Recipient Committee Campaign Statement Cover Page			RECEIVED	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 1/1/2018 through 4/30/2018	Date of election if applicable: (Month, Day, Year)	AUG 3 1 2018 CITY CLERK	For Official Use Only
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.		2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Parl 5) General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Committee Controlled Controlled Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain be	Speci	erly Statement al Odd-Year Report
3. Committee information	D. NUMBER 138 7011	Treasurer(s)		
STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE		MAILING ADDRESS CITY STATE ZIDCODE ADEA CODE/DUONE NAME OF ASSISTANT TREASURER, IF ANY		
Malling Address (II - DIFFERENT) NO. AND STREET ON P.U. BUX		MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on Date Executed on Date	f California that the foregoing is true and a By Signature of Control By	Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, State Measure President of Controlling Officeholder, Candidate, Candidate	Treasurer poponent or Responsible Officer of Spons	
Executed on	Ву	ignature of Controlling Officeholder, Candidate,	State Measure Proponent	

COVER PAGE

Campaign Disclosure Statement **Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lounal 2016 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE General Elections 1. Monetary Contributions...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made** Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 13. Cash Receipts Column A, Line 3 above add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 16, ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ _ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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