Recipient	Committee
	Statement
Cover Pag	le

Campaign Statement Cover Page		CITY CLERY	FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from Oct. 23, 2016 through Dec. 31, 2016	Date of election if applicable N 30 PN 1: (Month, Day, Year) Nov. 8, 2016 Y CGSTAME	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Soc Complete Part 6) rimarily Formed Candidate/ fficeholder Committee Soc 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
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Jay Humphrey for City Council 2016 STREET ADDRESS (NO P.O. BOX)	NUMBER 383723		TATE ZIP CODE AREA CODE/PHONE
1620 Sandalwood St. CITY STATE ZIP COD Costa Mesa CA 92626 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		Costa Mesa NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	CA 92626 714-751-6552
P.O. Box 1325 CITY STATE ZIP COD Costa Mesa CA 92626 OPTIONAL: FAX / E-MAIL ADDRESS		-	TATE ZIP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Control of the State of Contro	By By Signature of Controlli By Signature of Controlli By	nowledge the information contained herein and in the orrect. Signature of Treasurer or Assistant Treasurer sing Officeholder, Candidate, State Measure Proponent or Responsibnature of Controlling Officeholder, Candidate, State Measure Proponent or Controlling Officeholder, Candidate, State Measure Proponenture of Controlling Officeholder, Candidate, State Measure Proponenture Officeholder,	ole Officer of Sponsor

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE	- PART 2
CALII FO	FORNIA DRM	4	160
Page _	2	of	17

Officeholder or Candida	te Controlled Com	ntrolled Committee 6. Primarily Formed Ballot Measure Committee							
NAME OF OFFICEHOLDER OR CA	NDIDATE				NAME OF BALLOT MEASURE				<u> </u>
OFFICE SOUGHT OR HELD (INCLU	JDE LOCATION AND DISTR	RICT NUMBER	IF APPLICABLE)	<u> </u>	BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRES	S (NO. AND STREET)	CITY	STATE	ZIP	Identify the controlling offic	eholder, cand	lidate, or state	measure pro	ponent, if any.
					NAME OF OFFICEHOLDER, CAN	NDIDATE, OR P	ROPONENT	x	
Related Committees No not included in this statement the contributions or make expendite	hat are controlled by you	or are primar	List any commit rily formed to rece	tees eive	OFFICE SOUGHT OR HELD			DISTRICT NO	IFANY
COMMITTEE NAME	-1- He - 1-1-	I.D. NUME	BER						
NAME OF TREASURER		CONTRO		? 7.	Primarily Formed Cano	didate/Office) for which thi	ceholder Co s committee is p	mmittee L primarily form	ist names of ed.
COMMITTEE ADDRESS S	TREET ADDRESS (NO P.O.				NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP	CODE	AREA CODE/PI	HONE	NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUME	BER		NAME OF OFFICEHOLDER OR O	2 A A I D I D A T !!!	OFFIRE SOLU	OUT OR HELD	- CPPOSE
					NAME OF OFFICEROLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		CONTRO		?	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
COMMITTEE ADDRESS ST	TREET ADDRESS (NO P.O.	BOX)							☐ OPPOSE
CITY	STATE ZIP	CODE	AREA CODE/PI	HONE	Atta	ach continuat	ion sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE			through _	12/31/2010	Page of
NAME OF FILER Jay Humphrey for City Council 2016					I.D. NUMBER 1365979
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column CALENDAR Y TOTAL TO D	'EAR	Running in Both t	mmary for Candidates the State Primary and
1. Monetary Contributions	\$1,315.00 \$3,904.00 \$0.00	\$	908.99 315.00 223.99 0.00 223.99	20. Contributions Received \$ 21. Expenditures	through 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	\$ 0.00 \$ 6,090.60 0.00 0.00	\$25,7	760.96 0.00 760.96 0.00 0.00	Candidates 22. Cumula	t Summary for State tive Expenditures Made* to Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	3,904.00 0.00 6,090.60 \$ 463.03	To calculate Columnadd amounts in Columnadd amounts from Columnamounts from Columnamounts in Columnamounts in Columnamounts in Columnamounts in Columnamounts in Columnamounts period amounts is the first reposition of the corumnament in Columnament in Columnamen	olumn ding umn B Some n A may s that ted from nounts. If ort being dar year,	*Amounts in this section reported in Column B.	may be different from amounts
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	only cany over the from Lines 2, 7, an any).		FPPC Advice: ac	FPPC Form 460 (Jan/2016) Ivice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	A Contributions Received		nts may be rounded whole dollars.		covers period /23/2016	CALIFORNIA 460			
SEE INSTRUCTIO	NS ON REVERSE			through1	2/31/2016	Page_	4 of 17		
NAME OF FILER Jay Humpl	nrey for City Council 2016		-			1.D. NUN 13659			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
10/26/2016	United Union of Roofers, Waterproofers 1660 L Street, Suite 600 Washington DC ID # 850568	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		\$400.00 \$400.		\$400.00 \$400.00		00	
11/2/2016	Katie Arthur	☑IND □COM □OTH □PTY □SCC	Software Sales TIBCO	\$100.00	\$1,750.	00			
11/3/2016	Drive Committee 25 Louisiana Ave. NW Washington DC 20001FEC ID: C00032979	□IND □COM ☑OTH □PTY □SCC		\$400.00	\$400.	00			
11/9/2016	Karen Humphrey	☑ IND □ COM □ OTH □ PTY □ SCC	Retired None	\$1,000.00	\$2,000.	00			
11/27/2016	Ralph Taboada	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	\$150.00	\$200.	00			
			SUBTOTAL \$	\$2,050.00					
Schedule A	Summary				(*Con	tributor Co	des		

1. Amount received this period – itemized monetary contributions. \$2,450.00 (Include all Schedule A subtotals.) \$139.00 2. Amount received this period – unitemized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period.

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

\$2,589.00

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)

Schedule A (Continuation Sheet) Amounts may be rounded SCHEDULE A (CONT.) Monetary Contributions Received to whole dollars. Statement covers period CALIFORNIA 10/23/2016 **FORM** from 12/31/2016 Page _ 5 of 17 through NAME OF FILER ID NUMBER Jay Humphrey for City Council 2016 1365979 IF AN INDIVIDUAL ENTER AMOUNT CUMULATIVE TO DATE DATE PER FLECTION CONTRIBUTOR FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS RECEIVED CODE * CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) Costa Mesa First Псом 12/2/2016 PO Box 2282 \$400.00 \$400.00 **☑** OTH Costa Mesa, CA 92628 FPP ID# 1332564 **□PTY** □scc ☐ IND □ COM Потн PTY SCC □IND Псом Потн PTY □scc □сом

SUBTOTAL \$

\$400.00

OTH
PTY
SCC
IND
COM
OTH
PTY
SCC

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Calcadula D. David	An	nounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1		Statement cov	ers period	CALIFORN	CALIFORNIA 460			
Loans Received					from10/2	3/2016	FORM	** 40U
SEE INSTRUCTIONS ON REVERSE					through 12/	31/2016	Page 6	of 17
NAME OF FILER				L.			I.D. NUMBER	
Jay Humphrey for City Council 2016							1365979	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIONS TO DATE
John V. Humphrey III	Retired			☐ PAID				CALENDAR YEAR
· · ·	None			s0	\$ 6,315.00	_0_%	s 1,315.0	<u>\$ 6,330.00</u>
				FORGIVEN		RATE		PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		s 5,000.00	\$ 1,315.00	\$	6/30/2017 DATE DUE	\$		\$ 6,330.00
				☐ PAID				CALENDAR YEAR
				\$	s	%	\$	s
				FORGIVEN		NAIE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$. \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$;	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line	3)	**************************************
4 1 1 1 1 1 1 1 1	***************************************			\$	\$1,315.00		-,	
(Total Column (b) plus unitemized loan	s of less than \$100.)					_	10 13 10 1	
Loans paid or forgiven this period				œ	•	i i	†Contributor Codes IND – Individual	
(Total Column (c) plus loans under \$10	0 paid or forgiven.)	••••		—	0_		COM - Recipient C	
(Include loans paid by a third party that	t are also itemized on Sche	dule A.)					other than I) OTH – Other (e.g., I	PTY or SCC) ousiness entity)
3. Net change this period. (Subtract Line	2 from Line 1)			NET ¢	¢4.045.00		PTY – Political Part SCC – Small Contri	y
Enter the net here and on the Summar					\$1.315.00 Tay be a negative number)	Ĺ	occ – omaii contr	butor Committee
*Amounts forgiven or paid by another party also me	ust be reported on Schedule A.)					F000 C	n 460 (lan /2016)

** If required.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statement covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				nrough 12/31/2016		7 of 17
NAME OF FILER					I.D. NUMBER	₹
Jay Humphrey for City Council 2016					1365979	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐ IND		LENDER		CALENDAR YEAR	
	□OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$	
	☐ IND		LENDER		CALENDAR YEAR	
☐ OTH ☐ PTY ☐ SCC		DATE		PER ELECTION (IF REQUIRED)		
	□ IND		LENDER		CALENDAR YEAR	
	□отн □рту		DATE		PER ELECTION (IF REQUIRED)	
	□scc	-			\$	
	□ IND □ COM		LENDER		CALENDAR YEAR	
	□ OTH		DATE		PER ELECTION (IF REQUIRED)	
	scc	_			\$	
	'		SUBTO	TAL \$	Enter on Summary Page, Line 17 only.	

Schedule	C		Amounts may be rounded						SCHEDULE
Nonmone	tary Contributions Received		to whole dollars.		\$	statement covers			ORNIA 160
					fron	10/23/20	116	FO	RM TOU
SEE INSTRUCTION	NS ON REVERSE				thro	ugh 12/31/2	016	Page	8 of 17
NAME OF FILER		· · · · · · · · · · · · · · · · · · ·						I.D. NUMI	BER
Jay Humphi	rey for City Council 2016							136597	79
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		□ IND □ COM □ OTH □ PTY □ SCC							
Attach additio	onal information on appropriately labeled	continuation s	sheets.	SUBTO	TAL \$				
I. Amount rec (Include all 2. Amount rec	Summary eived this period – itemized nonmonetar Schedule C subtotals.)	tary contributi					IND - COM OTH	(other th	nt Committee an PTY or SCC) g., business entity)
	onetary contributions received this period 1 and 2. Enter here and on the Summar		on A. Lines 4 and 10.)	TOTA	ı ¢				ontributor Committee

Supportin	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be ro to whole dollar	I	Statement cover from 10/23/2	CALIF	SCHEDULE I ORNIA 460 ORM	
SEE INSTRUCTIO	INS ON REVERSE			through 12/31	/2016 Page _	Page 9 of 17	
NAME OF FILER					I.D. NUN	BER .	
Jay Humph	rey for City Council 2016				13659	79	
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)	
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution					
	☐ Support ☐ Oppose	Nonmonetary Contribution Independent Expenditure					
	— Заррон — Орроse		SUBTOTAL \$				
	D Summary ontributions and independent expenditures mad	e this period. (Include a	all Schedule D subtotals.)		\$		
2. Unitemized	d contributions and independent expenditures m	ade this period of unde	er \$100		\$		
3. Total contr	ibutions and independent expenditures made th	is period. (Add Lines 1	and 2. Do not enter on the	e Summarv Page	.) TOTAL \$ _		

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) Summary of Expenditures to whole dollars. Statement covers period CALIFORNIA Supporting/Opposing Other 10/23/2016 **FORM** from Candidates, Measures and Committees 12/31/2016 Page 10 of 17 through NAME OF FILER LD. NUMBER Jay Humphrey for City Council 2016 1365979 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE CUMULATIVE TO DATE DESCRIPTION PER ELECTION TYPE OF PAYMENT AMOUNT THIS MEASURE NUMBER OR LETTER AND JURISDICTION (IF REQUIRED) CALENDAR YEAR TO DATE PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary Contribution ☐ Nonmonetary Contribution . Independent ☐ Support Expenditure Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution independent ☐ Support Expenditure Oppose Contribution ☐ Nonmonetary Contribution ☐ Independent ☐ Support ☐ Oppose Expenditure ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Oppose ☐ Support SUBTOTAL \$

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Jay Humphrey for City Council 2016	Amounts may be to whole do			Statem from through _	10/23/2016 12/31/2016	Page	1 of 17
CODES: If one of the following codes accurated campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (expected by the campaign literature and mailings)	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s xplain)* POS postage, deli	imunications d appearance ses lating urvey researe very and mes	s	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transi VOT voter	ibe the payment. airtime and production ned contributions aign workers' salaries cable airtime and producte travel, lodging, are spouse travel, lodging, for between committee registration nation technology cost	duction costs and meals and meals and meals	candidate/sponsor
NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D. NUMB		CODE	OR DES	CRIPTION OF PA	AYMENT		AMOUNT PAID
Mr. John Stephens Sub-vender: Al Forno Caffe 1525 Mesa Ver		СМР	My share of Elect	ion Watch n	neeting with all sta	aff	\$100.00
Winning Strategy Campaigns 675 N. Euclid St. #481 Anaheim, CA 92801		Lit	Mailer inc. Postaç	je			\$5,914.36
* Payments that are contributions or independent expenditures	must also be summarized on Sche	dule D.			SI	JBTOTAL \$	\$6,014.36
Schedule E Summary 1. Itemized payments made this period. (Include a	Il Schedule E subtotals.)					\$	6,014.36

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

6,090.60

\$76.24

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 10/23/2016	SCHEDULE E (CON CALIFORNIA 460 FORM
BEE INSTRUCTIONS ON REVERSE		through 12/31/2016	Page 12 of 17
JAME OF FILER Jay Humphrey for City Council 2016			I.D. NUMBER 1365979
CODES: If one of the following codes accurate CMP campaign paraphemalia/misc.	tely describes the payment, you may enter the coo	de. Otherwise, describe the payment. RAD radio airtime and production	

CNS CTB CVC FIL FND IND	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone bands POL polling and s POS postage, deli PRO professional PRT print ads	d appearances ses lating	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)				
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	····	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID			

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Amounts may be round to whole dollars.	ded	110111	ers period 5/2016 51/2016	CALIFORNIA 460 FORM Page 13 of 17		
NAME OF FILER Jay Humphrey for City Council 2016					I.D. NUMBER 1365979		
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and mercon PRO professional services (I PRT print ads	ns nces arch nessenger services	RAD radio airtime an RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra	nd production cos butions kers' salaries time and producti el, lodging, and m avel, lodging, and en committees of on	on costs eals meals the same candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PA THIS PERIC (ALSO REPORT C	D BALANCE AT CLOSE		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	5	\$	\$	\$		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized 2. Total accrued expenses paid this period. (Include all Scheaccrued expenses of \$100 or more, plus total unitemized	accrued expenses under \$ edule F, Column (c) subtot	3100.)als for payments on			·		
3. Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	ter the difference here and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cover from 10/23/	2016 F	SCHEDULE F (CONTINUE FORM 460 Page 14 of 17		
NAME OF FILER Jay Humphrey for City Council 2016				1.D. N 1365	umber 979		
CODES: If one of the following codes accurately described CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services (PRT print ads	earch messenger services legal, accounting)	RAD radio airtime al RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate traw TRS staff/spouse tra	s ime candidate/sponsor			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		

SUBTOTALS \$

\$

\$

\$

Schedule G											COUEDINE
Payments Made by an Agent or Independent Amo			unts may be rounded to whole dollars.			Statement covers period 10/23/2016			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					thro	ugh	12/31/2	2016	Page	15	of17
NAME OF FILER Jay Humphrey for City Council 2016									I.D. NUMB		
NAME OF AGENT OR INDEPENDENT CONTRACTOR			···	· · · · · · · · · · · · · · · · · · ·			-		136597	9	
NAME OF AGENT ON INDEFENDENT CONTRACTOR											
CODES: If one of the following codes accurately describes	s the payment	vou may	enter th	ne code Ott	onvico	dosori	oo tho r	oumont.	····	···	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	MBR member or meetings a OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de PRO professione PRT print ads	mmunication appeara nses culating ss survey res elivery and al services	ons Inces earch messenge	r services	RAD RFD SAL TEL TRC TRS TSF VOT	radio air returned campaig t.v. or ca candidat staff/spo transfer voter req	time and p contribution workers ble airtime e travel, le use trave between opistration	production of ons salaries and production odging, and lodging, a committees	uction costs		ite/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DE	SCRIPTION	OF PAYN	MENT		·	АМС	DUNT PAID
-											

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.			Statement cov	rers period 3/2016	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2016	Page 16	of17
NAME OF FILER		· · · · · · · · · · · · · · · · · · ·					I.D. NUMBER	
Jay Humphrey for City Council 2016							1365979	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$. \$	% RATE	\$	\$
				FORGIVEN				PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID		-		CALENDAR YEAR
				\$	\$	RATE	\$	\$PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must n must also be	SUBTOTALS	\$	\$	\$	\$		
		-				(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
	s of less than \$100.)		······································		\$	-	- [**If Required
Payments received on loans (Total Column (c) plus unitemized payn					\$		_ _	
3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summa	? from Line 1.)ry Page, Column A, Line 7.)	······)				0.00 y be a negative number;		

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded		SCHEDULE I			
		to whole dollars.	Statement covers period	CALIFORNIA /60			
			from10/23/2016	FORM TOO			
SEE INSTRUCTIONS ON REVE	RSF		through 12/31/2016	Page 17 of 17			
NAME OF FILER				I.D. NUMBER			
Jay Humphrey for City	Council 2016		1365979				
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH			
Attach additional inforr	mation on appropriately labeled continuation sheets.		SUBTOTA	L\$			
Schedule I Summa	ary						
1. Itemized increases to	cash this period		\$				
2. Unitemized increases	s to cash of under \$100 this period	······	\$	_			
3. Total of all interest re	ceived this period on loans made to others. (S	chedule H, Column (e).)	\$				
	ncreases to cash this period. (Add Lines 1, 2, at 14.)		TOTAL \$ 0.0	0			