √ Late Filers and Non-Filers
- √ Public Access
- √ After the Election
- √ FPPC Website

THINGS TO KNOW

Elections does not render any legal advice

FPPC = Fair Political Practice Commission

All filing documents are public information

El Dorado County has a contribution limit of \$5,500.00

*******NOTE***** - See Instruction pages and manuals for additional details and filing instructions. Manuals can be located on the FPPC's website.**

FPPC training & outreach: workshops, webinars and videos

FAIR POLITICAL PRACTICES COMMISSION

In 1974, in the wake of the Watergate scandal, California voters passed Proposition 9, known today as the Political Reform Act, which regulates conflicts of interest, campaign finance, and lobbying activity.

The FPCC was created to implement and enforce the Act, and to inform and assist candidates and public officials in complying with these laws.

CONTRIBUTION LIMITS

County Candidates

Current State Contribution Limit

The contribution limit that will now apply to city and county candidates pursuant to AB 571 is updated biennially for inflation. Contribution limits can be found in Regulation 18545(a)2 and on the FPPC website's FPPC Regulations page, www.fppc.ca.gov. The current default limit for contributions to county candidates subject to AB 571 for 2023-2024 is set at \$5,500 per election.

This is informational only and contains only highlights of selected provisions of the law. It does not carry the weight of the law. For further information, consult the Political Reform Act and its corresponding regulations, advice letters and opinions.

FILING SCHEDULES

- FPPC creates filing schedules for local elections.
- Most common schedules are posted on the FPPC website

Fair Political Practices Commission

Filing Schedule for State Candidates and their Controlled Committees Listed on the November 5, 2024 Ballot

Deadline	Period	Form	Notes
July 31, 2024 <i>Semi-Annual</i>	* – 6/30/24	<u>460</u> or <u>470</u>	<ul style="list-style-type: none"> • Each candidate listed on the ballot must file Form 460 or Form 470 (see below).
Within 10 Business Days <i>\$5,000 Report</i>	Ongoing – <i>File anytime other than the 90-day election cycle</i>	<u>497</u>	<p>Only E-filers file this report:</p> <ul style="list-style-type: none"> • File if a contribution of \$5,000 or more is received from a single source. • No paper copy is required. • File within 10 business days of receipt of contribution.
Within 24 Hours <i>Election Cycle Reports</i>	8/7/24 – 11/5/24	<u>497</u>	<ul style="list-style-type: none"> • File if a contribution of \$1,000 or more in the aggregate is received from a single source. • File if a contribution of \$1,000 or more in the aggregate is made to or in connection with a candidate or ballot measure listed on the November 5, 2024, ballot, or made to a political party committee. • The recipient of a non-monetary contribution of \$1,000 or more in the aggregate must file a Form 497 within 48 hours from the time the non-monetary contribution is received. • E-file only. No paper copy is required.
Sep 26, 2024 <i>1st Pre-Election</i>	7/1/24 – 9/21/24	<u>460</u> or <u>470</u>	<ul style="list-style-type: none"> • Each candidate listed on the ballot must file Form 460 or Form 470 (see below).
Oct 24, 2024 <i>2nd Pre-Election</i>	9/22/24 – 10/19/24	<u>460</u>	<ul style="list-style-type: none"> • All committees must file this statement. • Paper copies must be filed by personal delivery, guaranteed overnight service, or by email with a verified digital signature.
Jan 31, 2025 <i>Semi-Annual</i>	10/20/24 – 12/31/24	<u>460</u>	<ul style="list-style-type: none"> • All committees must file Form 460 unless the committee files termination Forms 410 and 460 before December 31, 2024.

See next pages for additional reporting information.

FORM 410

STATEMENT OF ORGANIZATION

WHO FILES:

Recipient Committees, Candidates and Multipurpose Organizations, groups, or other entities that raise contributions from others totaling \$2,000 or more in a calendar year to spend on California Elections.

WHEN TO FILE:

File this form within 10 days of receiving \$2,000 in contributions. Include a \$50 payment made payable to the Secretary of State. Thereafter, \$50 fee is due annually no later than January 15th as long as committee remains open.

WHERE TO FILE:

ALL COMMITTEES: File Form 410 with ORIGINAL WET SIGNATURE with Secretary of State.

COUNTY AND CITY COMMITTEES: File a copy with the local filing officer who will receive the original campaign statement.

COMMITTEE ID NUMBER:

The committee's FPPC ID number will be posted at cal-access.sos.ca.gov. To receive an official, stamped copy of your approved Form 410, send a request, the original form, a copy of the form, and a self-addressed, stamped envelope, to the Secretary of State.

AMENDMENTS:

When information contained in the committee's Statement of Organization changes, file an amendment within 10 days of the change with the Secretary of State and local filing officer. During the period 16 days before an election, file an amendment within 24 hours.

CANDIDATES:

The personal funds of a candidate or officeholder used to seek or hold elective office are contributions and count towards qualifying as a recipient committee. However, personal funds used to pay a candidate filing fee or a fee for the statement of qualifications to appear in the ballot pamphlet do not count toward the \$2,000 threshold.

NOTE: Once committee is opened, future filings are filed electronically at

www.southtechhosting.com/eldoradocounty/ecampaign. Login is the email address in the committees electronic profile.

**Statement of Organization
Recipient Committee**

Statement Type **Initial** **Amendment** **Termination – See Part 5**

Not yet qualified
or
 Date qualified as committee _____
_____ / _____ / _____
Date qualified as committee
(If amending to provide this date)

_____ / _____ / _____
Date of termination

Date Stamp	CALIFORNIA FORM 410
For Official Use Only	

1. Committee Information	I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
---------------------------------	------------------------------------	--

NAME OF COMMITTEE _____

STREET ADDRESS (NO P.O. BOX) _____
Street address is required

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

MAILING ADDRESS (IF DIFFERENT) _____

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) _____

COUNTY OF DOMICILE _____ JURISDICTION WHERE COMMITTEE IS ACTIVE _____

Must include candidates last name, office sought and year of election

NAME OF TREASURER _____

STREET ADDRESS (NO P.O. BOX) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY _____

STREET ADDRESS (NO P.O. BOX) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF PRINCIPAL OFFICER(S) _____

STREET ADDRESS (NO P.O. BOX) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of _____

Executed on _____ By _____ **2 signatures required**

Executed on _____ By _____ **2 signatures required**

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

I.D. NUMBER

COMMITTEE NAME

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	If not yet applicable must state "Bank information pending"	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE	

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

FORM 470

OFFICEHOLDER AND CANDIDATE CAMPAIGN STATEMENT - SUPPLEMENT

If any officeholder or candidate files the Form 470 for an election year and later receives contributions (including monetary and non-monetary contributions, loans, and the candidate's personal funds) totaling \$2,000 or more or makes expenditures totaling \$2,000 or more during the same calendar year, the officeholder or candidate must send a written notice within 48 hours. Use Form 470 Supplement or follow these instructions.

WHEN TO FILE:

The notice must be sent within 48 hours of receiving contributions totaling \$2,000 or more or make expenditures of \$2,000 or more.

METHOD OF DELIVERY:

The notice must be sent by guaranteed overnight delivery service, personal delivery, fax, or email. Regular mail may not be used.

WHERE TO FILE:

- Secretary of State's Office.
- Local filing officer with whom the officeholder/candidate is required to file the originals of his/her campaign statements.
- Each candidate seeking the same office

**Officeholder and Candidate
Campaign Statement -
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
--

Date Stamp

CALIFORNIA FORM 470
For Official Use Only

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
STREET ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	

2. Office Sought

OFFICE SOUGHT	DISTRICT NUMBER (IF APPLICABLE)
DATE OF ELECTION (MONTH, DAY, YEAR)	

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

(MONTH, DAY, YEAR)

Clear Form	Print Form
------------	------------

FORM 460

RECIPIENT COMMITTEE CAMPAIGN STATEMENT

NOTE: Filings are filed electronically at www.southtechhosting.com/eldoradocounty/ecampaign. Notifications will be emailed to the email(s) on the form 410.

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 office holder or candidate.
 - Primary Formed Ballot Measure Committees
 - Primary Formed Ballot Measure Committees
 - General Purpose Committees
- } Find additional information on instruction pages

NOTE: Non-controlled committees that do not receive contributions, loans, or miscellaneous receipts totaling \$100.00 or more from a single source during a calendar year may use Form 450 – Recipient Committee Campaign Statement – Short Form.

- El Dorado County does not have contribution limits
- State committees file with state
- Local committees file with local filing officer

******NOTE**** - KEEP TRACK OF ALL ITEMS AT ALL TIMES**

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

CALIFORNIA FORM **460**

Page of

For Official Use Only

Statement covers period
from _____
through _____

Date of election if applicable:
(Month, Day, Year)

Date Stamp

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
(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:

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 LD. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Name of committee as it appears on Form 410

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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.

2 wet signatures required

Executed on _____ Date
 Executed on _____ Date
 Executed on _____ Date
 Executed on _____ Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
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

FORM 460 - SUMMARY PAGE

The Summary Page provides an overview of the committee's financial activities and is completed for each filing.

Column A reflects activities during the current reporting period

Column B figures should reflect the cumulative total since January 1 of the current calendar year

Current Cash Statement: Lines 12-16 of the Summary Page should accurately reflect your current cash position.

Cash Equivalents: Include investment that cannot be readily converted to cash, as well as the balance due on all outstanding loans the committee has made to others.

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from _____	CALIFORNIA FORM 460
through _____	Page _____ of _____
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..... <i>Schedule A, Line 3</i>	\$ _____	\$ _____
2. Loans Received..... <i>Schedule B, Line 3</i>	\$ _____	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ _____	\$ _____
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	\$ _____	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ _____	\$ _____

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

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..... <i>Previous Summary Page, Line 16</i>	\$ _____
13. Cash Receipts..... <i>Column A, Line 3 above</i>	\$ _____
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	\$ _____
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$ _____
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ _____
<i>If this is a termination statement, Line 16 must be zero.</i>	

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.

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

Cash Equivalents and Outstanding Debts

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

FORM 460

COMMON ERRORS ON THE SUMMARY PAGE

- Failure to properly carry forward the totals from the summary sections of the schedules.
- Failure to report zeros in Column A when there is no activity to report on a particular schedule
- Failure to complete Column B.

FORM 460 – SCHEDULE A

Report monetary contributions (except loans) received during the reporting period. Also report if a contributor forgives a loan for your committee or a third party pays a loan for your committee. Loans received during the period are reported on Schedule B. Certain transfers between a state candidate's controlled committees are also disclosed on Schedule A.

(See FPPC Campaign Disclosure Manual 1.)

If a total of \$100 or more is received from a single contributor during a calendar year, report the name, street address, city, state and zip code of the contributor, the amount contributed this period and the cumulative amount received from the contributor since January 1 of the current calendar year.

Contributions totaling less than \$100 received from a single contributor during a calendar year are reported as a lump sum on Line 2 of the Schedule A Summary.

(See instruction pages for exceptions)

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from _____
through _____

CALIFORNIA FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

I.D. NUMBER _____

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

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

*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

DONOR INFORMATION

Committees must disclose:

- Name and street address for contributors of \$100 or more.
- The occupation and employer of a contributor that is an individual.

Complete

- Manager, Harvey's Hardware Store
- Self-Employed, Jeanette's Salon
- Attorney, Fong & Associates
- Consultant, Strategic Politics
- Homemaker or Student

Incomplete

- Manager
- Owner
- Neighbor
- Friend
- Consultant, SPS Inc.
- Business Person
- Entrepreneur
- Philanthropist

COMMON ERRORS IN REPORTING CONTRIBUTIONS

- “Date Received” falls outside of statement period.
- Itemized contributions do not include complete addresses.
- Itemized contributions do not include occupation/employer information.

INDEPENDENT EXPENDITURE OR CONTRIBUTION?

- Independent expenditures are independent of the candidate.
Example: A committee invites all candidates to complete a questionnaire and then independently sends a mailing endorsing certain candidates.
- Contributions are coordinated with the candidate.
Example: A committee asks a candidate to pose for a mailer and asks the candidate’s agent when the mailer should be sent and which neighborhoods they should target.

FORM 460 - SCHEDULE B - PART 1

All loans received or outstanding are reported on Schedule B. Loans include monetary loans and amounts drawn on lines of credit.

- All moneys loaned and repaid is reported on Schedule B
- All loans forgiven is reported on Schedule A

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from _____ through _____	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	(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
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$								\$ _____

Schedule B Summary

- (Enter (e) on Schedule E, Line 3)
- Loans received this period \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
 - Loans paid or forgiven this period \$ _____
(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 \$** _____
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.

FORM 460 - SCHEDULE B - PART 2

Guarantors of loans received or outstanding during the reporting period and reported on Schedule B – Part 2. A “Guarantor” is a third party that co-signs, endorses, or provides security for a loan, or establishes or provides security for a line of credit. A guarantor is also making a contribution.

Schedule B – Part 2 Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from _____ through _____	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL \$					Enter on Summary Page, Line 17 only.	

FORM 460 – SCHEDULE C

Nonmonetary contribution include:

- Goods and services for which you have not paid the fair market value, including items donated for auctions or garage sales, such as art work or furniture.
- A discount that is not available to the public generally.
- Salary payments made by an employer for an employee who spends 10% or more of his or her compensated time in a calendar month working for your committee.

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from _____ through _____	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER _____

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....\$ _____
2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____
3. 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 \$** _____

*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

FORM 460 – SCHEDULE D

Schedule D is a summary of payments reported on Schedule E, F, and H that are contributions or independent expenditures to support or oppose candidates and committees

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

Amounts may be rounded
to whole dollars.

Statement covers period from _____ through _____	SCHEDULE D CALIFORNIA FORM 460 Page _____ of _____ I.D. NUMBER _____
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

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)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ _____
2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ _____
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL.. \$** _____

FORM 460 – SCHEDULE E

Report payments on Schedule E (other than loans).

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from _____	Page _____ of _____
through _____	
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

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

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100..... \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

FORM 460 – SCHEDULE F

Report unpaid bills for goods or services on Schedule F.

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from _____ through _____	CALIFORNIA FORM 460
Page _____ of _____	
I.D. NUMBER _____	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

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

	SUBTOTALS \$	\$	\$	\$	\$
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Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** _____
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** _____
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** _____
May be a negative number

FORM 460 - SCHEDULE G

Report payments made on your behalf during the reporting period by an agent or independent contractor (such as a campaign management firm or an advertising agency) on Schedule G.

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	SCHEDULE G
from _____	CALIFORNIA FORM 460
through _____	Page _____ of _____
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* 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.

FORM 460 – SCHEDULE H

All loans made or outstanding are reported on Schedule H.

Schedule H Loans Made to Others*

Amounts may be rounded
to whole dollars.

Statement covers period from _____ through _____	SCHEDULE H CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER _____

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____			

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

Schedule H Summary

1. Loans made this period.....\$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
2. Payments received on loans.....\$ _____
(Total Column (c) plus unitemized payments of less than \$100.)
3. Net change this period. (Subtract Line 2 from Line 1.).....NET \$ _____
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

COMMON ERROR IN REPORTING EXPENDITURES

- Failure to report code or description for itemized expenditures and accrued expenses.
- Failure to report both code and description for non-monetary contributions ON Schedule D.
- Failure to report contributions (to other committees) and itemized expenditures on Schedules D and E

FORM 460 – SCHEDULE I

Report any transaction that increases the cash position of the officeholder, candidate, or committee, but is not a monetary contribution, loan or loan repayment, on Schedule I

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from _____ through _____	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ _____

Schedule I Summary

- 1. Itemized increases to cash this period. \$ _____
- 2. Unitemized increases to cash of under \$100 this period. \$ _____
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____

FORMS 496 and 497 24 HOUR REPORTS

NOTE: Filings are filed electronically at www.southtechhosting.com/eldoradocounty/ecampaign.

- Reporting period begins 90 days before election and includes the date of election

File if \$1000 is received from any single source

- Form 496 – Independent Expenditure
 - No weekend or holiday exception
- Form 497 – Contribution
 - Exception: due date falls on weekend or holiday, file next business day UNLESS it's the weekend or holiday before the election
- Both delivered by e-mail, personal delivery, overnight service, fax

LATE FILERS

- Filing deadlines may not be extended.
- Filing officers may impose full fine, partial fine, or waive the fine.
- Begin counting the number of days late on the day after the deadline, not on the day the committee is notified.
- Fine may be \$10/day up to the greater amount of a committee's receipts or expenditures, or \$100.
- Form 470 filers may only be fined \$100, maximum.

**LATE FILING ARE FORWARDED TO THE FPPC ENFORCEMENT DIVISION
AND ADDITIONAL FINES UP TO \$5,000 MAY BE ASSESSED**

ALL FORMS ARE PUBLIC DOCUMENTS

TERMINATING A COMMITTEE

- Committees may terminate if they:
 - Have no remaining campaign funds.
 - Have no outstanding debt.
 - Are not still receiving contributions.
 - Are not still making expenditures.
 - Are not expecting a refund for filing fee or ballot statement fees.
- Complete forms:
 - 410 (Submit original to SOS and copy to local filing officer)
 - 460 (File termination at www.southtechhosting.com/eldoradocounty/ecampaign).
- Candidate committee should terminate before funds become surplus (90 days after the end of the semi-annual reporting period).

**To download forms and
manuals**

www.fppc.ca.gov

Filing requirement questions:

advice@fppc.ca.gov

1-866-275-3772

Monday – Thursday

9:00 am – 11:30 am

THANK YOU