

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

COVER PAGE

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CALIFORNIA 2001/02 FORM 460	
Date Stamp	1 / 5
For Official Use Only	

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

11/08/2016

Statement covers period from 01/01/2016 through 09/24/2016

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee

State Candidate Election Committee

Recall

(Also Complete Part 5.)

General Purpose Committee

Sponsored

Small Contributor Committee

Political Party/Central Committee

**2. Type of Statement:**

Pre-election Statement

Semi-annual Statement

Termination Statement

Amendment (Explain below)

Quarterly Statement

Special Odd-Year Report

Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER: Applied

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): \_\_\_\_\_  
Committee for a Strong Siskiyou Economy, No on Measure H

STREET ADDRESS (NO P.O. BOX): 9460 Tegner Road

CITY: Hilmar STATE: CA ZIP CODE: 95324 AREA CODE/PHONE: 209-656-1542

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: 9460 Tegner Road

CITY: Hilmar STATE: CA ZIP CODE: 95324 AREA CODE/PHONE: 209-656-1542

OPTIONAL: FAX/E-MAIL ADDRESS: kellylawler@thekalgroup.com

MAILING ADDRESS: 9460 Tegner Road

CITY: Hilmar STATE: CA ZIP CODE: 95324 AREA CODE/PHONE: 209-656-1542

NAME OF ASSISTANT TREASURER, IF ANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_

OPTIONAL: FAX/E-MAIL ADDRESS: \_\_\_\_\_

**4. Verification**

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

Executed on 09/29/2016 By Kelly Lawler  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

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

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**5. Officeholder or Candidate Controlled Committee**

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

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE GROUNDWATER ORDINANCE

BALLOT NO. OR LETTER # JURISDICTION SISKIYOU CO  SUPPORT  OPPOSE

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

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

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

**7. Primarily Formed Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM <b>460</b>
from _____	through _____	
I.D. NUMBER		3 / 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for a Strong Siskiyou Economy, No on Measure H

		Column A	Column B
		TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>			
1.	Monetary Contributions .....	Schedule A, Line 3 \$ 1000.00	\$ 1000.00
2.	Loans Received .....	Schedule B, Line 7 \$ 100.00	\$ 100.00
3.	SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 1100.00	\$ 1100.00
4.	Nonmonetary Contributions .....	Schedule C, Line 3 \$ 0.00	\$ 0.00
5.	TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 1100.00	\$ 1100.00

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

1/1 through 6/30 7/1 to Date

20. Contribution Received \$ 0.00 \$ 0.00

21. Expenditures Made \$ 0.00 \$ 0.00

<b>Expenditures Made</b>			
6.	Payments Made .....	Schedule E, Line 4 \$ 0.00	\$ 0.00
7.	Loans Made .....	Schedule H, Line 7 \$ 0.00	\$ 0.00
8.	SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 0.00	\$ 0.00
9.	Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ 0.00	\$ 0.00
10.	Nonmonetary Adjustment .....	Schedule C, Line 3 \$ 0.00	\$ 0.00
11.	TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 0.00	\$ 0.00

**Expenditure Limit Summary for State Candidates**

**22. Cumulative Expenditures Made\***  
(if Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

<b>Current Cash Statement</b>			
12.	Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 0.00	
13.	Cash Receipts .....	Column A, Line 3 above 1100.00	
14.	Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ 0.00	
	Cash Payments .....	Column A, Line 8 above \$ 0.00	
16.	ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1100.00	\$ 1100.00

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).

17.	LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ 0.00
<b>Cash Equivalents and Outstanding Debts</b>		
18.	Cash Equivalents .....	See instructions on reverse \$ 0.00
19.	Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ 100.00

\*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

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

**Schedule A**  
**Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

Statement covers period from \_\_\_\_\_ through \_\_\_\_\_  
 I.D. Number \_\_\_\_\_

NAME OF FILER  
 Committee for a Strong Siskiyou Economy, No on Measure H

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 09/24/2016	Crystal Geyser Water Company 501 Washington Street Callistoga CA 94515 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	

<b>SUBTOTAL \$</b>	<b>1000.00</b>
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**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
 (Include all Schedule A subtotals.) ..... \$ 1000.00
- Amount received this period - unitemized contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1000.00

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

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

Statement covers period  
from \_\_\_\_\_ through \_\_\_\_\_

**CALIFORNIA 460  
FORM**

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I.D. NUMBER \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Committee for a Strong Siskiyou Economy, No on Measure H

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								
									PERIOD	PERIOD	PERIOD	PERIOD	PERIOD	PERIOD	PERIOD	PERIOD
Kelly Lawler 9460 Tegner Road Hilmar ID: CA 95324 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The KAL Group Owner	\$ 0.00	\$ 100.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 100.00 DATE DUE 12/31/2016	0.00 % RATE	100.00 DATE INCURRED 09/07/2016	\$ 100.00 PER ELECTION**								

<b>SUBTOTALS</b>	\$ 100.00	\$ 100.00	\$ 0.00	\$ 100.00	\$ 0.00	\$ 0.00
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**Schedule B Summary**

1. Loans received this period. (Total Column (b) plus unitemized loans less than \$100.)  
 (Enter (e) on Schedule E, Line 3) \$ 100.00

2. Loans paid or forgiven this period. (Total Column (c) plus loans under \$100 paid or forgiven.)  
 (Include loans paid by a third party that are also itemized on Schedule A.) \$ 0.00

3. Net change this period. (Subtract Line 2 from Line 1.)  
 Enter the net here and on the Summary Page, Column A, Line 2. **Net \$** 100.00  
 (may be a negative number)

\* Amounts forgiven or paid by another party also must be reported on Schedule A.  
 \*\* If required.

\*Contributor Codes  
 IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC