

Recipient Committee Campaign Statement Cover Page

COVER PAGE

| | |
|---|---|
| Date Stamp CITY OF MERCED OCT 28 15:41:08 | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>10</u> For Official Use Only |

| | |
|--|--|
| Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u> | Date of election if applicable: (Month, Day, Year) <u>11/8/2016</u> |
|--|--|

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"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</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 Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report |
|--|--|

3. Committee Information

I.D. NUMBER
1388390

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

Jill McLeod for Merced City Council 2016

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

Lori Ward

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

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 10-25-16
Date

Executed on 10-26-16
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer, Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jill McLeod

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Merced City Council District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED ADDRESS]

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|---------------------------------------|
| Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>10</u> |
| I.D. NUMBER 1388390 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jill McLeod for Merced City Council 2016

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ <u>3999</u> | \$ <u>8927</u> |
| 2. Loans Received..... Schedule B, Line 3 | <u>0</u> | <u>2500</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ <u>3999</u> | \$ <u>11427</u> |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | <u>0</u> | <u>165</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>3999</u> | \$ <u>11592</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 | Column B |
|--|----------------|----------------|
| 6. Payments Made..... Schedule E, Line 4 | \$ <u>4403</u> | \$ <u>5671</u> |
| 7. Loans Made..... Schedule H, Line 3 | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u>4403</u> | \$ <u>5671</u> |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | <u>0</u> | <u>500</u> |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | <u>0</u> | <u>165</u> |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ <u>4403</u> | \$ <u>6336</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

| | |
|--|----------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ <u>6160</u> |
| 13. Cash Receipts..... Column A, Line 3 above | <u>3999</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | <u>0</u> |
| 15. Cash Payments..... Column A, Line 8 above | <u>4403</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>5756</u> |

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.

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

| | |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ <u>0</u> |
|--|-------------|

Cash Equivalents and Outstanding Debts

| | |
|--|----------------|
| 18. Cash Equivalents..... See instructions on reverse | \$ <u>0</u> |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u>3000</u> |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|---|--|----------------------------|
| Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u> | | CALIFORNIA FORM 460 |
| | | |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|-------------------------------|
| NAME OF FILER Jill McLeod for Merced City Council 2016 | I.D. NUMBER 1388390 |
|--|-------------------------------|

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/26/16 | Robert Quall [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 | 100 | |
| 9/26/16 | Mary Rojas [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 | 100 | |
| 9/26/16 | Deborah Harding [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant Deborah Harding | 100 | 100 | |
| 9/28/16 | Kristina Steward [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant Phillips Land Law Inc | 300 | 300 | |
| 9/28/16 | Kathryn Hansen [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 350 | 350 | |

| | | | | | | |
|--------------------|--|--|--|-----|--|--|
| SUBTOTAL \$ | | | | 950 | | |
|--------------------|--|--|--|-----|--|--|

Schedule A Summary

| | | |
|--|-----------------|------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ | 3850 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ | 149 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | TOTAL \$ | 3999 |

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 9/25/2016 | |
| through | 10/22/2016 | Page 5 of 10 |

| | |
|---|------------------------|
| NAME OF FILER Jill McLeod for Merced City Council 2016 | I.D. NUMBER 1388390 |
|---|------------------------|

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/29/16 | Merced City Fire Fighters PAC [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2000 | 2000 | |
| 10/14/16 | Shelly Miller [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 | 100 | |
| 10/14/16 | Grey Roberts [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CPA Grey Roberts & Assocs | 200 | 200 | |
| 10/14/16 | Carol Greenberg [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Cold Stone Creamery | 100 | 100 | |
| 10/14/16 | IBEW Local #684 PAC [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 | 500 | |
| SUBTOTAL \$ | | | | 2900 | | |

*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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 9/25/2016 | |
| through | 10/22/2016 | Page <u>6</u> of <u>10</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jill McLeod for Merced City Council 2016

I.D. NUMBER

1388390

| 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 PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|--|------------------------------------|--|--|----------------------------------|---------------------------------|---|
| Jill McLeod [REDACTED] | Physician's Assistant & Nurse Practitioner Pilkington Medical Ossowski Medical | \$ 2500 | \$ 0 | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ 2500 DATE DUE _____ | 0 % RATE \$ _____ | \$ 2500 DATE INCURRED _____ | CALENDAR YEAR _____ PER ELECTION** \$ _____ |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR _____ PER ELECTION** \$ _____ |
| SUBTOTALS \$ | | 0 \$ | 0 \$ | 0 \$ | 2500 \$ | 0 | | |

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

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

** If required.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 9/25/2016 | |
| through | 10/22/2016 | Page <u>7</u> of <u>10</u> |
| NAME OF FILER | | I.D. NUMBER |
| Jill McLeod for Merced City Council 2016 | | 1388390 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|---|---------|------------------------|-------------|
| Cindy Morse [REDACTED] | | PRT - 417 FND - 100 | 517 |
| John Miller Photography [REDACTED] | PRO | | 100 |
| BrightDart Print & Design [REDACTED] | LIT | | 937 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1554

Schedule E Summary

| | | |
|--|-----------------|-------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 4300 |
| 2. Unitemized payments made this period of under \$100 | \$ | 103 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 4403 |

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|---|----------------------------|
| Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u> | CALIFORNIA FORM 460 |
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| I.D. NUMBER 1388390 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jill McLeod for Merced City Council 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|---|---------|------------------------|-------------|
| Paula Auld Desktop Publishing & Design [REDACTED] | LIT | | 565 |
| Merced County Times [REDACTED] | PRT | | 395 |
| John Bultena [REDACTED] | WEB | | 250 |
| MTA Brown Mail Masters Plus [REDACTED] | LIT | | 541 |
| Leslie Stokes [REDACTED] | CMP | | 760 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2511

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|---|----------------------------|
| Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u> | CALIFORNIA FORM 460 |
| | Page <u>9</u> of <u>10</u> |
| I.D. NUMBER 1388390 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jill McLeod for Merced City Council 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|--|---------|------------------------|-------------|
| Image Masters  | CMP | | 235 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 235

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

| | |
|---|-------------------------------|
| Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u> | CALIFORNIA FORM 460 |
| Page <u>10</u> of <u>10</u> | I.D. NUMBER 1388390 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jill McLeod for Merced City Council 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| 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 PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|------------------------------------|---|--|
| Jill McLeod [REDACTED] | FIL | 500 | 0 | 0 | 500 |
| | | | | | |
| | | | | | |
| SUBTOTALS \$ | | 500 \$ | 0 \$ | 0 \$ | 500 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS \$** 0
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0
May be a negative number