

San Bernardino County Candidates and Treasurers



Prepared By
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References

The visual aids used in these slides are guides for presentations only and contain only highlights of selected provisions of the Act and San Bernardino County's campaign ordinance; they do not carry the weight of the law. For detailed information, please see:

- [The Political Reform Act](#)
- [Candidate Manual 2 for reporting rules](#)
- [San Bernardino County Campaign Ordinance](#)

Topics Covered

- General rules regarding campaign requirements and prohibitions
- Information regarding San Bernardino County's campaign ordinance
- How to complete and file campaign reports

Bank Account Rules

- Only one bank account per election may be used
- Account may be opened as a personal account (if bank requires tax ID# use the IRS website or call 877-829-5500)
- No commingling of funds (with personal or another committee's funds)
- All campaign contributions must be deposited into the campaign account
- All campaign expenditures made by the candidate must be made from the campaign account (this rule does not apply to others, including campaign workers/volunteers)
 - ***Exceptions:*** *Filing and ballot statement fees and the \$50 Secretary of State committee fee*

Things to Know

- Keep copies of all receipts and contribution documentation for at least four years.
- Obtain the names and addresses of contributors of \$25 or more and occupation/employer of individuals who contribute \$100 or more.
- Candidates – don't pay out of pocket! Deposit your personal funds in your campaign bank account first.

Always Keep Organized and Accurate Records!

Question:

Candidate Sue paid her filing fee with her personal funds. Treasurer Ben bought a mailing list with his personal funds.

Are these payments permitted?

Yes

No

Receiving \$5,000 or More from One Contributor?

- You **must** send the contributor a notice that they may need to file as a major donor.
- A sample notice is provided in Candidate's Manual 2.
- The donor may need to file:
 - **Form 497** - 24-Hour Contribution Report
 - **Form 461** - Major Donor Statement

Major Donor Committees use Campaign Disclosure Manual 5

More Things to Know

- No anonymous contributions of \$100 or more may be received
- No contributions of \$100 or more may be received by money order or cashier's check
- Never accept or spend \$100 or more in cash

Campaign Money Laundering

- Campaign money laundering is a serious violation of the law.
- This occurs when the true source of a contribution is not reported.
- A laundered contribution must be surrendered to the state general fund.

Which Should you Question?

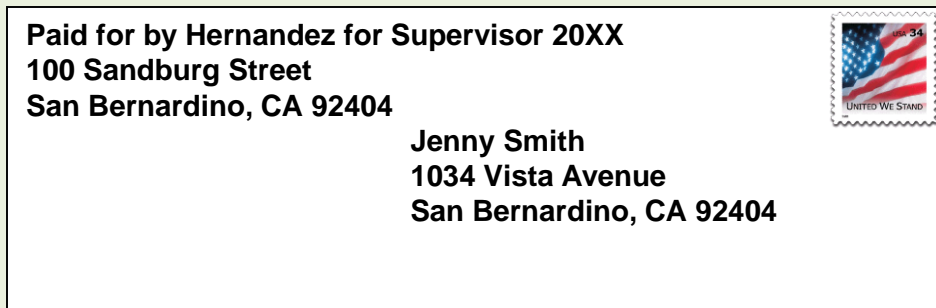
- A. You received in the mail five contribution checks of \$99. Each individual works for the same employer. A \$99 contribution from the employer had been received earlier.

- B. You received two \$99 checks with the same names printed on the checks. Each check was signed by a different spouse.

Identification on Mailings

If:

More than 200 similar pieces are sent in a calendar month



Then:

“Paid for by” and committee name and address must be on the outside of the mailing in no less than 6-point type and in a contrasting color.

Mass Mailings Recordkeeping Requirements

Keep in your records:

- Date sent
- Method of postage used
- Number of pieces sent

Retain a copy of each mass mailing

What is a Contribution?

- Payment received by a candidate
- Payment made at the behest of a candidate
- Candidate's personal funds
- Loans
- Fundraiser tickets (full ticket price)
- Non-monetary goods/services, including food/beverages

Contribution Limits Apply!

Contribution Limits for 2019 and 2020

- \$4,700 per source, per election
- Adjusted each odd-numbered year by FPPC
- Each primary and general are considered separate elections
- Also applies to non-monetary contributions and loans received
- Does not apply to candidate's personal funds

More About Contributions

- Candidates may fundraise for the general election during the primary election
- Such funds must be used for the general election only
- Candidates who are elected or defeated in the primary or who withdraw from the general must return general contributions to the contributors

Receiving Electronic Contributions

Contributions may be received by credit card, wire transfer, debit account transaction, text message, or similar electronic payment method (including contributions received via the Internet or telephone).

Campaign Fundraisers

- Report donated items at fair market value: Use Schedule C – Non-monetary (In-kind) Contributions.
- Fair Market Value: The amount it would cost any member of the public to purchase the item, not necessarily the amount the donor paid.
- Free tickets: You may give another official two free tickets to each fundraiser without the value being claimed as a gift by the official.

A spouse or domestic partner of an elected officer or a candidate may not receive compensation from campaign funds for services rendered, including fundraising services for the candidate's campaign.

Exceptions to Contributions

The following are not reportable:

- Volunteer personal services
- Certain home/office fundraisers
- Uncompensated internet activity
- Certain communications from an organization to its members (Regulation 18531.7)

Exceptions to Contributions

Examples

The public safety union in your county has sent a letter to its members supporting your candidacy. Because it was sent solely to its members, it was not deemed a contribution to you.

The same public safety union, at your request, ran an ad in the newspaper supporting your candidacy. This would be reported as an in-kind (non-monetary) contribution by you on Schedule C of Form 460.

Home and Office Events

If the **total** cost of the event is \$500 or less, the occupant has not made a contribution.

Note

Food, beverages, and other items donated by someone other than the occupant, count toward the \$500 threshold and are reportable as non-monetary contributions.

Question:

Bob has a fundraiser at his house for candidate Sue and keeps the total cost at \$450. Neighbor Tina brings \$75 worth of wine. What does Sue Report?

- A. Nothing
- B. \$75 from Tina
- C. \$450 from Bob and \$75 from Tina

Independent Expenditure

An independent expenditure is a payment for a communication that:

- contains express advocacy (for example, “vote for”) and
- is not made at the behest of candidate.

Getting Started

FPPC Campaign Forms

- **501** - First form filed
- **410** - ID number for committee (\$50 fee)
- **497** – Report of \$1,000 received 90-day period before and day of the election
- **460** - On-going disclosure reports

Electronic Filing

- San Bernardino County requires electronic filing at the \$10,000 threshold and all subsequent statements must be filed electronically.
- Candidates must also file the Form 497 electronically.
- Questions regarding the electronic filing procedures should be directed to the San Bernardino County Registrar of Voters.

Candidate Intention Statement - Form 501

- ✓ File before spending or receiving money, including personal funds
- ✓ Must file a new 501 if running for re-election
- ✓ File with the San Bernardino County ROV

Candidate Intention Statement			Date Stamp	CALIFORNIA FORM 501
Check One: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment (Explain) _____ _____			For Official Use Only	
1. Candidate Information:				
NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Hernandez, Sue		(909) 555-3413	(909) 555-3400	shern@global.net
STREET ADDRESS		CITY	STATE	ZIP CODE
100 Sandberg Street		San Bernardino	CA	92401
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
Supervisor	San Bernardino County	District 1	PARTY PREFERENCE:	
OFFICE JURISDICTION				(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)				20XX <input type="checkbox"/> PRIMARY / GENERAL
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)				(Year of Election) <input type="checkbox"/> SPECIAL / RUNOFF
2. State Candidate Expenditure Limit Statement:				
<i>(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)</i>				
<i>(Check one box)</i>				
<input type="checkbox"/> I accept the voluntary expenditure ceiling for the election stated above.				
<input type="checkbox"/> I do not accept the voluntary expenditure ceiling for the election stated above.				
Amendment:				
<input type="radio"/> I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.				
<i>(Mark if applicable)</i>				
<input type="checkbox"/> On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.				
3. Verification:				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Executed on February 21, 20XX		Signature <i>Sue Hernandez</i>		
<small>(month, day, year)</small>		<small>(Candidate)</small>		
				FPPC Form 501 (August/2018)

Statement of Organization – Form 410

Statement of Organization Recipient Committee

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met	Date qualification threshold met	
02 / 04 / XX	____ / ____ / ____	

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

Amend when any
change occurs

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Hernandez for Supervisor, 20XX

STREET ADDRESS (NO P.O. BOX)

100 Sandburg Street

CITY

San Bernardino

ZIP CODE

92401

AREA CODE/PHONE

909-555-3413

FULL MAILING ADDRESS (IF DIFFERENT)

N/A

E-MAIL ADDRESS (REQUIRED) / FAX NUMBER

shern@global.net

COUNTY OF DOMICILE

San Bernardino

JURISDICTION WHERE COMMITTEE IS ACTIVE

San Bernardino

SOS will reject form if
e-mail is not provided

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Ben Marks

STREET ADDRESS (NO P.O. BOX)

10 Parkway Plaza

CITY

San Bernardino

STATE

CA

ZIP CODE

92401

AREA CODE/PHONE

909-555-2600

NAME OF ASSISTANT TREASURER, IF ANY

Sue Hernandez

STREET ADDRESS (NO P.O. BOX)

100 Sandburg Street

CITY

San Bernardino

STATE

CA

ZIP CODE

92401

AREA CODE/PHONE

909-555-3413

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 California that the foregoing is true and correct.

Executed on 2/7/XX By Ben Marks
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/7/XX By Sue Hernandez
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization – Form 410

Page 2

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME

Hernandez for Supervisor, 20XX

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION First Bank and Trust	AREA CODE/PHONE 909-555-6536	BANK ACCOUNT NUMBER 0430-090768	
ADDRESS 900 North D Street	CITY San Bernardino	STATE CA	ZIP CODE 92401

4. Type of Committee Complete the applicable sections.

Controlled Committee



- List the name of each controlling officeholder or candidate, the elective office sought or held, and the district number, if any, and the year of the election. If candidate or officeholder controlled, also list the elective office sought or held, and the year of the election.
- List the political party with which the officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- 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 CHECK ONE		(list political party below)
Sue Hernandez	County Board of Supervisors, District 1	20XX	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

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 NUMBER AND LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Committee Identification Number

Upon receipt of the Form 410, SOS will assign your committee an ID number.

The ID number will be posted on their website at www.sos.ca.gov.

This number is used on all FPPC reporting forms.

Note: if your bank requires a tax ID number, contact the IRS.

The screenshot shows the website for the California Secretary of State, Debra Bowen. The search results for "hernandez" are displayed in a table. The table has four columns: ENTITY ID, ENTITY NAME, ENTITY TYPE, and STATUS. There are 15 rows of results, including committees like "ANYBODY BUT LUIS HERNANDEZ" (TERMINATED), "CITIZENS OF SAN FERNANDO FOR THE RECALL OF COUNCILMAN JOSE HERNANDEZ AND COUNCILWOMAN JULIE RUELAS" (ACTIVE), and "HERNANDEZ TRUCKING, DANIEL *" (MAJOR DONOR).

ENTITY ID	ENTITY NAME	ENTITY TYPE	STATUS
941433	ANYBODY BUT LUIS HERNANDEZ	RECIPIENT COMMITTEE	TERMINATED
1307250	CITIZENS OF SAN FERNANDO FOR THE RECALL OF COUNCILMAN JOSE HERNANDEZ AND COUNCILWOMAN JULIE RUELAS	RECIPIENT COMMITTEE	ACTIVE
497041	DANIEL HERNANDEZ TRUCKING	MAJOR DONOR	
497041	HERNANDEZ TRUCKING, DANIEL *	MAJOR DONOR	
923006	ESPINOZA, COMMITTEE TO ELECT ROSE HERNANDEZ	RECIPIENT COMMITTEE	TERMINATED
943428	ESPINOZA, COMMITTEE TO ELECT ROSE HERNANDEZ	RECIPIENT COMMITTEE	TERMINATED
990136	HERNANDEZ FOR CITY COUNCIL, J.A.	RECIPIENT COMMITTEE	ACTIVE
495304	HERNANDEZ & ASSOCIATES, LAW OFFICES OF RICHARD F.	MAJOR DONOR	
910026	HERNANDEZ (COUNCILMAN 3RD WARD), COMMITTEE TO ELECT RALPH	RECIPIENT COMMITTEE	TERMINATED
960851	HERNANDEZ 1997, RE-ELECT	RECIPIENT COMMITTEE	ACTIVE
1291630	HERNANDEZ 2006, COMMITTEE TO ELECT ORLANDO	RECIPIENT COMMITTEE	TERMINATED
963006	HERNANDEZ '97 *	RECIPIENT COMMITTEE	TERMINATED
963006	HERNANDEZ '98	RECIPIENT COMMITTEE	TERMINATED
983433	HERNANDEZ 99, NORWALK FOR	RECIPIENT COMMITTEE	TERMINATED

Campaign Statement – Form 460

Fast Facts

- A public document
- Reviewed by the County and FPPC
- Use Form 460 to amend
- Generally, postmark is date filed
- Subject to \$10 per day late fine and other enforcement penalties

What to Report

- Contributions received (money and assets in)
- Expenditures made (money and assets out)

Campaign Statement – Form 460

Where to File

Registrar of Voters Office

File electronically once the \$10,000 threshold has been met

Multiple Committees

Holding one office and running for another?

File in both locations.

November Election Filing Schedule

**Fair Political Practices Commission
Filing Schedule for
Candidates and Controlled Committees for Local Office
Being Voted on November 6, 2018**

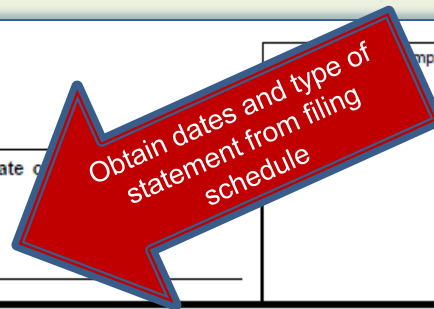
Deadline	Period	Form	Notes
Jul 31, 2018 <i>Semi-Annual</i>	* – 6/30/18	460	<ul style="list-style-type: none"> All committees must file Form 460.
Within 24 Hours <i>Contribution Reports</i>	8/8/18 – 11/6/18	497	<ul style="list-style-type: none"> File if a contribution of \$1,000 or more in the aggregate is received from a single source. File if a contribution of \$1,000 or more in the aggregate is made to <i>another</i> candidate or measure being voted upon November 6, 2018. The recipient of a non-monetary contribution of \$1,000 or more must file a Form 497 within 48 hours from the time the contribution is received. File by personal delivery, e-mail, guaranteed overnight service, fax or online, if available.
Sep 27, 2018 <i>1st Pre-Election</i>	7/1/18 – 9/22/18	460 or 470	<ul style="list-style-type: none"> Each candidate listed on the ballot must file Form 460 or Form 470 (see below).
Oct 25, 2018 <i>2nd Pre-Election</i>	9/23/18 – 10/20/18	460	<ul style="list-style-type: none"> All committees must file Form 460. File by personal delivery, guaranteed overnight service or online, if available.
Jan 31, 2019 <i>Semi-Annual</i>	10/21/18 – 12/31/18	460	<ul style="list-style-type: none"> All committees must file Form 460 unless the committee filed termination Forms 410 and 460 before December 31, 2018.

**After the election, continue to file Form 460
until the committee is terminated.**

Form 460 Cover Page

Review Filing Schedule for Deadlines

Recipient Committee Campaign Statement Cover Page <small>(Government Code Sections 84200-84216.5)</small>	Type or print in ink.		COVER PAGE
	Statement covers period from <u>1/1/20XX</u> through <u>XX/XX/20XX</u>	Date of filing _____	CALIFORNIA FORM 460 Page _____ of _____ For Official Use Only
SEE INSTRUCTIONS ON REVERSE			
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.		2. Type of Statement:	
<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small>		<input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below)	
<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"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495	
<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"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small>	



4. Verification

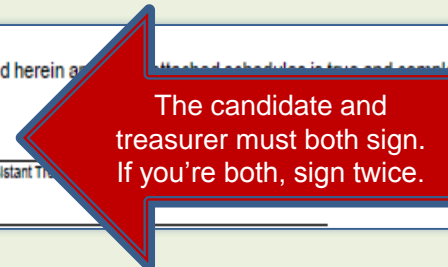
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and the attached schedule is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on XX/XX/20XX
Date

By Ben Marks
Signature of Treasurer or Assistant Treasurer

Executed on XX/XX/20XX

By Sue Hernandez



Form 460 – Schedule A

Reporting Monetary Contributions

The date received is the date of possession or control of check (not the date on the check or the date deposited) or date of possession of payment information for electronic contributions.

Itemize contributors who give an aggregate of \$100 or more in a calendar year – list name, address, and for individuals, their occupation and employer.

Form 460 – Schedule A Monetary Contributions

Committee may stamp the
date received on each
contribution check

Sindy Morgan
Jeffrey Morgan
123 S. 10th Street
Oceanside, CA 93291

Received 2/12/XX

3410

2/10/xx

PAY TO THE
ORDER OF

Sue Hernandez for Supervisor, 20xx

\$ 200⁰⁰

Two Hundred Dollars ——— DOLLARS

Memo: Civil Engineer ABC Consulting Inc.

Sindy Morgan

Committee may have contributors
write their occupation/employer
information on their contribution check

Donor Information

(For contributors of \$100 or more)

Complete

- Retired
- Consultant, A Better Business Group
- Self-Employed, No Separate Business Name
- Homemaker or Student
- Private
- Lawyer, Ortiz & Smith

Incomplete

- Manager
- Next Door Neighbor
- Friend
- ABBA Co. (no acronyms)
- Business Person
- Entrepreneur
- Investor

Contributions of \$100 or more must be returned within 60 days if the individual's name, street address, occupation, and employer are not obtained.

Question:

Sue has no occupation/employer information for one of her contributors of \$100. How long until she must refund the contribution?

- A. 24 hours
- B. 6 months
- C. 60 days

Form 460 – Schedule A Reporting Monetary Contributions

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)
XX/XX/XX	Linda Gutierrez 123 South B Street Oceanside, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse, Oceanside Medical Clinic	50	100	

You must include the individual's occupation and employer information

Amount less than \$100 this period is added to a previous contribution this calendar year

IND= Individual
COM= Committee
OTH= Business

Schedule A Summary	
1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 860
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ 1,200
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 2,060

Line 2 – Report contributions of less than \$100 in a lump sum

Schedule A

Reporting Monetary Contributions

Donor made a contribution from her business account and another from her personal account.

Sindy Morgan
 Jeffrey Morgan
 123 S. 10th Street
 Oceanside, CA 93291

Received 2/12/XX

2/10/xx

3410

PAY TO THE ORDER OF Sue Hernandez for Supervisor, 20xx

Two Hundred Dollars ----- DOLLARS

Memo: Civil Engineer, ABC Consulting Inc. Sindy Morgan

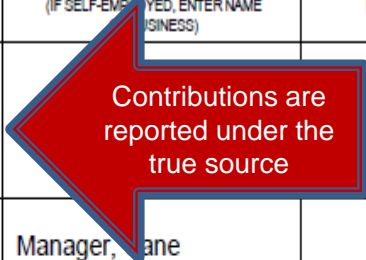
\$200.00

The person who signs on a joint checking account is reported as the contributor

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)	PERCENTAGE (IF REQUIRED)
XX/XX/XX	Beachwear for Days 411 Sanditon Court Oceanside, CA 93291	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99	198	
XX/XX/XX	Maria Edgeworth 411 Sanditon Court Oceanside, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Beachwear for Days	99	198	

Reporting Contributions Received Through Intermediaries

If name on check is different than the true source, disclose both the intermediary and true source

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 (BUSINESS))	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
XX/XX/XX	Cane Transportation 1127 Promenade Oceanside, CA 93291	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	 <p>Contributions are reported under the true source</p>	300	300	
	Intermediaries: Jennifer Crandall 1127 Promenade, Oceanside, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, Cane Transportation			
	Tim Mathew 1127 Promenade, Oceanside, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director, Cane Transportation			
	Elaine Reed 1127 Promenade, Oceanside, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Secretary, Cane Transportation			

Not disclosing the true source is a serious violation

Schedule B

Reporting Loans Received

- Candidate's personal funds may be reported as a loan if the candidate wants to be repaid
- Report bank even if personal assets secure loan
- Each loan from the same person is reported as a separate loan
- Loans may be subject to the contribution limit

Schedule B

Reporting Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received

Report loans until paid

Statement covers period
from 1/1/20XX
through XX/XX/20XX

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for Supervisor, 20XX

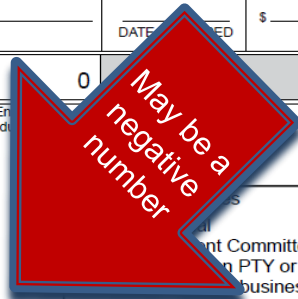
I.D. NUMBER

139602

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) 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
Sue Hernandez 100 Sandburg Street San Bernardino, CA 92401 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tax Accountant Hernandez and Assoc.	\$ 3,000	\$ 0	<input checked="" type="checkbox"/> PAID \$ 1,000 <input type="checkbox"/> FORGIVEN \$ 0	\$ 2,000 n/a DATE DUE	n/a % 0	\$ 3,000 xx/xx/xx DATE INCURRED	CALENDAR YEAR \$ 2,200 PER ELECTION** \$ n/a
Sue Hernandez 100 Sandburg Street San Bernardino, CA 92401 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tax Accountant Hernandez and Assoc.	\$ 0	\$ 200	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 200 n/a DATE DUE	n/a % 0	\$ 200 xx/xx/xx DATE INCURRED	CALENDAR YEAR \$ 2,200 PER ELECTION** \$ n/a
 † <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	_____% \$ _____	\$ _____ DATE _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$	200 \$	1,000 \$	2,000 \$	\$	0	

Schedule B Summary

1. Loans received this period \$ 200
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 1,000
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ (800)
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)



PTU – Political Party
SCC – Small Contributor Committee

Schedule C

Reporting Non-Monetary Contributions

Examples:

- Food and beverage
- Rental space
- Polls
- Discounts received

Sindy Morgan
 Jeffrey Morgan
 123 S.10th Street
 Oceanside, CA 93291

Received 2/12/XX

3410

2/10/xx

PAY TO THE ORDER OF Sue Hernandez for Supervisor, 20xx \$ 200⁰⁰

Two Hundred Dollars DOLLARS

Memo: Civil Engineer, ABC Consulting Inc. Sindy Morgan

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)
XX/XX/XX	Seaside TV Sales 421 16th Street Oceanside, CA 93291	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		TV	1,280	1,280	
XX/XX/XX	California Surfers PAC 1090 Pacific Highway Oceanside, CA 93291	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID #941233	Postage	340	340	

Schedule E

Reporting Payments Made

All expenditures must have a

- Political,
- Legislative, or
- Government purpose

**Campaign funds may not be used for
personal purposes!**

Schedule E

Reporting Payments Made

- No cash expenditures of \$100 or more
- May establish a credit card account
- May establish a petty cash fund of \$100 or less

If good or services have been received but payments have not yet been made, use Schedule F

Schedule E

Reporting Payments Made

When reporting an expenditure of \$100 or more for a gift, meal, or travel, you must include certain details.

Date, number of attendees, whether candidate or individual with authority to make expenditures attended and purpose must be reported

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hannah's Kitchen 42 Mariner Way Corona, CA 92877			xx/xx - 4 attendees for lunch, including candidate and treasurer to discuss campaign strategy	120
Sue Hernandez 100 Sandburg Street San Bernardino, CA 92401	FIL		Filing Fee Reimbursement	13,300

Reimburse candidate for filing fee

County Bank Visa 21 Middleton Street Dayton, OH 45330				1,031
Subvendor: Phone Banks R Us 22 Parkway Plaza Glendale, CA 91201	900	PHD		

Credit card payment
Itemize at \$100

Schedule E

Reporting Subvendors

- Report subvendors of campaign agents and consultants
- Itemize payments of \$500 or more
- Reimburse campaign workers within 45 days

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Freeman & Freeman Associates 21 Vista Del Mar Oceanside, CA 93291	CNS			2,000
Daily News \$500 21 Lava Way Oceanside, CA 93291				

or 

Schedule G

Reporting Subvendors

Schedule E Payments Made

NAME AND ADDRESS OF PAYEE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Freeman & Freeman Associates 21 Vista Del Mar Oceanside, CA 93291	CNS		2,000

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

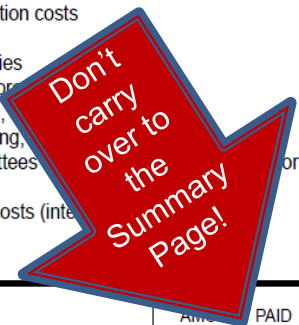
NAME OF FILER Hernandez for Supervisor, 20XX	I.D. NUMBER 139602
---	-----------------------

NAME OF AGENT OR INDEPENDENT CONTRACTOR Freeman & Freeman Associates

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 pro
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging,
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (inte

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



NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Daily News 21 Lava Way Oceanside, CA 93291	PRT		500

Schedule F

Reporting Accrued Expenses

- Report goods or services received, but not yet paid for during the reporting period
- Continue to report as accrued expense until paid

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
Quirkos 100 Main Street Oceanside, CA 93291	PRT	3,000	0	1,000	2,000

- Subtract to get a negative number

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 \$ <u>0</u>
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 \$ <u>1,000</u>
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 \$ <u>(1,000)</u> <small>May be a negative number</small>

Schedule I

Miscellaneous Increases to Cash

Examples:

- Interest earned
- Refunds received
- Sale of donated items (up to fair market value)

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/1/20XX</u> through <u>XX/XX/20XX</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>16</u>
I.D. NUMBER 139602	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for Supervisor, 20XX

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>	\$ <u>2,060</u>	\$ <u>2,060</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>(800)</u>	<u>7,200</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>1,260</u>	\$ <u>9,260</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	<u>1,620</u>	<u>1,620</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>2,880</u>	\$ <u>10,880</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Election

20. Contributions Received	<u>N/A</u>	7/1 to Date
21. Expenditures Made	<u>N/A</u>	\$ _____

Expenditures Made

6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>14,295</u>	\$ <u>14,925</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>14,295</u>	\$ <u>14,925</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	<u>(1,000)</u>	<u>2,000</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>1,620</u>	<u>1,620</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>15,545</u>	\$ <u>18,545</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	<u>N/A</u>	Total to Date
Date of Election (mm/dd/yy)	<u>/</u>	<u>/</u>

Current Cash Statement

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>24,485</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>1,260</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	<u>20</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>14,925</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>10,840</u>

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

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.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>9,200</u>

24-Hour Contribution Report – Form 497

File if \$1,000 or more is received from a single source (including candidate's personal funds) within 90 days before and on the date of the election

NAME OF FILER Hernandez for Supervisor, 20XX		Date of This Filing 10/21/XX	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 909-555-3413	I.D. NUMBER (if applicable) 139602	Report No. 3		
STREET ADDRESS 100 Sandburg Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Bernardino	STATE CA	ZIP CODE 93291	No. of Pages 1	

1. Contribution(s) Received

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
10/20/XX	Frances Burney 1444 Riverside Drive Temecula, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Burney Publishing Company	1,500 <input type="checkbox"/> Check if Loan _____% Provide interest rate

May be filed by fax, personal delivery, guaranteed overnight mail, email, or online

No Late Expenditure Reporting!

If you make payments of \$1,000 or more on **behalf of your own committee**, no additional report is required.

Simply disclose payment on the next regular Form 460 filed for your committee.

Disqualification and Campaign Contributions

If the candidate is an official who holds an appointed position and receives contributions for an elective office, the candidate may be subject to the provisions of GC 84308.

Who is covered?

- Planning Commissioners
- LAFCO members
- Transportation Authority members
- Air Quality Management District members
- Waste Management Authority members
- California Coastal Commissioners

Q and A

Sue lends her own committee \$600 twenty five days before the election and \$500 four days before the election. Must her committee file a Form 497?

A. Yes

B. No

Q and A

Three days before the election, Sue's committee pays a vendor to make robocalls. This activity is reported on:

A. Form 460 after the election

B. Form 496 – Independent Expenditure Report

C. Form 497 – 24-Hour Contribution Report

Post Election Fundraising Restrictions

- Candidates may receive contributions into their election committee after an election **only** to pay net debts outstanding from the election.
- The primary and general elections are separate elections for purposes of calculating net debt.
- The contribution limits applicable to the election apply to any new contributions received to pay debt.

Establishing an Officeholder Committee

- An elected official may establish an *officeholder committee* after the officeholder closes his or her campaign committee.
- The *officeholder committee* name shall include the officeholder's last name, office held, the year the officeholder was elected to the current term, and the words "Officeholder Account."
- Contributions to the *officeholder committee* count toward the limit for the next election to a San Bernardino County office.
- Campaign statements shall be filed at the same times and same places as it would otherwise be required to do for an election committee.
- **Contribution limits apply!**

After the Election

Successful Candidates

May use campaign funds in excess of net debt for officeholder expenses.

Defeated Candidates

See manual 2 for rules on the use of campaign funds. Funds become surplus 90 days following the end of the semi-annual reporting period following the election (either June 30 or December 31) or upon leaving office (for incumbent candidates), whichever is later.

You may not use your committee for a future election.

After the Election

Leftover Assets

- For personal use, you must purchase the item at fair market value.
- Proceeds from the sale of items are shown as miscellaneous increases to cash on Schedule I.

Candidate and Treasurer Responsibilities

- Both must take appropriate steps to ensure compliance with reporting/recordkeeping rules.
- Stay informed and aware of bank deposits and proper expenditures of campaign funds.
- Both are equally liable in audits and Enforcement cases for non-disclosure on campaign reports or lack of records.