Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

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:
   - [ ] Preselection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

Treasurer(s)

NAME OF TREASURER
Gary Cruwell

MAILING ADDRESS
525 E. Seaside Way, #101-C

CITY
Lake Elsinore
STATE
CA
ZIP CODE
92530
AREA CODE/PHONE
(951) 263-8982

NAME OF ASSISTANT TREASURER, IF ANY
Steve Martin

MAILING ADDRESS
6152 Alderwood Pl.

CITY
Long Beach
STATE
CA
ZIP CODE
90802
AREA CODE/PHONE
(562) 983-0815

3. Committee Information

ID NUMBER
1389210

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Steve Martin for City Council 2016

STREET ADDRESS (NO P.O. BOX)
31500 Grape St., #3-264

CITY
Lake Elsinore
STATE
CA
ZIP CODE
92532
AREA CODE/PHONE
(951) 263-8982

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET ON P.O. BOX
525 E. Seaside Way, #101-C

CITY
Long Beach
STATE
CA
ZIP CODE
90802
AREA CODE/PHONE
(951) 263-8982

OPTIONAL: FAX / E-MAIL ADDRESS
gary@crumelltandassociates.com

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
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on
10/27/2016

By

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

www.netfile.com

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/276-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Steve Martin

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

City Council Member: Lake Elsinore

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

4152 Alderwood Pl.  Lake Elsinore  CA  92530

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER  JURISDICTION  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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
Contributions Received

1. Monetary Contributions ................................................. Schedule A, Line 3 $1,250.00
2. Loans Received .......................................................... Schedule B, Line 3 $0.00
3. SUBTOTAL CASH CONTRIBUTIONS .................................. Add Lines 1 + 2 $2,500.00
4. Nonmonetary Contributions ............................................ Schedule C, Line 3 $1,344.09
5. TOTAL CONTRIBUTIONS RECEIVED ............................... Add Lines 3 + 4 $6,194.09

Expenditures Made

6. Payments Made .......................................................... Schedule E, Line 4 $1,732.75
7. Loans Made ............................................................... Schedule H, Line 3 $0.00
8. SUBTOTAL CASH PAYMENTS ......................................... Add Lines 6 + 7 $2,544.75
9. Accrued Expenses (Unpaid Bills) .................................... Schedule F, Line 3 $391.99
10. Nonmonetary Adjustment .............................................. Schedule C, Line 3 $2,594.09
11. TOTAL EXPENDITURES MADE ......................................... Add Lines 8 + 9 + 10 $3,976.84

Current Cash Statement

12. Beginning Cash Balance .............................................. Previous Summary Page, Line 15 $1,538.00
13. Cash Receipts ............................................................ Column A, Line 3 above $1,250.00
14. Miscellaneous Increases to Cash .................................... Schedule I, Line 4 $0.00
15. Cash Payments ........................................................... Column A, Line 8 above $1,732.75
16. ENDING CASH BALANCE ............................................. Add Lines 12 + 13 + 14, then subtract Line 15 $1,055.25

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

Cash Equivalents and Outstanding Debts

16. Cash Equivalents ....................................................... See instructions on reverse $0.00

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.
Sequence A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 09/25/2016 through 10/22/2016

NAME OF FILER
Steve Martin for City Council 2016

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-Employed, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/8/2016</td>
<td>Randy E. Strozier, III, Inc. 130 N. Lincoln Avenue, Ste 302 Corona, CA 92882</td>
<td>ND</td>
<td></td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
<tr>
<td>10/13/2016</td>
<td>Stephen Miles 19361 Oakie Doakie Lane Prabuco Canyon, CA 92679</td>
<td>ND</td>
<td>Attorney Miles Law Group, P.C.</td>
<td>250.00</td>
<td>250.00</td>
<td></td>
</tr>
<tr>
<td>10/13/2016</td>
<td>The K.W.C Companies, Inc. 1880 Compton Avenue, Ste 100 Corona, CA 92881</td>
<td>ND</td>
<td></td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 1,250.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) $ 1,250.00

2. Amount received this period – unitemized monetary contributions of less than $100 $ 0.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $ 1,250.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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## Schedule B – Part 1

**Loans Received**

Amounts may be rounded to whole dollars.

**NAME OF FILER**

Steve Martin for City Council 2016

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Lender (If Committee, also enter C/O Number)</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amount Received This Period</th>
<th>Amount Paid or Forgiven This Period</th>
<th>Outstanding Balance Close of This Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>Cumulative Contributions to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Martin 4152 Alderwood Place Lake Elsinore, CA 92530 President Instructional Access Inc.</td>
<td>$3,000.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$3,000.00</td>
<td>0.00% Rate</td>
<td>$2,000.00</td>
<td>CALENDAR YEAR $2,000.00 PER ELECTION**</td>
</tr>
<tr>
<td>□ IND □ COM □ OTH □ PTY □ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$□ PAID $ □ FORGIVEN</td>
<td>DATE DUE</td>
<td>$0.00</td>
<td>DATE DUE</td>
<td></td>
<td></td>
<td>DATE INQUIRED</td>
<td></td>
</tr>
<tr>
<td>□ PAID $ □ FORGIVEN</td>
<td>DATE DUE</td>
<td></td>
<td>DATE DUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$□ PAID $ □ FORGIVEN</td>
<td>DATE DUE</td>
<td></td>
<td>DATE DUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS**

$0.00 $0.00 $2,000.00 $0.00

---

### Schedule B Summary

1. Loans received this period .................................................. $0.00
   (Total Column (b) plus unlisted loans of less than $100.)

2. 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.)

3. Net change this period. (Subtract Line 2 from Line 1.) ............... NET $6.00

   Enter the net here and on the Summary Page, Column A, Line 2.

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

**If required.

www.netfile.com
Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/19/2016</td>
<td>Peggy Martin 4152 Alderwood Pl. Lake Elsinore, CA 92530</td>
<td>IND</td>
<td>Forecasting Analyst Kaiser Permanente</td>
<td>Yard signs</td>
<td>944.77</td>
<td>944.77</td>
<td></td>
</tr>
<tr>
<td>10/20/2016</td>
<td>Megan Timm 6152 Alderwood Pl. Lake Elsinore, CA 92530</td>
<td>IND</td>
<td>Barista Starbucks</td>
<td>Yard Signs</td>
<td>399.32</td>
<td>399.32</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $1,344.09

Schedule C Summary
1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals) $1,344.09
2. Amount received this period – unitemized nonmonetary contributions of less than $100 $0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL $1,344.09

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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FPPC Form 460 (Jan2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 09/25/2016 through 10/22/2016

NAME OF FILER
Steve Martin for City Council 2016

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
- FL candidate filing/ballot fees
- FND fundraising events
- IED independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Voter Guide #595-004 1954 W. Carson, Suite B Torrance, CA 90501</td>
<td>LIT</td>
<td></td>
<td>387.00</td>
</tr>
<tr>
<td>California Voter Guide #1340249 1954 W. Carson, Suite B Torrance, CA 90501</td>
<td>LIT</td>
<td></td>
<td>300.00</td>
</tr>
<tr>
<td>Crewitt and Associates 525 E. Seaside Way #101-C Long Beach, CA 90802</td>
<td>PRO</td>
<td></td>
<td>500.00</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 1,187.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 1,726.00
2. Uniformized payments made this period of under $100 ........................................................................................................ $ 16.75
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 $ 1,742.75

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FPCC Form 460 (Jan/2016)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
www.fppc.ca.gov
Schedule E (Continuation Sheet)
Payments Made

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIT</td>
<td>Election Digest #1345303</td>
<td>$529.00</td>
</tr>
<tr>
<td></td>
<td>1954 W. Caron, Suite B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Torrance, CA 90501</td>
<td></td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 529.00

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# Schedule F
## Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

**NAME OF FILER:**
Steve Martin for City Council 2016

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMP</td>
<td>campaign paraphernalia:</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FL</td>
<td>candidate mailing fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTO</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OTC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PROM</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRP</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RDF</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER E. NUMBER):**

<table>
<thead>
<tr>
<th>NAME &amp; ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>AMOUNT INCURRED THIS PERIOD</th>
<th>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>D'Amileau Baulk</td>
<td>P.O. Box rental</td>
<td>207.00</td>
<td>0.00</td>
<td>0.00</td>
<td>207.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peggy Martin</td>
<td>OPC</td>
<td>184.99</td>
<td>0.00</td>
<td>0.00</td>
<td>184.99</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

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

**SUBTOTALS $**

<table>
<thead>
<tr>
<th></th>
<th>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**INCURRED TOTALS $**

|        | 0.00                                        |

**PAID TOTALS $**

|        | 0.00                                        |

**NET $**

|        | 0.00                                        |

---

**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.)

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.)

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

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**Page 2 of 2**

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**FFPC Form 460 (June 2016)**
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