

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Statement covers period from <u>1-1-16</u> through <u>6-30-16</u>		Date of election if applicable: (Month, Day, Year)	Date Stamp: CITY OF SAN CLARITA 2016 JUL 27 PM 4:03 CITY CLERK'S OFFICE	CALIFORNIA FORM 460

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 5)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

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

Marsha McLean for City Council 2014

I.D. NUMBER
1239785

Treasurer(s)

NAME OF TREASURER

Marsha McLean

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL 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 7-27-16 By -

Executed on 7-27-16 By -

Executed on _____ By _____

Executed on _____ By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Marsha McLean for City Council 2014

Statement covers period
from 1-1-16 through 6-30-16
Page 3 of 6
I.D. NUMBER
1239785

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 250.00	56562.00
2. Loans Received	Schedule B, Line 3 0	18450.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 250.00	75012.00
4. Nonmonetary Contributions	Schedule C, Line 3 0	834.14
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 250.00	75846.14

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 4 182.00	60138.16
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 182.00	60138.16
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 182.00	60138.16

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (# 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 8758.83	\$ _____
13. Cash Receipts	Column A, Line 3 above 250.00	250.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 .85	.85
15. Cash Payments	Column A, Line 8 above 182.00	182.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 8827.82	\$ _____

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse 18450.00	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above 18450.00	\$ _____

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.