Recipient Committee Campaign Statement	Type or print in	ink. REDaterStamp	REDate Stamp EL CALIFORNIA 460
Cover Page (Government Code Sections 84200-84216.5)		CITY CLERI	2001/02 TOO FORM
SEE INSTRUCTIONS ON REVERSE	from 12 3 (4)	Date of election if applicable: 5 FEB 25 PM 5:	Page of
1. Type of Recipient Committee: All Committee Officeholder, Candidate Controlled Committee Officeholder, Candidate Election Committee Officeholder, Candidate Election Committee	□ Ballot Measure Committee ○ Primarily Formed ○ Controlled ○ Sponsored (Also Complete Part 6) □ Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Semi-annual Statement SI Termination Statement SI	uarterly Statement pecial Odd-Year Report upplemental Preelection tatement - Attach Form 495
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF	Musa City Coment 2010 ST ZIP CODE AREA CODE/PHONE 34 24 92427	NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	CODE AREA CODE/PHONE CA GREAT
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	4
4. Verification I have used all reasonable diligence in preparing and certify under penalty of perjury under the laws of the Executed on Executed on Date Executed on Date		y knowledge the information contained herein and in the attache and correct of Treasurer or Assistant Treasurer idate, State Measure Proponent or Responsible Officer of Spons Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Date		organization of controlling officerioder, candidate, state measure ritoporient	

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Schedule E Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460	
through 12/21/14	Page of	
	I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Chris MEVERY For City Louis 2010 132997+ CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) AMOUNT PAID CVC Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ Schedule E Summary 2. Unitemized payments made this period of under \$100\$

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

FORM

Statement covers period

through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Chir METay for Costa Men City 805 137 997 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date D 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 Candidates 0 22. Cumulative Expenditures Made* SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC