

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp

**CALIFORNIA
FORM**

460

Statement covers period

from 07/01/2016

through 12/31/2016

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

CITY OF DANA POINT

2017 JAN 31 P 3:28

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For Official Use Only

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
- ☒ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1384493

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Save Public Parking, No on H; Yes on I

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jen Slater

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 01/19/2017
Date

Executed on
Date

Executed on
Date

Executed on
Date

By 
Signature of Treasurer or Assistant Treasurer

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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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 make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ 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?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
2015 TOWN CENTER INITIATIVE

BALLOT NO. OR LETTER

JURISDICTION

H

Dana Point

☐ 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 Candidate/Officeholder 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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary.

Recipient Committee
Campaign Statement
6. Primarily Formed Ballot Measure Committee (Continued)

CALIFORNIA
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NAME OF BALLOT MEASURE

2016 Town Center and Public Parking Improvement

BALLOT NO. OR LETTER

I

JURISDICTION

Dana Point

SUPPORT/OPOSE

Support

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2016</u> through <u>12/31/2016</u> | CALIFORNIA FORM 460 |
| Page <u>4</u> of <u>10</u> | I.D. NUMBER <u>1384493</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Public Parking, No on H; Yes on I

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ <u>0.00</u> | \$ <u>40,844.00</u> |
| 2. Loans Received | Schedule B, Line 3 | <u>0.00</u> | <u>15,000.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ <u>0.00</u> | \$ <u>55,844.00</u> |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | <u>0.00</u> | <u>5,245.43</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ <u>0.00</u> | \$ <u>61,089.43</u> |

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

| | | |
|----------------------------|------------------|-------------|
| | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | | | |
|--|----------------------|---------------------|---------------------|
| 6. Payments Made | Schedule E, Line 4 | \$ <u>4,008.25</u> | \$ <u>55,884.91</u> |
| 7. Loans Made | Schedule H, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ <u>4,008.25</u> | \$ <u>55,884.91</u> |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | <u>-5,600.00</u> | <u>0.00</u> |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | <u>0.00</u> | <u>5,245.43</u> |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ <u>-1,591.75</u> | \$ <u>61,130.34</u> |

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 | \$ <u>3,967.34</u> |
| 13. Cash Receipts | Column A, Line 3 above | <u>0.00</u> |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | <u>3,500.00</u> |
| 15. Cash Payments | Column A, Line 8 above | <u>4,008.25</u> |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>3,459.09</u> |

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

| | | |
|------------------------------------|--------------------|----------------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ <u>0.00</u> |
|------------------------------------|--------------------|----------------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|---------------------|
| 18. Cash Equivalents | See instructions on reverse | \$ <u>0.00</u> |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ <u>15,000.00</u> |

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.

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

| | |
|--|-------------------------------|
| Statement covers period from <u>07/01/2016</u> through <u>12/31/2016</u> | CALIFORNIA FORM 460 |
| Page <u>5</u> of <u>10</u> | I.D. NUMBER <u>1384493</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Public Parking, No on H; Yes on I

| 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 |
|---|---|---|--|--|---|--|--------------------------------------|--|
| Dana Point Taxpayers Association (ID# 1380834) [REDACTED] | | | | <input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u> | \$ <u>5,000.00</u> | <u>0.00</u> % RATE | \$ <u>5,000.00</u> | CALENDAR YEAR \$ <u>15,000.00</u> PER ELECTION** |
| † <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u>5,000.00</u> | \$ <u>0.00</u> | \$ <u>0.00</u> | DATE DUE | \$ <u>0.00</u> | <u>04/29/2016</u> DATE INCURRED | \$ _____ |
| Dana Point Taxpayers Association (ID# 1380834) [REDACTED] | | | | <input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u> | \$ <u>10,000.00</u> | <u>0.00</u> % RATE | \$ <u>10,000.00</u> | CALENDAR YEAR \$ <u>15,000.00</u> PER ELECTION** |
| † <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u>10,000.00</u> | \$ <u>0.00</u> | \$ <u>0.00</u> | DATE DUE | \$ <u>0.00</u> | <u>05/16/2016</u> DATE INCURRED | \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | \$ _____ | DATE DUE | \$ _____ | DATE INCURRED | \$ _____ |
| SUBTOTALS \$ | | | 0.00 \$ | 0.00 \$ | 15,000.00 \$ | 0.00 | | |

Schedule B Summary

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

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of 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)

†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

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

** If required.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|----------------------------|
| Statement covers period from 07/01/2016 through 12/31/2016 | CALIFORNIA FORM 460 |
| Page 6 of 10 | I.D. NUMBER 1384493 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Public Parking, No on H; Yes on I

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, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Campaign Compliance Group [REDACTED] | PRO | | 600.00 |
| Campaign Compliance Group [REDACTED] | PRO | | 510.00 |
| Mike Powers [REDACTED] | LEG | | 1,650.00 |

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

SUBTOTAL \$ 2,760.00

Schedule E Summary

| | |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 4,008.25 |
| 2. Unitemized payments made this period of under \$100 | \$ 0.00 |
| 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 \$ 4,008.25 |

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2016 | |
| through | 12/31/2016 | Page 7 of 10 |
| I.D. NUMBER | | 1384493 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Public Parking, No on H; Yes on I

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, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Law Office of Chad D. Morgan [REDACTED] | LEG | | | 500.00 |
| Law Office of Chad D. Morgan [REDACTED] | LEG | | | 748.25 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 1,248.25

Schedule F

Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 07/01/2016
through 12/31/2016

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1384493

Save Public Parking, No on H; Yes on I

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, e-mail) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Hart & Associates, LLC [REDACTED] | CNS | 5,000.00 | -5,000.00 | 0.00 | 0.00 |
| Campaign Compliance Group [REDACTED] | PRO | 600.00 | 0.00 | 600.00 | 0.00 |
| | | | | | |
| | | | | | |
| SUBTOTALS \$ | | 5,600.00\$ | -5,000.00\$ | 600.00\$ | 0.00 |

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

Schedule F Summary

- 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 \$** -5,000.00
- 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 \$** 600.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -5,600.00
May be a negative number

Schedule G**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**Amounts may be rounded
to whole dollars.

SCHEDULE G

| | |
|--|---|
| Statement covers period from <u>07/01/2016</u> through <u>12/31/2016</u> | CALIFORNIA FORM 460 Page <u>9</u> of <u>10</u> I.D. NUMBER <u>1384493</u> |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Public Parking, No on H; Yes on I

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Mike Powers

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, e-mail) |

* 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 |
|---|---------|------------------------|-------------|
| Law Office of Chad D. Morgan [REDACTED] | LEG | | 1,650.00 |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,650.00

* 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.

Schedule I

Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

| | | | |
|--|--|--|--|
| Statement covers period from <u>07/01/2016</u> through <u>12/31/2016</u> | | SCHEDULE I CALIFORNIA FORM 460 | |
| | | Page <u>10</u> of <u>10</u> | |
| | | I.D. NUMBER 1384493 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Save Public Parking, No on H; Yes on I

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 07/27/2016 | Chad D. Morgan [REDACTED] | Refund | 3,500.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 3,500.00

Schedule I Summary

- Itemized increases to cash this period. \$ 3,500.00
- Unitemized increases to cash of under \$100 this period. \$ 0.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 3,500.00