

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp
CITY OF SANTA BARBARA
2018 JAN 30 11:36
CITY CLERKS OFFICE

CALIFORNIA FORM 460
Page <u>1</u> of <u>13</u>
For Official Use Only

Statement covers period from <u>12/14/17</u> through <u>12/31/17</u>	Date of election If applicable: (Month, Day, Year) <u>11/8/18</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small> <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small>
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2. Type of Statement:

<input type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input checked="" type="checkbox"/> Amendment (Explain below) <u>Additional funds raised</u>	<input checked="" type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report
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Committee Information I.D. NUMBER 1397785

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Bill Miranda for City Council 2018

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
Cheryl Gray

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

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 <u>1-27-18</u> <small>Date</small>	By _____ <small>Signature of Treasurer or Assistant Treasurer</small>
Executed on <u>1-28-18</u> <small>Date</small>	By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor</small>
Executed on _____ <small>Date</small>	By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small>
Executed on _____ <small>Date</small>	By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small>

**ampaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>12/14/17</u> through <u>12/31/17</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>13</u>
	I.D. NUMBER 1397785

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bill-Miranda for City Council 2018

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>350.00</u>	\$ <u>3,150.00</u>
Loans Received..... <i>Schedule B, Line 3</i>	\$ <u>-0-</u>	\$ <u>-0-</u>
SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>350.00</u>	\$ <u>350.00</u>
Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	\$ <u>-0-</u>	\$ <u>-0-</u>
TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>350.00</u>	\$ <u>350.00</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>500.00</u>	\$ <u>1,048.00</u>
Loans Made..... <i>Schedule H, Line 3</i>	\$ <u>-0-</u>	\$ <u>-0-</u>
SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>500.00</u>	\$ <u>1,048.00</u>
Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$ <u>-0-</u>	\$ <u>-0-</u>
Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$ <u>-0-</u>	\$ <u>-0-</u>
TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>500.00</u>	\$ <u>1,048.00</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>2,800.00</u>
Cash Receipts..... <i>Column A, Line 3 above</i>	\$ <u>350.00</u>
Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	\$ <u>-0-</u>
Cash Payments..... <i>Column A, Line 8 above</i>	\$ <u>500.00</u>
ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>2,650.00</u>

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

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.

LOAN GUARANTEES RECEIVED..... *Schedule B, Part 2* \$ -0-

Cash Equivalents and Outstanding Debts

Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>-0-</u>
Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>-0-</u>