Date Stamp CALIFORNIA **Campaign Statement FORM** Cover Page CIFRK Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 10/23/16 11/08/2016 12/31/16 SEE INSTRUCTIONS ON REVERSE through. 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statements Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report ○ Recall O Controlled Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 81-3707547 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER John H. Hill COSTA MESA REPUBLICANS FOR MAKING AMERICA GREAT MAILING ADDRESS **AGAIN** 2861 Chios Rd. STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 3080 Tyler Way Costa Mesa CA 92626 (714) 557 4122 CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Costa Mesa CA 92626 (714) 612-6864 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Tom Pollitt <tpollitt2010@gmail.com> john@ltwc1.com 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. Signature of Treasurer or Assistant Treasurer Executed on __ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee

COVER PAGE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars

Column A

TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)

16.16

-450.00

-433.84

-433..84

0.00

SUMMARY PAGE Statement covers period CALIFORNIA 10/23/16 **FORM** from Page 2 12/31/16 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

Contributions Received

NAME OF FILER

COSTS MESA REPUBLICANS FOR MAKING AMERICA GREAT AGAIN

SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____

Nonmonetary Contributions. Schedule C. Line 3

Calendar Year Summary for Candidates Running in Both the State Primary and **General Elections**

1388322

1/1 through 6/30 7/1 to Date 20 Contributions

Received 21. Expenditures Made

Expenditures Made 26.00

0.00 0.00 26.00 466.16 0.00 0.00

0.00 0.00 10. Nonmonetary Adjustment Schedule C. Line 3 26.00 466.16 **Expenditure Limit Summary for State Candidates**

> 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/vv)

Total to Date

Current Cash Statement

459.84 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ -433.84 0.00

26.00

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

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

Cash Equivalents and Outstanding Debts

0.00 0.00

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).

Column B

CALENDAR YEAR

TOTAL TO DATE

916 16

-450.00

466.16

466.16

466.16

0.00

*Amounts in this section may be different from amounts reported in Column B.

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

www.fppc.ca.gov

Schedule	• A		nts may be rounded				SCI	HEDULE .
Monetary	Contributions Received	to	whole dollars.	Statement covers period 10/23/16		CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE		through1		Page_	3 of	5	
NAME OF FILER						I.D. NUV		
COSTS MI	ESA REPUBLICANS FOR MAKING AMERICA GREA	AT AGAIN				138832	22	
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 ELEC TO DAT (IF REQUI	TE
12/19/16	John H. Hill	☑IND □COM □OTH □PTY □SCC	RETIRED	16.16				· 10 ·
		□IND □COM □OTH □PTY □SCC					.,,	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC		PACTERS				
			SUBTOTAL \$			**************************************		50 (6-1) \$2 vv-4
	A Summary					tributor Co		
(Include all	ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	0			nt Committee	
2. Amount received this period – unitemized monetary contributions of less than \$100\$					(other than PTY or SCC) OTH ~ Other (e.g., business entity) PTY – Political Party			
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	umn A, Line 1,	.) TOTAL \$	16.16			ontributor Cor	mmittee

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www.fppc.ca.gov

0-1-11-5-5-44	Amounts may be rounded to whole dollars.				SCHEDULE B - PART					
Schedule B – Part 1					Statement cov	ers period	CALIFORNIA 460			
Loans Received					from10/	23/16				
SEE INSTRUCTIONS ON REVERSE					through12	2/31/16	Page 4	of5		
NAME OF FILER							I.D. NUMBER			
COSTA MESA REPUBLICANS FOR MA	KING AMERICA GREAT A	GAIN					1388322			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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 PA OR FORGIV THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE		
John H. Hill	RETIRED			Z PAID				CALENDAR YEAR		
				ş 433.8	4 s 0.00	0_%	s 450.00	\$ <u>216.16</u>		
				☑ FORGIVEN		RATE		PER ELECTION ²		
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$450	\$0.00	s16.1	6 12/31/16 DATE DUE	\$ 0.00	9/16/16 DATE INCURRED	\$		
				☐ PAID		- Andread - Andr		CALENDAR YEAR		
				\$	\$	RATE	\$	\$		
		***************************************		FORGIVEN	·	RAIE		PER ELECTION		
TO IND COM OTH PTY SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	\$		
				☐ PAID	Broker and a second			CALENDAR YEAR		
				\$	_ \$	%	\$	\$		
				FORGIVEN		KAIE		PER ELECTION		
TO IND COM OTH PTY SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
		SUBTOTALS \$	0.00	\$ 450.0	0 \$ 0.00	\$ 0.00	\$ 5			
Schedule B Summary					(Enter (e) on Schedule E, Line 3)	to see a company of the form	<u> </u>			
1. Loans received this period	4		\$	0.00						
(Total Column (b) plus unitemized loar	ns of less than \$100.)			·			Contributor Codes			
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that)	*	\$ 450.00 IND COL			D – Individual DM – Recipient Committee (other than PTY or SCC) FH – Other (e.g., business entity)					
3. Net change this period. (Subtract Line 2 from Line 1.)					-450.00		ΓY – Political Part CC – Small Contri			
Enter the net here and on the Summar				. ι•=: Ψ <u> </u>	(May be a negative number)					

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

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Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may to whole d		Statem from through _	ent covers period 10/23/16 12/31/16	CALIFORNIA 460 FORM Page 5 of 5		
COSTA MESA REPUBLICANS FOR MAKING AMERIC		1.D. NUM 138832					
CODES: If one of the following codes accurately described 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 con MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	amunications d appearances ses alating s	ger services	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf VOT voter	be the payment. airtime and production ed contributions aign workers' salaries cable airtime and product date travel, lodging, and pouse travel, lodging, a er between committees registration aation technology costs	uction costs d meals and meals s of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DE	SCRIPTION OF PA	YMENT	, , , , , , , , , , , , , , , , , , , ,	AMOUNT PAID
Wells Fargo Bank 2970 Harbor Blvd. Costa Mesa, CA 92626		,	Account Fees				26.00
* Payments that are contributions or independent expenditures must also	be summarized on Sche	edule D.			SUI	BTOTAL \$	<u>.</u>
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedu	ıle E subtotals.)		************************			\$	26.00
2. Unitemized payments made this period of under \$100		***************************************	***************************************	***************************************		\$	0.00
3. Total interest paid this period on loans. (Enter amount from	om Schedule B, Par	t 1, Column (e	e).)	***************************************	***************************************	\$	0.00

26.00