

# Recipient Committee Campaign Statement Cover Page

Date Stamp <b>JUL 31 '18 PM 1:58</b>	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>3</u> <small>For Official Use Only</small>

Statement covers period from <u>1/1/2018</u> through <u>06/30/2018</u>	Date of election if applicable: (Month, Day, Year) _____
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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  
 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

**3. Committee Information**

I.D. NUMBER: 1349598

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Natasha Johnson

STREET ADDRESS (NO P.O. BOX)  
15360 Regatta Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Lake Elsinore</u>	<u>Ca</u>	<u>92530</u>	<u>951-218-1459</u>

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  
Natasha Johnson

MAILING ADDRESS  
15360 Regatta Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Lake Elsinore</u>	<u>ca</u>	<u>92530</u>	<u>951-218-1459</u>

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 07/30/2018  
Date

Executed on 07/30/2018  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officer, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officer, Candidate, State Measure Proponent

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/1/2018</u>		<b>CALIFORNIA FORM 460</b>
through <u>06/30/2018</u>		
Page <u>2</u> of <u>3</u>		I.D. NUMBER <u>1349598</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Natasha Johnson

## Contributions Received

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

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>50.00</u>	\$ <u>50.00</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>0.00</u>	\$ <u>50.00</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>0.00</u>	\$ <u>0.00</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
<u>    </u> / <u>    </u> / <u>    </u>	\$ <u>0.00</u>
<u>    </u> / <u>    </u> / <u>    </u>	\$ <u>0.00</u>

## Current Cash Statement

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>461.84</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	\$ <u>0.00</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	\$ <u>0.00</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$ <u>50.00</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>411.84</u>

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

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0.00</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 D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from <u>1/1/2018</u> through <u>06/30/2018</u>		<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>3</u>		I.D. NUMBER <u>1349598</u>

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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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$</b>						

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ \_\_\_\_\_
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 50.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL.. \$ 50.00**