

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

COVER PAGE

25

Date Stamp RECEIVED OCT 28 2016 SISKIYOU COUNTY CLERK'S OFFICE	CALIFORNIA 2001/02 FORM 460
	1 / 11 For Official Use Only

Type or print in ink.

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/2016</u>
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SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1,2,3, and 4.
- Officeholder, Candidate Controlled Committee
 - Ballot Measure Committee
 - State Candidate Election Committee
 - Primary Formed
 - Recall
 - Controlled
 - Sponsored
 - (Also Complete Part 5.)
 - General Purpose Committee
 - (Also Complete Part 6.)
 - Sponsored
 - Primary Formed Candidate/Officeholder Committee
 - Small Contributor Committee
 - (Also Complete Part 7.)
 - Political Party/Central Committee

- 2. Type of Statement:**
- Pre-election Statement
 - Quarterly Statement
 - Semi-annual Statement
 - Special Odd-Year Report
 - Termination Statement
 - Supplemental Preelection Statement - Attach Form 495
 - Amendment (Explain below)

3. Committee Information

I.D. NUMBER
1391090

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

Treasurer(s)

NAME OF TREASURER
Kelly Lawler

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

MAILING ADDRESS
9460 Tegner Road

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

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

NAME OF ASSISTANT TREASURER, IF ANY

CITY Hilmar STATE CA ZIP CODE 95324 AREA CODE/PHONE

MAILING ADDRESS

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

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 10/27/2016 By Kelly Lawler SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Type or print in ink.

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

CALIFORNIA FORM 460
2 / 11

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 _____ SUPPORT OPPOSE

H _____ Siskiyou County

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	<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.

Statement covers period from _____ through _____	CALIFORNIA FORM 460
I.D. NUMBER 1391090	3 / 11

SEE INSTRUCTIONS ON REVERSE

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

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 400.00	\$ 1400.00
2. Loans Received	0.00	100.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	\$ 400.00	\$ 1500.00
4. Nonmonetary Contributions	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	\$ 400.00	\$ 1500.00

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

Expenditures Made

6. Payments Made	\$ 50.00	\$ 50.00
7. Loans Made	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	\$ 50.00	\$ 50.00
9. Accrued Expenses (Unpaid Bills)	18245.95	18245.95
10. Nonmonetary Adjustment	0.00	0.00
11. TOTAL EXPENDITURES MADE.....	\$ 18295.95	\$ 18295.95

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 1100.00
13. Cash Receipts	Column A, Line 3 above	400.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
Cash Payments	Column A, Line 8 above	50.00
16. ENDING CASH BALANCE....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1450.00

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).

LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 18345.95

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM **460**

4 / 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for a Strong Siskiyou Economy, No on Measure H

I.D. Number

1391090

Statement covers period

from

through

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: 10/07/2016	Dorian Aiello 205 North Mount Shasta Boulevard Mount Shasta CA 96067 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Aiello Goodrich & Teusch- er	100.00	100.00	
Rcpt Dt: 10/11/2016	Shasta Brown Inc. 511 South Old Stage Road Mount Shasta CA 96067 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
Rcpt Dt: 10/19/2016	Kennedy Rentals 709 Rockfellow Drive Mount Shasta CA 96067 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	

SUBTOTAL \$ 400.00

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 400.00
- 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 \$** 400.00

*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.

SCHEDULE B - PART 1

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from _____
through _____

NAME OF FILER

I.D. NUMBER

Committee for a Strong Siskiyou Economy, No on Measure H

1391090

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
Kelly Lawler 9460 Tegner Road Hilmar CA 95324 ID: <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	\$ 100.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	12/31/2016	0.00 % RATE 0.00	\$ 100.00	\$ 0.00

SUBTOTALS \$ 0.00 \$ 0.00 \$ 100.00 \$ 0.00

Schedule B Summary

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

- Loans received this period. _____ \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period. _____ \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) _____ **Net \$ 0.00**
Enter the net here and on the Summary Page, Column A, Line 2. (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

PTY-Political Party

SCC-Small Contributor Committee

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

Schedule E Payments Made

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460 6 / 11
I.D. NUMBER 1391090	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for a Strong Siskiyou Economy, No on Measure H

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, email)
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NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ID:				

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

SUBTOTAL \$ 0.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 0.00
2. Unitemized payments made this period of under \$100. \$ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 50.00

Schedule F Accrued Expenses (Unpaid Bills)

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

CALIFORNIA FORM 460	Statement covers period from _____ through _____
I.D. NUMBER 1391090	7 / 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for a Strong Siskiyou Economy, No on Measure H

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | |
|--|--|
| <ul style="list-style-type: none"> CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | <ul style="list-style-type: none"> MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads |
| <ul style="list-style-type: none"> RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, email) | |

NAME AND ADDRESS OF PAYEE OR 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
Dragon Graphics 1465 Mangrove Avenue #B Chico CA 95926	CMP	0.00	2878.31	0.00	2878.31
Gold Nugget Printing 317 West Miner Street Yreka CA 96097	LIT	0.00	3816.20	0.00	3816.20
Buffalo Broadcasting 316 Lawrence Lane Yreka CA 96097	RAD	0.00	528.00	0.00	528.00
SUBTOTALS		\$	\$	\$	\$

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

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 \$** 18245.95
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 \$** 0.00
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 \$** 18245.95

May be a negative number.

Schedule F Accrued Expenses (Unpaid Bills)

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
I.D. NUMBER 1391090	8 / 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for a Strong Siskiyou Economy, No on Measure H

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | |
|--|--|
| <ul style="list-style-type: none"> CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | <ul style="list-style-type: none"> MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads |
| <ul style="list-style-type: none"> RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, email) | |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Crystal Geyser Water Company 501 Washington Street Calistoga CA 94515	WEB	0.00	2310.00	0.00	2310.00
Crystal Geyser Water Company 501 Washington Street Calistoga CA 94515	LIT	0.00	228.44	0.00	228.44
Klamath Pub LLC 2701 Foothills Boulevard Klamath Falls OR 97603	PRT	0.00	2385.00	0.00	2385.00
SUBTOTALS \$		\$	\$	\$	\$

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

Schedule F Summary

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

May be a negative number.

Schedule F Accrued Expenses (Unpaid Bills)

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

CALIFORNIA FORM 460	Statement covers period from _____ through _____
I.D. NUMBER 1391090	9 / 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for a Strong Siskiyou Economy, No on Measure H

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | |
|--|--|
| CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings | MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads |
| RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email) | |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Mount Shasta Area Newspapers 924 North Mount Shasta Boulevard	PRT	0.00	1420.00	0.00	1420.00
Mount Shasta CA 96067					
Siskiyou Daily News 309 South Broadway Street	PRT	0.00	4680.00	0.00	4680.00
Yreka CA 96097					

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

SUBTOTALS \$ 0.00 \$ 18245.95 \$ 0.00 \$ 18245.95

Schedule F Summary

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

May be a negative number.

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

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

SCHEDULE G

CALIFORNIA
FORM
460

Statement covers period
from _____
through _____

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SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER
1391090

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Gold Nugget Printing

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

* 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
USPO 401 South Broadway Street Yreka CA 96097	POS	ID:	2189.56
		ID:	
		ID:	
		ID:	
		ID:	

Attach additional information on appropriately labeled continuation sheets. **TOTAL * \$**

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

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

CALIFORNIA
FORM **460**

Statement covers period
from _____
through _____

11 / 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for a Strong Siskiyou Economy, No on Measure H

I.D. NUMBER

1391090

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Crystal Geyser Water Company

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

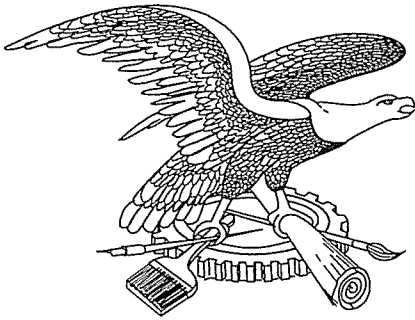
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Silver Rockets 2974 Delta Waters Road Medford OR 97504	WEB			4560.00
ID:				
ID:				
ID:				
ID:				
ID:				

TOTAL* \$

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.



COGS South

CALIFORNIA OUTDOOR GRAPHIC SERVICE SOUTH

3309 S. Main Street, Santa Ana, California 92707 (714) 557-4779 Fax # (714) 557-4579

e-mail: cogssouth@earthlink.net web: www.cogssouth.com

COGS SOUTH INVOICE

8/9/16

Attn: Steve Presson (916)363-3282
The Committee to Elect
DAVID HADLEY
For State Assembly, 66th Dist.

As Requested,
California Outdoor Graphic Service South. . . COGS South, in consultation with the
Campaign, will design, silkscreen and make available to the Campaign . . .

COGS STREET SIGNS, 15" x 44", screened on COGS South's
exclusive stormproof polyboard in 2 colors, assembled as 2-sided signs
on wood frames and/or wire frames and made available for distribution . . .
2000 Faces (1000 2-sided assembled signs) . . . \$ 5,119.20

COGS LAWN BOARDS, 18" x 24", screened on COGS South's
corrugated plastic (Coroplast), in 2 colors, and made available to the
Campaign with wire H frames. . .
1000 Boards (print on 2-sides w/ frames, unassembled) . . . \$ 4,611.60

Delivery to 23215 Hawthorne Blvd., Suite E, Torrance, CA 90505 \$ 75.00
Dylan cell#(541) 380-1651

Received check#1366 (8/10/16) . . . (4,902.90)
BALANCE DUE . . . \$ 4,902.90

To Start Order, please approve art & invoice by fax or e-mail & send 50% deposit,
balance is due upon receipt/release of signs. Taxes included in above figures

Thank You,
Reed Rothrock
COGS South Signs
3309 S. Main St.
Santa Ana, CA 92707
ph#: 714.557.4779
fax: 714.557.4579



3313 S. Main St. #526 Santa Ana, CA 92707
Phone#(323)481-0517

IMPACT PLACEMENTS INVOICE

8/9/16

Attn: Steve Presson (916)363-3282
The Committee to Elect
DAVID HADLEY
For State Assembly, 66th Dist.

IMPACT PLACEMENTS will post prominently and intelligently in major population centers and along principal thoroughfares as directed by the Campaign & will promptly remove after the election. . .

STREET SIGNS (2-sided), 15" x 44" or 22" x 30" , provided by the campaign...

1000 signs posted 9/24/16 – 9/28/16	.	.	\$ 3,175.00
Received check#6601 (9/7/16)	.	.	(1,400.00)
BALANCE DUE	.	.	\$ 1,775.00

NOTE: Torrance is hostile towards signs & the Palos Verdes Peninsula is mostly residential... which will limit what coverage is possible in those areas

Terms are 50% up-front with balance due upon posting first increment of signs .

Thank you,
IMPACT PLACEMENTS
3313 S. Main St. #526
Santa Ana, CA 92707
ph: (323)481-0517

