

# Video Tutorial for Candidates and Treasurers



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Presented by the Fair Political Practices Commission's  
External Affairs and Education Division  
Fair Political Practices Commission



The visual aids used in FPPC presentations are guides for training only, and contain only highlights of selected provisions of the law. They do not carry the weight of the law.

# What Will You Learn?

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- How to get started with your campaign
- Campaign contributions and restrictions
- Finances and recordkeeping
- How to complete and file campaign reports
- What to do after the election



# Candidate and Treasurer Responsibilities

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- 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 or FPPC Enforcement cases for non-disclosure on campaign reports or lack of records.
- Campaign disclosure reports are signed under penalty of perjury.

# Getting Started

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## FPPC Campaign Forms

- 501 – File before soliciting contributions
- 410 – Secures FPPC ID number
- 460 – Ongoing disclosure report
- 497 – May be required during the 90 days before election
- 700 – Statement of Economic Interests

# 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 your local election filing officer.

| Candidate Intention Statement   |                   | Type or Print in Ink.  |                       | Date Stamp                            | CANDIDATE INTENTION STATEMENT<br><b>CALIFORNIA FORM 501</b><br><small>For Official Use Only</small> |
|---|-------------------|--|-----------------------|---------------------------------------|---|
| <b>Check One:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment (Explain) _____<br>_____   |                   |  |                       |                                       |   |
| <b>1. Candidate Information:</b>  |                   |  |                       |                                       |   |
| NAME OF CANDIDATE (Last, First, Middle Initial)   |                   | DAYTIME TELEPHONE NUMBER   | FAX NUMBER (optional) | E-MAIL (optional)                     |   |
| Sue Hernandez   |                   | ( 559 ) 555-3333   | ( 559 ) 555-5433      |                                       |   |
| STREET ADDRESS  |                   | CITY   | STATE                 | ZIP CODE                              |   |
| 100 Sandburg Street   |                   | Oceanside  | CA                    | 93291                                 |   |
| OFFICE SOUGHT (POSITION TITLE)  | AGENCY NAME       | DISTRICT NUMBER, if applicable:  |                       | <input type="checkbox"/> NON-PARTISAN |   |
| Mayor   | City of Oceanside |  |                       | PARTY:                                |   |
| OFFICE JURISDICTION   |                   |  |                       |                                       |   |
| <input type="checkbox"/> State (Complete Part 2.)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)      20XX (Year of Election) |                   |  |                       |                                       |   |
| <b>2. State Candidate Expenditure Limit Statement:</b>  |                   |  |                       |                                       |   |
| <small>(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)</small>  |                   |  |                       |                                       |   |
| _____/_____/_____<br><small>(Year of Election)</small> Primary/general election   |                   | _____/_____/_____<br><small>(Year of Election)</small> Special/runoff election |                       |                                       |   |
| <small>(Check one box)</small>  |                   |  |                       |                                       |   |
| <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.                       |                   |  |                       |                                       |   |
| <small>(Mark if applicable)</small>   |                   |  |                       |                                       |   |
| <input type="checkbox"/> On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.  |                   |  |                       |                                       |   |
| <b>3. Verification:</b>   |                   |  |                       |                                       |   |
| I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  |                   |  |                       |                                       |   |
| Executed on _____ 20XX _____<br><small>(month, day, year)</small>   |                   | Signature <u>Sue Hernandez</u><br><small>(Candidate)</small>                   |                       |                                       |   |
| FP  |                   |  |                       |                                       |   |

# Statement of Organization - Form 410

| Statement of Organization<br>Recipient Committee   |  | Date Stamp  | CALIFORNIA<br>FORM 410<br>For Official Use Only                                |
|--|--|---|--|
| Statement Type   | <input checked="" type="checkbox"/> Initial<br>Not yet qualified <input type="checkbox"/> or | <input type="checkbox"/> Amendment<br>List I.D. number: # _____     | <input type="checkbox"/> Termination – See Part 5<br>List I.D. number: # _____ |
|  | XX XX XX<br>Date qualified as committee  | _____/_____/_____<br>Date qualified as committee<br>(if applicable) | _____/_____/_____<br>Date of Termination                                       |
| <b>1. Committee Information</b>  |  | <b>2. Treasurer and Other Principal Officers</b>                    |  |
| NAME OF COMMITTEE<br>Hernandez for Mayor 20XX  |  | NAME OF TREASURER<br>Ben Rogers                                     |  |
| STREET ADDRESS (NO P.O. BOX)<br>100 Sandburg Street  |  | STREET ADDRESS (NO P.O. BOX)<br>10 Parkway Plaza                    |  |
| CITY<br>Oceanside  | STATE<br>CA  | ZIP CODE<br>93291   | AREA CODE/PHONE<br>(555)555-3333   |
| MAILING ADDRESS (IF DIFFERENT)   |  | CITY<br>Oceanside   |  |
| FAX / E-MAIL ADDRESS<br>555-555-5433   |  | STATE<br>CA   |  |
| COUNTY OF DOMICILE<br>San Diego  | JURISDICTION WHERE COMMITTEE IS ACTIVE   |   |  |
|  |  | ZIP CODE<br>93231   |  |
|  |  | AREA CODE/PHONE<br>(555)555-5430                                    |  |
|  |  | NAME OF ASSISTANT TREASURER, IF ANY<br>Sue Hernandez                |  |
|  |  | STREET ADDRESS (NO P.O. BOX)<br>100 Sandburg Street                 |  |
|  |  | CITY<br>Oceanside   |  |
|  |  | STATE<br>CA   |  |
|  |  | ZIP CODE<br>93291   |  |
|  |  | AREA CODE/PHONE<br>(555)555-3333                                    |  |
|  |  | 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.  |  |   |  |
| <b>3. Verification</b>   |  |   |  |
| 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  | XX XX XX   | By  | Ben Rogers   |
|  |  |   | SIGNATURE OF TREASURER OR ASSISTANT TREASURER                                  |
| Executed on  | XX XX XX   | By  | Sue Hernandez  |
|  |  |   | SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT        |
| Executed on  | _____  | By  | _____  |
|  |  |   | SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT        |
| Executed on  | _____  | By  | _____  |
|  |  |   | SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT        |

# Statement of Organization - Form 410 Page 2

| Statement of Organization<br>Recipient Committee  |                   |  | CALIFORNIA<br>FORM <b>410</b>       |  |
|---|-------------------|--|-------------------------------------|--|
| INSTRUCTIONS ON REVERSE   |                   |  | Page 2                              |  |
| COMMITTEE NAME<br>Hernandez for Mayor 20XX  |                   |  | I.D. NUMBER                         |  |
| <ul style="list-style-type: none"> <li>All committees must list the financial institution where the campaign bank account is located.</li> </ul>  |                   |  |                                     |  |
| NAME OF FINANCIAL INSTITUTION<br>Second Investment Bank   |                   | AREA CODE/PHONE<br>(555)555-1111   | BANK ACCOUNT NUMBER<br>123489510233 |  |
| ADDRESS<br>200 J Street   | CITY<br>Oceanside | STATE<br>CA  | ZIP CODE<br>93291                   |  |
| <b>4. Type of Committee</b> Complete the applicable sections:   |                   |  |                                     |  |
| <b>Controlled Committee</b>   |                   |  |                                     |  |
| <ul style="list-style-type: none"> <li>List the name of each controlling officer, title, and address of the measure proponent. If candidate or officeholder, list the name, address, and district number, if any.</li> <li>List the political party to which the committee is affiliated or check "nonpartisan."</li> <li>If this committee acts jointly with another committee, list the name and identification number of the other committee.</li> </ul> |                   |  |                                     |  |
| NAME OF CANDIDATE/OFFICEHOLDER/STAFF MEMBER   |                   | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE)  | ELECTION                            | PARTY  |
| Sue Hernandez   |                   | Mayor  | 20XX                                | <input type="checkbox"/> Nonpartisan                             |
|   |                   |  |                                     | <input type="checkbox"/> Nonpartisan                             |
| <b>Primarily Formed Committee</b> 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 OR LETTER)  |                   | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(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"/> |

Candidate committees are controlled committees.

Future election redesignate.



# FPPC Committee Identification Number

- The Secretary of State's Office (SOS) assigns your committee an identification number upon receipt of Form 410.
- SOS posts the identification number on their website at [www.sos.ca.gov](http://www.sos.ca.gov).
- This number is used on all FPPC reporting forms.

## Note:

If your bank requires a taxpayer ID number, contact the IRS at [www.irs.gov](http://www.irs.gov).



### Secretary of State Link (Check for ID number)



| ENTITY ID | ENTITY NAME   | ENTITY TYPE         | STATUS     |
|-----------|---|---------------------|------------|
| 941833    | 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 | TERMINATED |
| 492041    | DANIEL HERNANDEZ TRUCKING   | MAJOR DONOR         |            |
| 492041    | HERNANDEZ TRUCKING, DANIEL *  | MAJOR DONOR         |            |
| 943428    | ESPINOZA, COMMITTEE TO ELECT ROSE HERNANDEZ   | RECIPIENT COMMITTEE | TERMINATED |
| 923006    | ESPINOZA, COMMITTEE TO ELECT ROSE HERNANDEZ   | RECIPIENT COMMITTEE | TERMINATED |
| 1391590   | GARCIA HERNANDEZ SAWHNEY, LLP   | MAJOR DONOR         |            |
| 1324431   | GOMEZ, HERNANDEZ & PEREZ AND TO OPPOSE (OWNIS, PACHECO, ORTIZ, MARTINEZ & AMEZQUITA FOR CITY COUNCIL 2011, COMMITTEE TO SUPPORT | RECIPIENT COMMITTEE | TERMINATED |
| 990136    | HERNANDEZ FOR CITY COUNCIL, J.A.  | RECIPIENT COMMITTEE | TERMINATED |
| 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 | TERMINATED |
| 1291630   | HERNANDEZ 2006, COMMITTEE TO ELECT ORLANDO  | RECIPIENT COMMITTEE | TERMINATED |
| 1331824   | HERNANDEZ 2010 FOR CITY COUNCIL, FRIENDS TO ELECT VINCE   | RECIPIENT COMMITTEE | TERMINATED |
| 1403738   | HERNANDEZ 4 SUPERVISOR 2018; MARIA  | RECIPIENT COMMITTEE | ACTIVE     |
| 963006    | HERNANDEZ '97 *   | RECIPIENT COMMITTEE | TERMINATED |
| 963006    | HERNANDEZ '98   | RECIPIENT COMMITTEE | TERMINATED |
| 983433    | HERNANDEZ 99, NORWALK FOR   | RECIPIENT COMMITTEE | TERMINATED |
| 962453    | HERNANDEZ AND KAUFMAN, COMMITTEE TO ELECT   | RECIPIENT COMMITTEE | TERMINATED |
| 1366674   | HERNANDEZ BALLOT MEASURE, SAN GABRIEL VALLEY LEADERSHIP RIDGES  | RECIPIENT COMMITTEE | TERMINATED |

# Contributions



# What is a Contribution?

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- Money (cash, check, credit card, wire transfers)
- Non-monetary items (donated goods or services, discounts)
- Loans
- Candidate's personal funds
- Fundraiser tickets (must disclose the full cost of the ticket)



Local limits may apply!

# Receiving Electronic Contributions

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Contributions may be received by:

- Credit card
- Wire transfer
- Debit account transaction
- Text message
- Or by similar electronic payment options (including telephone or online donations)



# Restrictions on Contributions

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- No anonymous contributions of \$100 or more.
- Never accept or spend \$100 or more in cash.
- The true source of the contribution must be reported.



# Campaign Money Laundering

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



# Home and Office Events

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- A home and/or office event is not considered a contribution if the total cost of the event is \$500 or less.
- Food, beverages and other items donated by someone other than the occupant count toward the \$500 threshold and are reportable as non-monetary contributions.



# Member Communications

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Payments made by an organization (i.e. unions, associations, political parties) for certain communications that are sent only to the organization's members, employees, shareholders or their families, are not contributions to a candidate endorsed in the communication.





# Debates and Meetings

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- When an organization hosts a debate, as long as all candidates are invited, the organization has not made a reportable contribution and the candidates have not received reportable contributions.
- The same is true if both sides of a ballot measure are invited.



# Volunteering Personal Services

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- If an individual such as an envelope stuffer, precinct walker, or accountant donates his or her professional services to a campaign, no contribution has been made or received.
- If an employer donates employee services to a campaign, and any employee spends more than 10% of his or her compensated time in a calendar month providing services, the employer has made a non-monetary contribution.



# Independent Expenditures

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- A payment for a communication not made at the behest of or in coordination with the candidate or his or her committee.
- Expressly advocates support or opposition of a clearly identified candidate or unambiguously urges a particular result in an election.
- Not reportable by the candidate or committee.

# Bank Account Rules

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- One bank account per election
- Account may be opened as a personal account (*If bank requires tax ID#, visit the IRS website.*)
- No commingling of funds (*personal or other committees*)
- Candidates must make all campaign expenditures from the campaign bank account, with the exception of the candidate filing and ballot statement fees.

# Campaign Statement

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# Campaign Statement Form 460

- Reports financial activity for the campaign—all contributions received and expenditures made.
- Completed by the campaign treasurer.
- Can be filed electronically if available, or via paper copy—check with your filing officer.
- Subject to \$10/day late fine and other enforcement penalties.
- Forms are filed under penalty of perjury.

Type or print in ink.

COVER PAGE, PART 2

**CALIFORNIA FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

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

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

See Instructions.

OFFICE SOUGHT OR HELD (INCLUDE LOCAL AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

Party \_\_\_\_\_

RESIDENTIAL BUSINESS ADDRESS (AND AND DISTRICT) CITY STATE ZIP \_\_\_\_\_

CALIFORNIA CA 94112

**Related Committees Not Included in this Statement.** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidate.

|   |  |
|---|--|
| COMMITTEE NAME _____                                  | IS MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO             |
| NAME OF TREASURER _____                               | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS (STREET ADDRESS AND P.O. BOX) _____ |  |
| CITY STATE ZIP CODE AREA CODE PHONE _____             |  |
| COMMITTEE NAME _____                                  | IS MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO             |
| NAME OF TREASURER _____                               | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS (STREET ADDRESS AND P.O. BOX) _____ |  |
| CITY STATE ZIP CODE AREA CODE PHONE _____             |  |

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**6. Primarily Formed Ballot Measure Committee**

DATE OF DATE OF RESCUE \_\_\_\_\_

|                             |   |
|-----------------------------|---|
| NAME OF NO. OF LETTER _____ | JURY PROVISION <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

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**7. Primarily Formed Candidate/Officeholder Committee.** List names of officeholders or candidates for which the committee is primarily formed.

|   |                             |  |
|---|-----------------------------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE _____ | OFFICE SOUGHT OR HELD _____ | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE _____ | OFFICE SOUGHT OR HELD _____ | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE _____ | OFFICE SOUGHT OR HELD _____ | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE _____ | OFFICE SOUGHT OR HELD _____ | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

**Attach continuation sheets if necessary.**

FFPC Form 460 (04/01/08)  
FFPC Toll-Free Helpline: 800-835-FFPC (866-876-8776)  
State of California

[www.jeffs.com](http://www.jeffs.com)

# Form 460 Campaign Statement

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## Fast Facts:

- Public document.
- Reviewed by the filing officer.
- Can be amended.
- Generally, postmark is the date filed.
- Subject to a \$10/day late fine and other penalties.

## What to Report:

- Contributions received (money & assets in).
- Expenditures made (money & assets out).

## Where to File:

### Local Committees:

- City Clerk/County Registrar of Voters.

### Multiple Committees:

- Holding one office and running for another? You may be required to cross file. (Regulation 18405.)



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

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

**Additional Notes:**

- **\* Period Covered:** The period covered by any statement begins on the day after the closing date of the last statement filed, or January 1, if no previous statement has been filed.
- **Local Ordinance:** Always check on whether additional local rules apply.
- **Deadline Extensions:** Deadlines are extended when they fall on a Saturday, Sunday, or an official state holiday. This extension does not apply to the deadline for a Form 497 due the weekend before the election, or to any Form 496. Such reports must be filed within 24 hours regardless of the day of the week. Statements filed after the deadline are subject to a \$10 per day late fine.
- **Method of Delivery:** All paper filings may be filed by first class mail unless otherwise noted. A paper copy of a report may not be required if a local agency requires online filing pursuant to a local ordinance.
- **Form 501:** All candidates must file Form 501 (Candidate Intention Statement) before soliciting/receiving contributions.

**After the election, most candidates file Form 460 semi-annually until the committee is closed.**



# Form 460 Cover Page

|   |   |  |  |
|---|---|--|--|
| <b>Recipient Committee Campaign Statement Cover Page</b><br>(Government Code Sections 84200-84216.5)  | <b>Check filing schedule for dates</b><br>Statement period<br>from 1/1/20XX<br>through XX/XX/20XX | Date Stamp   | <b>CALIFORNIA FORM 460</b>                   |
|   |   |  | Page _____ of _____<br>For Official Use Only |
| SEE INSTRUCTIONS ON REVERSE   |   |  |  |
| <b>1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.</b>  |   | <b>2. Type of Statement:</b>   |  |
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small><br><br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee |   | <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small><br><input type="checkbox"/> Amendment (Explain below) |  |
| <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small><br><br><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>   |   | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495  |  |

#### 4. Verification

I have used all reasonable diligence to verify the information contained herein and in the attached documents to the best of my knowledge the information contained herein and in the attached documents is correct.

Executed on XX/XX/20XX  
 at \_\_\_\_\_

Executed on XX/XX/20XX  
 at \_\_\_\_\_

**The candidate and treasurer must both sign**

*Bex Rogers*

Signature of Treasurer or Assistant Treasurer

*Sue Hernandez*

**If you're both candidate and treasurer, sign twice!**

# Form 460

## Schedule A : Monetary Contributions

- Date received: List the date the committee obtained possession or control of the contribution.
- Itemize: Disclose details about the donor - the names and addresses of donors who contribute \$100 or more in a calendar year.
- For individual donors, also report their **occupation and employer**.

The image shows a sample of Form 460, Schedule A: Monetary Contributions. The form is titled "Schedule A: Monetary Contributions" and "Payments Made". It includes a header section with fields for "Reporting Period" (from 11-1-11 to 11-30-11) and "Form 460" (11-1-11 to 11-30-11). Below the header, there is a section for "Donor Information" with a table for listing donors. The table has columns for "Name", "Address", "City", "State", "Zip", "Occupation", and "Employer". The table is currently empty. At the bottom of the form, there is a section for "Total" and "Remarks".

# Donor Information

## (contributors of \$100 or more)

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### Correct:

- Retired
- Consultant, A Better Business Agency
- Self-Employed, No Separate Business Name
- Homemaker or Student
- Private Investor: Stocks & Bonds
- Lawyer, Ortiz & Smith

### Incorrect:

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

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

# Form 460

## Schedule A: Monetary Contributions

### Schedule A Monetary Contributions Received

**You must include individuals' occupation & employer.**

**Amount less than \$100 this period is added to previous contribution.**

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

IND= Individual COM= Committee OTH= Business

Lump sum - report contributions less than \$100.

#### Schedule A Summary

|   |                |
|---|----------------|
| 1. Amount received this period – itemized monetary contributions.<br>(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.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | TOTAL \$ 2,060 |

# Form 460

## Schedule A: Monetary Contributions

If one signer on a joint checking account, the signer is the contributor.

Sally Morgan  
James Morgan  
804 S. 14th Street  
Oceanside, CA 93291

PAY TO THE ORDER OF Sue Hernandez for City Council 20XX \$ 200<sup>00</sup>

Two Hundred Dollars DOLLARS

*Contribution* *Sally Morgan*

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

| DATE RECEIVED | 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      | Beachwear for Days<br>411 Sanditon Court<br>Oceanside, CA 93291            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 99                          | 198   |                                    |
| XX/XX/XX      | Maria Edgeworth<br>411 Sanditon Court<br>Oceanside, CA 93291               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><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 intermediary and true source.

**Funds are reported under the 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 OF 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<br>1127 Promenade<br>Oceanside, CA 93291                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 300                         | 300   |                                    |
|               | Intermediaries:<br>Jennifer Crandall<br>1127 Promenade, Oceanside, CA 93291                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Manager, Cane Transportation   |                             |   |                                    |
|               | Tim Mathew<br>1127 Promenade, Oceanside, CA 93291  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director, Cane Transportation  |                             |   |                                    |
|               | Elaine Reed<br>1127 Promenade, Oceanside, CA 93291   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Secretary, Cane Transportation   |                             |   |                                    |

**Not disclosing the true source is a serious violation.**

# Form 460

## Schedule B: Loans Received

---

- Candidate's personal funds may be reported as a loan.
- Report the financial institution as the lender if it has loaned the committee money or the committee has drawn on a line of credit.
- Each loan from the same person is reported as a separate loan.



# Form 460

## Schedule B: Loans Received

| Schedule B – Part 1<br>Loans Received   |   | Type or print in ink.<br>Amounts may be rounded<br>to whole dollars. |  |  |   | Statement covers period<br>from 1/1/20XX<br>through XX/XX/20XX |   | SCHEDULE B - PART 1<br><b>CALIFORNIA FORM 460</b><br>Page ____ of ____<br>I.D. NUMBER |  |
|---|---|--|--|--|---|--|---|---|--|
| SEE INSTRUCTIONS ON REVERSE<br>NAME OF FILER<br>Hernandez for Mayor 20XX  |   | Report loans until paid.   |  |  |   |  |   |   |  |
| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD            | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD *                                       | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD                         | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN    | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE   |  |
| Sue Hernandez<br>100 Sandburg Street<br>Oceanside, CA 93291   | Tax Accountant,<br>Hernandez & Assoc.   | \$ 8000  | \$ 0                                     | <input checked="" type="checkbox"/> PAID<br>\$ 1000<br><input type="checkbox"/> FORGIVEN | \$ 7000<br><br>n/a<br>DATE DUE                              | 0 %<br>RATE  | \$ 8000<br><br>X/XX/XX<br>DATE INCURRED | CALENDAR YEAR<br>\$ 7200<br>PER ELECTION **<br>\$                                     |  |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC                             |   |  |  |  |   |  |   |   |  |
| Sue Hernandez<br>100 Sandburg Street<br>Oceanside, CA 93291   | Tax Accountant,<br>Hernandez & Assoc.   | \$ 0   | \$ 200                                   | <input type="checkbox"/> PAID<br>\$ 0<br><input type="checkbox"/> FORGIVEN               | \$ 200<br><br>n/a<br>DATE DUE                               | 0 %  | \$ 200                                  | CALENDAR YEAR<br>\$ 7200<br>PER ELECTION **<br>\$                                     |  |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC                             |   |  |  |  |   |  |   |   |  |
|   |   |  |  | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN                 |   |  |   |   |  |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   |  |  |  |   |  |   |   |  |
| <b>SUBTOTALS</b>  |   | \$   | \$                                       | \$   | \$  |  |   |   |  |
| <b>Schedule B Summary</b>   |   |  |  |  |   |  |   |   |  |
| 1. Loans received this period .....<br>(Total Column (b) plus unitemized loans of less than \$100.)   |   |  |  | \$ 200   |   |  |   |   |  |
| 2. Loans paid or forgiven this period .....<br>(Total Column (c) plus loans under \$100 paid or forgiven.)<br>(Include loans paid by a third party that are also itemized on Schedule A.) |   |  |  | \$ 1,000   |   |  |   |   |  |
| 3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1.) .....<br>Enter the net here and on the Summary Page, Column A, Line 2.  |   |  |  | <b>NET \$ (800)</b><br>(May be a negative number)  |   |  |   |   |  |

May be  
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



# Form 460

## Schedule C: Non-Monetary Contributions

### Examples:

- Food and Beverages
- Rental Space
- Polls
- Discounts

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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<br>421 16th Street<br>Oceanside, CA 93291                                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | TV                               | 1,280                     | 1,280   |                                    |
| XX/XX/XX      | California Surfers PAC<br>1090 Pacific Highway<br>Oceanside, CA 93291                           | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | ID #941233  | Postage                          | 340                       | 340   |                                    |

# Form 460

## Schedule E: Campaign Expenditures

---

All expenditures must have a:

- Political
- Legislative
- Governmental purpose

No personal use of campaign funds!



**Candidate Fined for Use  
of Campaign Funds  
for Family Vacation!**

# Allowable and Prohibited Expenditures

---

## Allowable Expenditures

- Election Night Celebration
- Payment for campaign advertisements, filing fees, and legal advice
- Payments for gas while attending campaign events
- Payment to a slate mailer organization

## Prohibited Expenditures

- Post-election vacation
- Health club dues
- Payments to a spouse for fundraising efforts
- Cosmetics
- Personal living accommodations

# Form 460

## Schedule E: Campaign Expenditures

---

- May establish a credit card account
- May establish petty cash fund (\$100 or less)
- Cash expenditures over \$100 are prohibited

# Form 460

## Schedule E: Candidate Payments

---

**Candidates must deposit funds into their campaign bank account before making expenditures!**

If you mistakenly use personal funds rather than campaign funds, report as follows:

- Candidate does not wish to be reimbursed: Report the amount on Schedule C as a non-monetary. Itemize each expenditure of \$100 or more.
- Candidate wishes to be reimbursed: Report the payment on Schedule E and itemize expenditures of \$100 or more.
- Candidate will be reimbursed by committee in the future: Report the payment on Schedule F and itemize expenditures of \$100 or more.

# Form 460

## Schedule E: Campaign Expenditures

An expenditure of \$100 or more for a gift, meal, or travel must include certain details.

Date, number of attendees, whether candidate &/or any individual with authority to make expenditures attended, and purpose.

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR   | DESCRIPTION OF PAYMENT   | AMOUNT PAID |
|---|------|------|--|-------------|
| Hannah's Kitchen<br>42 Marina Way<br>Oceanside, CA 93291            |      |      | X/XX-4 attendees for lunch, including candidate and treasurer to discuss campaign strategy | 120         |
| Sue Hernandez<br>100 Sandburg Street<br>Oceanside, CA 93291         |      | File | Filing Fee Reimbursement   | 1,000       |

Reimburse candidate for filing fee.

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)    | CODE | OR  | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|-----|------------------------|-------------|
| County Bank Visa<br>21 Middleton Street<br>Dayton, OH 45330            |      |     |                        | 1,031       |
| Subvendor: Phone Banks R Us<br>22 Parkway Plaza<br>Oceanside, CA 93291 |      | PHD | \$900                  |             |

Credit card payment.

# Form 460

## Schedule E: Sub-vendors

---

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

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

# Form 460

## Schedule E: Sub-vendors

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

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

|   |                       |
|---|-----------------------|
| NAME OF FILER<br>Hernandez for Mayor 20XX                               | I.D. NUMBER<br>123456 |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR<br>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 prod                          |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                          |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' sa                            |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime an                        |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodgi                         |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lod                        |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same cand    |
| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Daily News<br>21 Lava Way<br>Oceanside, CA 93291                                | PRT     |                        | 500         |

**Don't carry over to summary!**



# Form 460

## Schedule F: Accrued Expenses

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

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Quirkos<br>100 Main Street<br>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 \$ 0                                      |
| 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 \$ 1,000                                      |
| 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 \$ (1,000)<br><small>May be a negative number</small> |

# Form 460

## Schedule I: Miscellaneous Increases to Cash

---

### Examples:

- Interest received or credited to a checking or savings account or other type of deposit
- Refunds
- Sale of donated items (up to fair market value)
- Receipts from the sale of committee assets



**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

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

**CALIFORNIA  
FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Hernandez for Mayor 20XX

I.D. NUMBER

**Contributions Received**

|                                 |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--------------------|--|--|
| 1. Monetary Contributions       | Schedule A, Line 3 | \$ 2,060   | \$ 2,060                                   |
| 2. Loans Received               | Schedule B, Line 3 | (800)  | 7,200                                      |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | Add Lines 1 + 2    | \$ 1,260   | \$ 9,260                                   |
| 4. Nonmonetary Contributions    | Schedule C, Line 3 | 1,620  | 1,620                                      |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4    | \$ 2,880   | \$ 10,880                                  |

**Calendar Year Summary for Candidates  
Running in Both the Primary and  
General Elections**

|                            |    |     |         |
|----------------------------|----|-----|---------|
| 20. Contributions Received | \$ | N/A | to Date |
| 21. Expenditures Made      | \$ | N/A |         |

**Expenditures Made**

|                                    |                      | Column A | Column B |
|------------------------------------|----------------------|----------|----------|
| 6. Payments Made                   | Schedule E, Line 4   | \$ 4,925 | \$ 4,925 |
| 7. Loans Made                      | Schedule H, Line 3   | 0        | 0        |
| 8. SUBTOTAL CASH PAYMENTS          | Add Lines 6 + 7      | \$ 4,925 | \$ 4,925 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3   | (1,000)  | 2,000    |
| 10. Nonmonetary Adjustment         | Schedule C, Line 3   | 1,620    | 1,620    |
| 11. TOTAL EXPENDITURES MADE        | Add Lines 8 + 9 + 10 | \$ 5,545 | \$ 8,545 |

**Expenditure Limit Summary for State  
Candidates**

|                                   |                       |     |         |
|-----------------------------------|-----------------------|-----|---------|
| 22. Cumulative Expenditures Made* | (If subject to limit) | N/A | to Date |
| Date of Election                  | (mm/dd/yy)            |     |         |

**Current Cash Statement**

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

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.

|                              |                    |      |
|------------------------------|--------------------|------|
| 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 | \$ 9,200 |

# Additional Reports & Information

# Real-Time Reporting Form 497

- File Form 497 if you receive \$1,000 or more from a single source (including candidate's personal funds) within 90 days before election.
- May be filed by e-mail, fax, personal delivery, guaranteed overnight mail, or online.

| NAME OF FILER<br>Hernandez for Mayor 20XX |  | Date of This Filing _____   | Date Stamp   | <b>CALIFORNIA FORM 497</b><br>For Official Use Only   |
|---|--|---|--|---|
| AREA CODE/PHONE NUMBER<br>555-555-5433    | I.D. NUMBER (if applicable)<br>123456  | Report No. _____  |  |   |
| STREET ADDRESS<br>100 Sandburg Street     |  | <input type="checkbox"/> Amendment to Report No. _____<br><small>(explain below)</small>  |  |   |
| CITY<br>Oceanside                         | STATE<br>CA  |   | ZIP CODE<br>93291  | No. of Pages _____  |
| <b>1. Contribution(s) Received</b>        |  |   |  |   |
| DATE RECEIVED                             | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED   |
| XX/XX/20XX                                | Francis Burney<br>1444 Riverside Avenue<br>Pasadena, CA 91109  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner, Burney Publishing   | 1,000<br><input type="checkbox"/> Check if Loan<br>_____%<br><small>Provide interest rate</small> |

# Major Donor Notification

---

If you receive \$5,000 or more from a donor, you must notify them that they may qualify as a major donor.

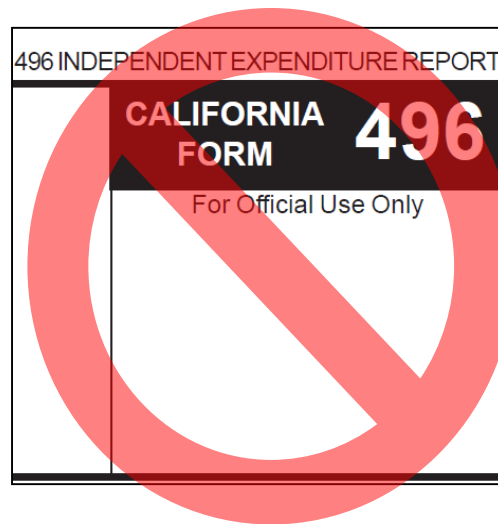
The donor may need to file:

- Form 461 Major Donor Statement
- Form 497 Contribution Report
- Sample Major Donor notice language found in Campaign Rules section on FPCC website

# Expenditure Reporting

---

- If you make \$1,000 or more in expenses on behalf of your own committee, no additional 24-hour report is required.
- Disclose the expenses on the next Form 460 filing.



# Advertisements

About FPPC    The Law    Leg

Home | Learn | Campaign Rules

## Campaign Advertising - Requirements & Restrictions

- ▶ [When and Where to File Campaign Statements](#)
- ▶ [State Contribution Limits and Voluntary Expenditure Ceilings](#)
- ▶ [Campaign Forms](#)
- ▶ [Campaign Disclosure Manuals](#)
- ▶ [Campaign Advertising - Requirements & Restrictions](#)
- ▶ [Candidate Toolkit](#)
- ▶ [Campaign Related Communications at Public Expense--The Do's & Don'ts](#)
- ▶ [Local Campaign Ordinances](#)
- ▶ [Basic Rules for Treasurers](#)

**How to Request Advice**

If you have questions about your obligations under the Act you can request advice directly from FPPC staff

Request Advice

## Political Advertising Disclaimers

### 1. Communications by Candidate Committees for their own Election

**The disclaimer must include, unless otherwise noted: "Paid for by *committee name*"**

Examples:      "Paid for by Jones for Assembly 20XX"  
                     "Paid for by Friends of Smith for Mayor 20XX"

| Communication  | Disclaimer and Manner of Display  |
|--|---|
| <b>All mass mailings</b> – more than 200 substantially similar pieces of mail sent within a calendar month | <ul style="list-style-type: none"> <li>• <b>Candidate's committee name and address</b> (on file with Form 410) on outside of mailing (if no Form 410 on file, use candidate's name and address)</li> <li>• <b>"Paid for by"</b> must be in the same color and font as the committee name and address and immediately in front of or above the name and address</li> <li>• If sent by more than one candidate or committee:               <ul style="list-style-type: none"> <li>○ Also on at least one insert in the mailing</li> </ul> </li> <li>• No less than 6-point type and in a contrasting print or color</li> <li>• Return envelopes (if included in solicitation) – committee's name, address and ID number are recommended but not required</li> </ul> |
| <b>All mass electronic mail</b> – more than 200 substantially similar emails sent within a calendar month  | <ul style="list-style-type: none"> <li>• <b>"Paid for by [name of candidate or committee]"</b> must be in at least the same size font as a majority of the text (no address is required on mass electronic mailings)</li> </ul>   |
| <b>Newspaper ads</b>   | <ul style="list-style-type: none"> <li>• Refer to the Elections Code for newspaper ad disclaimer requirements</li> </ul>  |



# Mailings, Postcards and E-Mails

## All mass mailings/postcards:

- Candidate's committee name and address (on file with Form 410) on outside of mailing (if no Form 410 on file, use candidate's name and address).
- "Paid for by" must be in the same color and font as the committee name and address and immediately in front of or above the name and address.

**Paid for by Hernandez for Mayor 20XX  
100 Sandburg Street  
Oceanside, CA 93291**

**Jenny Smith  
103 Sandburg Street  
Oceanside, CA 93291**

## All mass emails:

- "Paid for by [name of candidate or committee]" must be in at least the same size font as a majority of the text (no address is required on mass electronic mailings).

|          |                             |
|----------|-----------------------------|
| From:    | ABCCompany@emailaddress.web |
| To:      | Voter@emailaddress.web      |
| Cc:      |                             |
| Subject: | Vote for Smith for Senate   |

The following message is paid for by No on 40, Californians Against Higher Taxes, major funding by South Corp. and Pacific West Company

# After the Election

# After the Election

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- All future filing obligations depend on the outcome of the election.
- Successful candidates can maintain an open campaign committee, but they must file regular reports until they terminate the committee.
- Defeated candidates may terminate their campaign committee.
- There is no deadline for campaign committee termination.



# Things to Remember

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- File appropriate campaign reports on time.
- Download the applicable filing schedules.
- Keep good records—copies of all receipts and contributions for at least 4 years.
- Remember to document the information of donors who contribute \$25 or more.
- Candidates: Never pay out of pocket for expenses!

Always use the FPCC as a resource!

# www.fppc.ca.gov



## Thank You for Participating!

We value your comments.

Please send an email to

[comments@fppc.ca.gov](mailto:comments@fppc.ca.gov)

Election Phone Hours  
September 4 - November 6  
Mondays & Tuesdays    Wednesdays & Thursdays  
9:00 am - 12:00 pm      1:00 pm - 4:00 pm

Resources For...

- Filing Officers
- Candidates & Committees

