Recipient Committee Campaign Statement Cover Page

Date Stamp

CALIFORNIA FORM **460**

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/18
through 9/22/18

Date of election if applicable: (Month, Day, Year)
11/6/2018

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

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1368170

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Arroyo for City Council 2018

STREET ADDRESS (NO P.O. BOX): 2127 C St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95501	707/572-5751

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: PO Box 6243

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95502	

OPTIONAL: FAX / E-MAIL ADDRESS: votearroyo2018@gmail.com

Treasurer(s)

NAME OF TREASURER: James Kloor

MAILING ADDRESS: 2215 A St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95501	707/633-3955

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: james.kloor@gmail.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.

Executed on 9/24/18 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 9/26/18 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Natalie Arroyo

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

Eureka City Council - Ward 3

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

2127 C St Eureka, CA 95501

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? ☐ YES ☐ 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? ☐ YES ☐ 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	☐ SUPPORT ☐ 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7/1/18 through 9/22/18

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: James Kloor

I.D. NUMBER: 1368170

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 7882	$ 10143
2. Loans Received	*Schedule B, Line 3*	0	100
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 7882	$ 10252
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 7882	$ 10252

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 4943.11	$ 5630.94
7. Loans Made	*Schedule H, Line 3*	0	200
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 4943.11	$ 5830.94
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 4943.11	$ 5830.94

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 1482.17
13. Cash Receipts	*Column A, Line 3 above*	7882
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	4943.11
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 4421.06

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 100

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).

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	$	$

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
/ /	$
/ /	$

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 7/1/18
through 9/22/18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: James Kloor

I.D. NUMBER: 1368170

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)
08/26/18	Alexandra Stillman PO Box 1194 Arcata, CA 95518	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Alex Stillman Rentals	100		
09/14/18	Andrea Webb & George Ellinwood 1426 8th St Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
09/18/18	Bonnie Neely 3979 Glenwood Court Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Coastal Consultant Mossman Law Firm	300		
08/26/18	Building & Construction Trades Council of Humboldt-Del Norte Counties P.A.C 902325	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500		
09/14/18	Carlos Ramirez-Quintero PO Box 6042 Santa Maria, CA 93454	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Employment Program Representative EDD	250		
			SUBTOTAL $	1250		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 6450
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1432
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 7882

*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
from 7/1/18
through 9/22/18

CALIFORNIA FORM 460

NAME OF FILER: James Kloor

I.D. NUMBER: 1368170

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)
08/21/18	Central Labor Council of Humboldt-Del Norte Cuunties AFL-CIO Eureka, CA 95501	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500		
09/18/18	Cody Johns 1920 William St Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Autism Learning Partners Senior Clinical Supervisor	200		
7/25/18	Dale Preston 1335 H St Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Statistician / Epidemiologist Hirosoft International	250		
09/04/18	David Mulhern 3524 Edgewood Rd Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250		
09/18/18	Douglas Coleman & Albert Hailstone 2015 D St Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
			SUBTOTAL $	1300		

*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
from 07/01/18
through 09/22/18

CALIFORNIA FORM 460

NAME OF FILER: James Kloor

I.D. NUMBER: 1368170

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)
07/06/18	Eugene Perricelli 2259 16th Street Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250		
09/18/18	Fred Fletcher 417 2nd St Ste 204 Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer Fletcher Law Offices	500		
09/18/18	Huffman for Congress 5940 College Ave, Suite F Oakland, CA 94618	☐ IND ☐ COM ☐ OTH ☑ PTY ☐ SCC		500		
08/13/18	John E Freeman PO Box 536 Eureka, CA 95502	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed Freeman Architects	200		
9/14/18	Jon Yalcinkaya 725 O Street Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Humboldt County DHHS Eligibility Worker	100		
			SUBTOTAL $	1550		

*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
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM 460

NAME OF FILER: James Kloor

I.D. NUMBER: 1368170

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)
7/25/18	Ken Miller 1658 Ocean Drive McKinleyville, CA 95519	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
08/31/18	Lawrence Notheis 5 Pebble River Cir. SACRAMENTO, CA 95831	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	State of California Civil Service	100		
08/09/18	Michelle Lee 1936 C St Eureka, CA 95501-2916	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
08/31/18	Nancy Arroyo 74 S. Magnolia Pond Place The Woodlands, TX 77381	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
09/21/18	National Union of Healthcare Workers 1787 Tribute Rd, Suite K Sacramento, CA 95815	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	1318200	500		
			SUBTOTAL $	900		

*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
from 07/0/18
through 09/22/18

CALIFORNIA FORM 460

NAME OF FILER: James Kloor

I.D. NUMBER: 1368170

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)
07/10/18	Michael Evenson PO Box 157 Petrolia, CA 95558	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed OldGrowthTimbers.com	100		
09/18/18	Ronald & Melanie Kuhnel 1604 G St Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250		
09/06/18	Tibora Girczyc-Blum 1650 12th street Arcata, CA 95521	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed	100		
09/04/18	United Food & Commercial Workers 240 S Market St San Jose, CA 95113	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	1294035	500		
09/13/18	William Pierson 950 Freshwater road EUREKA, CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Pierson Building Center Business owner	500		
			SUBTOTAL $	1450		

*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 from 7/1/18 through 9/22/18

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: James Kloor

I.D. NUMBER: 1368170

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
James Kloor 2215 A St Eureka, CA 95501 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accounting / IT Coordinator Humboldt Area Foundation	$ 100	$	☐ PAID $ ☐ FORGIVEN $	$ 100 12/31/18 DATE DUE	0 % RATE $ 0	$ 100 4/16/18 DATE INCURRED	CALENDAR YEAR $ 100 PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	$	$	$ 100	$ (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0
   (Total Column (b) plus unitemized loans of less than $100.)
2. 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.)
3. 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
from 7/1/18
through 9/22/18

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: James Kloor

I.D. NUMBER: 1368170

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
City of Eureka 531 "K" Street - Room 208 Eureka, CA 95501-1146	FIL	Filing Fee - Ballot Statement	960
James Kloor 2215 A St Eureka, CA 95501	PRO	Campaign Accounting Fees	277.50
Jasmine Spaargaren 3438 Albee St Eureka, CA 95503	CNS	Campaign Coordinator Fees	186.96

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

SUBTOTAL $ 1424.46

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 4140.04
2. Unitemized payments made this period of under $100 ..... $ 803.07
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 $** 4943.11

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/18 through 9/22/18

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: James Kloor

I.D. NUMBER: 1368170

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
Jasmine Spaargaren 3438 Albee St Eureka, CA 95503	CNS	Campaign Coordinator Fees	193
Lost Coast Communications, Inc. 1400 Main St #104 Ferndale, CA 95536	RAD	Radio Advertising Fees	741.12
Advanced Display & Signs 726 2nd St Eureka, CA 95501	CMP	Campaign Signs	320.54
Advanced Display & Signs 726 2nd St Eureka, CA 95501	CMP	Campaign Signs	473.81
Times Printing Company 106 T St Eureka, CA 95501	LIT	Campaign Pamphlets & Door Hangers	758.44

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

SUBTOTAL $ 2486.91

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 07/0/18 through 09/22/18

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: James Kloor

I.D. NUMBER: 1368170

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
Dr. Don's Buttons, Badges & More 3906 W. Morrow Drive Glendale, Arizona 85308	CMP	Vinyl Hard Hat Stickers	110.85
Target 2525 4th St Eureka, CA 95501	CMP	Misc. Campaign Supplies	117.82

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

SUBTOTAL $ 228.67