Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVE	CALIFORNIA 460
	Statement covers period from 07/01/2020	Date of election if applicable: (Month, Day, Year)	SEP 2 1 2020	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>09/19/2020</u>	11/03/2020	Office of the City Clerk	
1. Type of Recipient Committee: All Committees - Con	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	t 🗔	Quarterly Statement Special Odd-Year Report
3. Committee Information 1.D.	NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Citizens for NO on Measure A		Jim L. Theis MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Turlock	STATE CA	ZIP CODE AREA CODE/PHONE 95382
CITY STATE ZIP COL Turlock CA 95382		NAME OF ASSISTANT TREASUR		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COI Turlock CA 95382		CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRI	ESS	
4. Verification				M.J. 1811
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of 0 $\frac{09/21/2020}{\text{Date}}$	g this statement and to the best of my localifornia that the foregoing is true and	knowledge the information contained correct. Signature of Treasurer or Assistant		ned schedules is true and complete. I
Executed on	Dv.	olling Officeholder, Candidate, State Measure Pr		of Sponsor
Executed on	By.	signature of Controlling Officeholder, Candidate, s Signature of Controlling Officeholder, Candidate, s		

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page 2 of 16

5.	Officeholder or Candidate Controlled Commi	ttee	6. Primarily Formed Ballot Measure Committee					
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
				Measure A				
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	T _F] SUPPORT
				Measure A	City of Tu	rlock		OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling offic	eholder, candi	date, or state	measure prop	onent, if any.
				NAME OF OFFICEHOLDER, CA	ANDIDATE, OR F	PROPONENT		
	Related Committees Not Included In this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
	COMMITTEE NAME	I a annuaga						
	COMMITTEE NAME	I.D. NUMBER						
			•	Deimonika Formani Onu	4:4-4-10ee-		***	
,	NAME OF TREASURER	CONTROLLED COMMITTEE?		 Primarily Formed Can officeholder(s) or candidate(s 	aldate/Uπic) for which this	enolaer Co committee is	ommittee Li primarily forme	st names of ed.
		YES NO		MANUEL OF OPERIOR INC.		1		
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	
								SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	
						011100.000	JOHN OKTILLED	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
1	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	YES NO						OPPOSE
		9				<u> </u>		
i	CITY STATE ZIP C	ODE AREA CODE/PHONE		Λ.44	ach continuati	an chaote if -		
				Att	acn continuati	un sneets // //	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page			ntement covers period 7/01/2020	california 460
SEE INSTRUCTIONS ON REVERSE		throug	n 09/19/2020	Page 3 of 16
NAME OF FILER				I.D. NUMBER
Citizens for NO on Measure A				
Contributions Received	Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR	Calendar Year Sun	mary for Candidates

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 2945	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$\frac{0}{2945} 0	\$\frac{2945}{0}\$ \$\frac{2945}{0}\$ \$\frac{2945}{0}\$ \$\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	\$\frac{1754.43}{0}\$ \$\frac{1754.43}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{1754.43}\$	\$\frac{1754.43}{0}\$ \$\frac{1754.43}{0}\$ \$\frac{0}{0}\$ \$\frac{1}{1754.43}\$ \$\frac{0}{1754.43}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	ş <u>0</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.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u>		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A			ts may be rounded whole dollars.	SCHEE					
Monetary Contributions Received		ω		Statement cov from <u>07/01/2020</u>	•	CALIFORNIA 460 FORM			
EE INSTRUCTION	IS ON REVERSE			through <u>09/19/20</u>	20	Page 4 of 16			
AME OF FILER Citizens for NO) on Measure A					I.D. NUI	MBER		
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y	ÆAR	PER ELECTION TO DATE (IF REQUIRED)		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)				
09/10/2020	Jerry Powell Turlock, CA 95382	☑ IND □ COM □ OTH □ PTY □ SCC	Self-employed	500	500					
09/10/2020	Jim L. Theis Turlock, CA 95382	IND GOM OTH PTY	Self-employed Real Estate Broker	500	500					
09/10/2020	Allan Merrill Turlock, CA 95380	☑IND □COM □OTH □PTY □SCC	Farmer W.J. Merrill Co	100	100					
09/10/2020	Dennis Buchanan Turlock, CA 95382	ØIND □COM □OTH □PTY □SCC	Self-employed	100	100					
09/10/2020	Ronald W. Hillberg Turlock, CA 95380	IND COM OTH PTY SCC	Self-employed Attorney	250	250					
	SUPTOTAL \$ 1450									

Sch	edule	AS	Summ	ary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)

2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 2945 *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

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from <u>07/01/2020</u>		F	ORM 40U
NAME OF FILER	NO on Measure A			through <u>09/19/20</u>	20	Page _	5 of 16
Citizens for	NO OII Measure A	···					
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/11/2020	Mike Lynch Turlock, CA 95382	☑IND □COM □OTH □PTY □SCC	Self-employed	100	100		
09-14-2020	Michael Rose Turlock, CA 95382	ØIND □COM □OTH □PTY □SCC	Engineer/Owner B-B Fluids	100	100		
09-14-2020	Charles & Earlaine Crivelli Turlock, CA 95380	ZIND □ COM □ OTH □ PTY □ SCC	Farmer	100	100		
09-15-2020	Lawrence C. Rumbeck Turlock, CA 95380	ZIND COM OTH PTY SCC	Self-employed Real Estate Broker	200	200		
9-13-2020	Dan & Julie Avila Turlock, CA 95382	☑IND □ COM □ OTH □ PTY □ SCC	Self-employed Real Estate Broker	100	100		
			SUBTOTAL	\$ 600			

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

CALIFORNIA ACO

Statement covers period

				from <u>07/01/2020</u>		F	DRM TO	V
NAME OF FILER				through <u>09/19/20</u>	20	Page _		_
Citizens for N	NO on Measure A							
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
09/16/2020	Bruce Porter Turlock, CA 95382	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100	100			
09-17-2020	Carolyn & Danny Mann Turlock, CA 95380	IND COM OTH SCC	Owner Mann Electric	100	100			
09-14-2020	Dr. Robert Santos Turlock, CA 95380	☑IND □ COM □ OTH □ PTY □ SCC	Veterinarian	100	100			
09-12-2020	Ken Bethel Turlock, CA 95382	IND COM OTH PTY SCC	Farmer	100	100			
9-18-2020	Fred Brenda Turlock, CA 95380	☑IND □COM □OTH □PTY □SCC	Owner Valley Tool Manufacturing	100	100			
			SUBTOTAL	\$ 5 00				

*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

Schedule A (Continuation Sheet) Monetary Contributions Received NAME OF FILER Citizens for NO on Measure A		Amounts may to whole o	be rounded dollars.	Statement covers period from 07/01/2020 through 09/19/2020			SCHEDULE A (CONCAPTION OF THE SCHEDU		
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \((JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)		
09/18/2020	Mann Electric Inc Turlock, CA 95380	IND COM OTH PTY SCC IND COM OTH PTY		250	250				
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							

SUBTOTAL \$ 250

*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

Calcadala D. Davida	Am	Amounts may be rounded					SCHEDULE B - PART 1		
Schedule B - Part 1	to whole dollars.			Statement cov	ers period	CALIFORNIA AGO			
Loans Received					from <u>07/01/202</u> 0	<u> </u>	FORM	"^ 40U	
SEE INSTRUCTIONS ON REVERSE					through <u>09/19/2</u>	020	Page 8	of_16	
NAME OF FILER							I.D. NUMBER		
Citizens for NO on Measusre A									

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	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIO	EN BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
				PAID				CALENDAR YEAR	
	•			s	\$	×	s	s	
				FORGIVEN		RATE		PER ELECTION**	
			_					LINEELONION	
[†] □ IND □ COM □ OTH □ PTY □ SCC		*	3	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID				CALENDAR YEAR	
				\$	_ \$	%	s	s	
				☐ FORGIVEN	,	RATE		PER ELECTION**	
				_				PERELECTION	
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	5	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				s	s	ي ا	•		
•				☐ FORGIVEN		RATE	<u> </u>	5	
					`			PER ELECTION**	
TO IND COM OTH PTY SCC		5	s	\$	DATE DUE	\$	DATE INCURRED	s	
trad with a second seco							DATE		
		SUBTOTALS S	\$	\$	\$	\$			
Schedule B Summary						(Enter (e) on Sche	idule E, Line 3)		
1. Loans received this period				c 0					
(Total Column (b) plus unitemized loar	ns of less than \$100.)	•••••••••••	****************						
2. Loans paid or forgiven this period				\$ <u>0</u>			Contributor Code ND – Individual	s	
(Total Column (c) plus loans under \$10						1	COM – Recipient (Committee	
(Include loans paid by a third party tha 3. Net change this period. (Subtract Lin	it are also itemized on Sche	edule A.)		0			(other than	PTY or SCC)	
Enter the net here and on the Summa	ry Page Column A. Line 2		*****************	.NEI \$ _			OTH – Other (e.g., PTY – Political Par		
	. y . ago, oolamiin, Late 2.							ibutor Committee	
		_			(May be a negative number)	_			
*Amounts forgiven or paid by another party also m	nust be reported on Schedule A.	<u> </u>							
** If required.		J					FPPC For	n 460 (Jan/2016))	

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

www.fppc.ca.gov

Schedule B – Part 2		Amounts may be rounded to whole dollars.						SCHEDULE B - PART 2		
Loan Guarantors					Statement covers period from 07/01/2020			NIA 460		
SEE INSTRUCTIONS ON REVERSE				through	09/19/2020		Page 9	of 16		
NAME OF FILER							I.D. NUMBER			
Citizens for NO on Measure A										
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD		JMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE		
	□IND □COM		LENDER	LENDER		CA	LENDAR YEAR			
□ OTH □ PTY □ SCC			DATE			P! (!!	ER ELECTION F REQUIRED)			
	□IND □COM		LENDER			CAI	ENDAR YEAR			
	□OTH □PTY □SCC		DATE			P£	R ELECTION REQUIRED)			
	□IND		LENDER			CAL	ENDAR YEAR			
	□COM □OTH □PTY □scc	□отн □ртү	□отн □ртү		DATE			\$ PE (IF	R ELECTION REQUIRED)	
	□IND		LENDER			CAL	ENDAR YEAR			
	☐ COM ☐ OTH ☐ PTY ☐ SCC		DATE			\$ PE (IF	R ELECTION REQUIRED)			
			SUB	TOTAL	\$ 0	St	Enter on immary Page, Line 17 only.			

Schedule	C		Amounts may be rounded to whole dollars.						SCHED	UI F C
Nonmonetary Contributions Received			Statement covers			07/01/2020	eriod	CALIFO	ORNIA /	
					tron	1		FUI	TCIVI -	
	NS ON REVERSE				thro	ugh <u>09/19/2020</u>		Page	o of 16	
NAME OF FILER					***			I.D. NUMI	BER	
Citizens for NO	O on Measure A									
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTI TO DATE (IF REQUIRE	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$		1.00			
Amount red (Include all Amount red	C Summary ceived this period – itemized nonmonetar Schedule C subtotals.) ceived this period – unitemized nonmone onetary contributions received this period	tary contributi					OTI	other th I – Other (e. I – Political I	nt Committee an PTY or SCC g., business ent	tity)
	1 and 2. Enter here and on the Summar		mn A, Lines 4 and 10.)	TOTA	L\$_)	_			

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar	Statement cover from 07/01/2020	rs period	CALIFORNIA 460		
	IONS ON REVERSE			through <u>09/19/202</u>	0	Page/	1 of 16
NAME OF FILER Citizens for N	R NO on Measure A			·*···	·	I.D. NUMB	ER
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution				:	
	Support Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution		1			
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$			
Schedule	D Summary						The second secon
1. Itemized	contributions and independent expenditures made	e this period. (Include a	all Schedule D subtotals.))		s 0	
	ed contributions and independent expenditures ma						
	tributions and independent expenditures made thi						

Schedule E Payments Made	Amounts may l to whole d			Statement covers period from 07/01/2020	CALIF	SCHEDULE FORNIA 460 PRM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through <u>09/19/2020</u>	Page _	12 of 16
Citizens for NO on Measure A					I.D. NUI	MBER
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FiL candidate filing/ballot fees FND funderaising events IND independent expenditure supporting/opposing others (explain)* legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFIC office expen: PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearances ses lating	r services	Wise, describe the payme RAD radio airtime and produc RFD returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg TSF voter registration WEB information technology	ction costs ries production cost g, and meals jing, and meals ittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT		AMOUNT PAID
All Star Trophies & Sign LLC Turlock, CA 95380		СМР				863.00
CA Secretary of State Sacramento, CA 95814		FIL.				50.00
All Star Trophies & Sign LLC Turlock, CA 95380		СМР				841.43
* Payments that are contributions or independent expenditures must also be	summarized on Sche	edule D.			SUBTOTAL	\$ 1754.43
Schedule E Summary					·	
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	•••••••	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ _	754.43
2. Unitemized payments made this period of under \$100)
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Pai	rt 1, Column (e).)	**********************************	s_()

SC	HE	DI	11	F	F

^					SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement coverage	ers period CA	LIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE			through <u>09/19/20</u>)20 Pa	ge 13 of 16
NAME OF FILER Citizens for NO on Measure A					NUMBER
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	s the payment, you may MBR member communication meetings and appearan office expenses PET petition circulating PHO phone banks POL POS polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime aireturned contribation for campaign work t.v. or cable air TRC candidate travers staff/spouse transfer betwee VOT voter registration.	nd production costs butions cers' salaries time and production co el, lodging, and meals avel, lodging, and meal en committees of the s	ls ame candidate/sponsor
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
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$		}		\$
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized parts.)	accrued expenses under \$	3100.)			
 Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.) 	er the difference here and				0
					May be a negative number PPC Form 460 (Jan/2016))

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through <u>09/19/2020</u>	Page 14 of 16
NAME OF FILER Citizens for NO on Measure A			I.D. NUMBER
NAME OF AGENT OR INDEPENDENT CONTRACTOR			.
	the payment, you may enter the code MBR member communications	 Otherwise, describe the payment RAD radio airtime and production 	
CTB contribution (explain nonmonetary)* CVC civic donations	MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an	luction costs

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
			- - - - -
tach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 0

^{*} 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 H
Schedule H		Amounts may be rounded to whole dollars.			Statement cove	-	CALIFORNIA 460	
Loans Made to Others*					from <u>07/01/2020</u>)	FORM	TUU
SEE INSTRUCTIONS ON REVERSE					through09/19/2	020	Page 15	of 16
NAME OF FILER							I.D. NUMBER	
Citizens for NO on Measure A								
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d) OUTSTANDING	(e)	(f)	(9)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT OF FORGIVENES THIS PERIOD	S BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	×	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
					•			_
				☐ FORGIVEN	-	RATE	•	5
				E PORGIVEI				PER ELECTION**
		·	7	5	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate	or committee must							1
also be summarized on Schedule D. Loans forgive reported on Schedule E.	en must also de	SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					0			
Loans made this period (Total Column (b) plus unitemized loan	e of lose than \$100 \	******************	**************	*************	\$ <u>~</u> _		· г	++15 D
Payments received on loans		******			s 0		_	**If Required
(Total Column (c) plus unitemized payr	nents of less than \$100.)				_		•	
Net change this period. (Subtract Line : (Enter the net here and on the Summa	2 from Line 1.)	**************			NET \$ U			
/mine the her here and on the ontilling	iy raye, Column A, Line 7.))						

(May be a negative number)

Schedule I		Amounts may be rounded	SCHEI			
Miscellaneous In	creases to Cash	to whole dollars.	Statement covers period from 07/01/2020	CALIFORNIA 460		
SEE INSTRUCTIONS ON REV	/ERSE		through 09/19/2020	Page 16 of 16		
NAME OF FILER				I.D. NUMBER		
Citizens for NO on Meas	sure A					
DATE	FULL NAME AND ADDRESS OF SOURCE		DESCRIPTION OF PEOPLET	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	INCREASE TO CASH		
Attach additional infor	mation on appropriately labeled continuation shee	ts.	SUBTOTA	1 €		
Schedule I Summ	ary		001017	- V		
	o cash this period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ <u>0</u>			
	es to cash of under \$100 this period					
	eceived this period on loans made to others. (<u>.</u>		
4. Total miscellaneous Summary Page, Line	increases to cash this period. (Add Lines 1, 2 e 14.)	2, and 3. Enter here and on the	TOTAL \$	FPPC Form 460 (Jan/2016))		