Recipien Jmmittee Campaign Statement

Campaign Statement Cover Page			Date Stamp	W LS F	FORNIA 460
-	Statement covers period from 7/1/2021	Date of election if applicable: (Month, Day, Year)	v love	022 Page.	1 of XI4
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2021</u>	11/8/2022	Calc 8	Sw C	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain belo		Quarterly Stat Special Odd-\	ement ⁄ear Report
Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Page 3. Line 1. Column B other numbers are correct		ped with an ex	ttra digit (all
	.D, NUMBER 1441263	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Re-Elect Jill Gayaldo Rocklin City Council 2022		Melissa Gee			
		1017 Matthews Run Way			
STREET ADDRESS (NO P.O. BOX)	77 Min/Y 2007 (1971 1971 1971 1971 1971 1971 1971 19	CITY	STATE	ZIP CODE	AREA CODE/PHONE
3810 Diamond Court		Roseville	CA	95747	916.205.6433
CITY STATE ZIP C		NAME OF ASSISTANT TREASURER	R, IF ANY		
Rocklin CA 956 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS			
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	7ID CODE	AREA CODE/PHONE
CITY STATE ZIPC	ODE AREA CODE/PRONE	CITY	SIAIE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	S		
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of the Sta	By By Signature of Courts By	Signature of Ceasurer or Assistant Tra- olling Officeholder, Candidate, State Measure Propo- signature of Controlling Officeholder, Candidate, State	onent or Responsible Officer te Measure Proponent		true and complete. I
Date	- S	ignature of Controlling Officeholder, Candidate, Stat	te Measure Proponent	EDI	PC Form 460 (lan/2016))

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

Date Stamp

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2021 CALIFORNIA 460

through 12/31/2021 Page 3 of 214

I.D. NUMBER

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1441263 Re-Elect Jill Gayaldo Rocklin City Council 2022 **Calendar Year Summary for Candidates** Column B Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 46.384.00 46,384.00 1/1 through 6/30 7/1 to Date 0 0 Loans Received...... Schedule B. Line 3 20. Contributions 46.384.00 46,384.00 Received 7,425.50 7,425.50 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 53,809.50 Made 53,809.50 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 1,504.78 1,504.78 6. Payments Made..... Schedule E, Line 4 **Candidates** 0 0 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 1,504.78 1,504.78 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 Date of Election Total to Date 7.425.50 7.425.50 (mm/dd/vv) 8,930.28 8,930.28 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 46.384.00 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 71.05 amounts from Column B reported in Column B. of your last report. Some 1.504.78 15. Cash Payments Column A, Line 8 above amounts in Column A may 44,950.27 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ 0 only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** anv). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

				OVER PAGE
Recipient nmittee Campaign _atement Cover Page			B B U W B C	orm 460
	Statement covers period from 7/1/2021	Date of election if applicable: (Month, Day, Year) 11/8/2022	Page	of _14 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2021</u>			
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	Quarterly Stat Special Odd-Y	lement Year Report
	D. NUMBER 441263	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Re-Elect Jill Gayaldo Rocklin City Council 2022		NAME OF TREASURER Melissa Gee MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF AN	Y	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	(MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on Page 1			and in the attached schedules is	s true and complete. I
Executed on 1-31-2 2	By Signature of Contra	offing Officeholder, Candidate, State Measure Proponent or R	Responsible Officer of Sponsor	
Executed on	ByS	ignature of Controlling Officeholder, Candidate, State Measu	ure Proponent	
Executed on	By	ignature of Controlling Officeholder, Candidate, State Measu	ure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2



. Officeholder or Candidate Controlled Committee			. Primarily Formed Ballo	t Measure C	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		_	NAME OF BALLOT MEASURE			
Jill Gayaldo						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION)	ON AND DISTRICT NUMBER IF APPLICABLE)	_	BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
Rocklin City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY STATE ZIP	_ 	Identify the controlling office	eholder, candid	date, or state measure pro	ponent, if any.
		=	NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
	in this Statement: List any committees olled by you or are primarily formed to receive If of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER	-	. Primarily Formed Cand	didata/Office	pholder Committee	
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO	_	officeholder(s) or candidate(s)) for which this	committee is primarily form	ed.
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)	_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
	ATE ZIP CODE AREA CODE/PHON	NE ==	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)					
CITY ST	ATE ZIP CODE AREA CODE/PHON	NE	Atta	ach continuatio	on sheets if necessary	

Campaign __sclosure Statement **Summary Page**

Amounts may L to whole dollars. ded

JARY PAGE Statement covers period CALIFORNIA FORM from $\frac{7/1/2021}{}$ Page _3_ I.D. NUMBER

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER Re-Elect Jill Gayaldo Rocklin City Council 2022 1441263

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	0	\$\frac{446,384.00}{0}\$ \$\frac{46,384.00}{7,425.50}\$ \$\frac{53,809.50}{1}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$\ \ \begin{array}{c cccc} 1,504.78 & \\ 0 & \\ 1,504.78 & \\ 0 & \\ 7,425.50 & \\ \$8,930.28 & \end{array}	\$\frac{1,504.78}{0}\$ \$\frac{1,504.78}{0}\$ \frac{0}{7,425.50}\$ \$\frac{8,930.28}{0}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	46,384.00 71.05 1,504.78 44,950.27	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.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0		FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule **Monetary Contributions Received**

Amounts n to whow

ounded lars.

CHEDULE A

CALIFORNIA	460
FORM	700

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Jill Gayaldo Rocklin City Council 2022

Statement covers period from _7/1/2021 through <u>12/31/2021</u> Page 4 , of $_{-}^{14}$ I.D. NUMBER 1441263

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
10/28/2021	Engeo	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		180.00	180.00	180.00
10/28/2021	Sarah Rath	☑IND □COM □OTH □PTY □SCC	Communications Specialist, PUHSD	190.00	190.00	190.00
10/28/2021	Jeffrey Tooker	☑ IND □ COM □ OTH □ PTY □ SCC	Deputy Superintendent, PUHSD	200.00	200.00	200.00
10/28/2021	Paul Ruhkala	☑IND □COM □OTH □PTY □SCC	President, Ruhkala Granite and Marble Co Inc	200.00	200.00	200.00
10/28/2021	Pacific Erectors Inc	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		500.00	500.00	500.00

Schedule A Summary

- 1. Amount received this period itemized monetary contributions. 41,250.00 (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized monetary contributions of less than \$100 $\frac{5,134.00}{100}$
- 3. Total monetary contributions received this period.

*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 may be ruised to whole dollars.

SOI.	EA (CONT.)
CALIFORNIA FORM	460

Statement covers period from 7/1/2021	california 460
through 12/31/2021	Page of
	I.D. NUMBER
	1441263

Re-Elect Jill (Gayaldo Rocklin City Council 2022					14412	63
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)
10/28/2021	NEXT Crafted Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00		500.00
10/28/2021	Mary Pat Gayaldo	☑IND □COM □OTH □PTY □SCC	Retired, NA	500.00	500.00		500.00
10/28/2021	Cole Partners Development Company	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00		500.00
10/28/2021	JR Hanson Consulting LLC	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00		500.00
10/28/2021	Matt French	☑ IND □ COM □ OTH □ PTY □ SCC	Co-Founder, Sevwins Inc	500.00	500.00		500.00
			SUBTOTAL	\$ 2,500.00		150	

*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

Amounts may be ru to whole dollars.

SCh. LEA (CONT.) CALIFORNIA **FORM**

Page _6 I.D. NUMBER

Statement covers period

from $\frac{7}{1}$ 2021

1441263

Re-Elect Jill (Gayaldo Rocklin City Council 2022					144126	63
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
10/28/2021	Cherri Spriggs	☑IND □COM □OTH □PTY □SCC	Principal, Core Strategic Group	500.00	500.00		500.00
10/28/2021	Martin A Harmon and Auburn Manor Holding Corporation,	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed, Auburn Manor Holding Corporation	1,000.00	1,000.00		1,000.00
10/28/2021	Laborers Local 185 PAC ID 870122	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00		1,000.00
10/28/2021	Towne Development of Sacramento Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00		1,000.00
10/28/2021	Sierra Wes Wall Systems Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,500.00	1,500.00		1,500.00
			SUBTOTAL S	5,000.00			

*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be roused to whole dollars.

| SCh. | LEA (CONT.)
| Statement covers period | FORM | 460 |
| through | 12/31/2021 | Page | 7 | of | 14 |
| I.D. NUMBER | 1441263

NAME OF FILER

Re-Elect Jill Gayaldo Rocklin City Council 2022

FULL NAME, STREET ADDRESS AND ZIP CODE OF **AMOUNT** CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER DATE CONTRIBUTOR OCCUPATION AND EMPLOYER CONTRIBUTOR RECEIVED THIS **CALENDAR YEAR** TO DATE CODE (IF SELF-EMPLOYED, ENTER NAME) RECEIVED PERIOD (JAN. 1 - DEC. 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) (IF REQUIRED) ☐ IND 2,500.00 10/28/2021 Committee for Home Ownership of the Northstate 2,500.00 2.500.00 COM **Building Industry Assoc ID 782240** Потн ☐ PTY □ scc **IND** 10/28/2021 Owner, Audi Rocklin 4,900.00 4,900.00 4.900.00 Ashraf Zaki ☐ COM OTH □ PTY SCC **IND** Owner, HaneyBiz 10/28/2021 Mark Haney 4.900.00 4.900.00 4.900.00 □сом OTH □ PTY SCC **IND** 10/28/2021 Morgan Gire District Attorney, Placer 190.00 190.00 190.00 □сом □ OTH County PTY □ scc **IND** 11/2/2021 Debbie Brannam Retired, NA 190.00 190.00 190.00 □сом □отн □ PTY SCC

SUBTOTAL \$ 12.680.00

*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

FPPC Form 460 (Jan/2016))
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Amounts may be read to whole dollars.

Statement covers period from 7/1/2021	CALIFORNIA 460
through 12/31/2021	Page 8 of 14
	I.D. NUMBER

NAME OF FILER

Re-Elect Jill Gayaldo Rocklin City Council 2022

1441263

hley Haney	☑ IND □ COM □ OTH □ PTY □ SCC ☑ IND □ COM □ OTH □ PTY	Owner, Haney Real Estate Owner. Boutique Real Estate	500.00	3,700.00 500.00	3,700.00
ayna Summers	□com □oth	•	500.00	500.00	500.00
	□scc			300.00	500.00
is Wyatt	☑ IND □ COM □ OTH □ PTY □ SCC	President, Friends of McBean Park	500.00	500.00	500.00
mille Maben	☑IND □COM □OTH □PTY □SCC	Executive Director, First 5 California	500.00	500.00	500.00
avid Bass	☑IND □COM □OTH □PTY □SCC	Attorney, KNCH Law	500.00	500.00	500.00
av	id Bass	☐ OTH ☐ PTY ☐ SCC Id Bass ☐ COM ☐ OTH ☐ PTY	☐ OTH ☐ PTY ☐ SCC id Bass ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	☐ OTH ☐ PTY ☐ SCC id Bass ☐ OTH ☐ California ☐ SCC ☐ IND ☐ COM ☐ COM ☐ OTH ☐ PTY ☐ PTY ☐ PTY ☐ OTH ☐ PTY ☐ OTH ☐ PTY ☐ OTH ☐ PTY	☐ OTH ☐ PTY ☐ SCC Id Bass I

*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

FPPC Form 460 (Jan/2016))
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Re-Elect Jill Gayaldo Rocklin City

Amounts may be ru ...ed

SCI. LEA (CONT.)

Received	to whole dollars.	Statement covers period	CALIFORNIA 160
		from 7/1/2021	FORM 400
		through <u>12/31/2021</u>	Page of
			I.D. NUMBER
Council 2022			1441263

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
11/2/2021	Samantha Gray	IND COM OTH PTY SCC	Realtor, The Culbertson and Gray Group	1,000.00	1,000.00	1,000.00
11/2/2021	Pottery World	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	1,000.00
11/2/2021	Lund Construction	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	1,000.00
11/5/2021	Friends of Scott Yuill for Rocklin City Council 2014 ID 1286872	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00
11/5/2021	JMĊ	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00
			SUBTOTAL S	3,750.00		

*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

Amounts may be ru ___ed to whole dollars.

SCI.	LE A	(CONT.)
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CALIFORNIA 460

Statement covers period

7/1/2021

4,900.00

SUBTOTAL \$ 13,550.00

4,900.00

				Irom			51111
NAME OF FILER Re-Elect Jill (Gayaldo Rocklin City Council 2022			through	21	Page _ I.D. NU 14412	
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)
11/5/2021	Todd Bollenbach	☑IND □COM □OTH □PTY □SCC	Retired, NA	1,000.00	1,000.00		1,000.00
11/9/2021	MarketSharePR Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00		250.00
11/9/2021	Paul and Cheryl Petrovich	IND COM OTH PTY	Owner, Petrovich Development Company	2,500.00	2,500.00		2,500.00
11/9/2021	United Auburn Indian Community of the Auburn Rancheria,	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		4,900.00	4,900.00		4,900.00
44/40/0004		□IND					

☐ COM ☑ OTH ☐ PTY ☐ SCC

*Contributor Codes

IND - Individual

11/19/2021

COM – Recipient Committee (other than PTY or SCC)

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

Haney Business Ventures

PTY - Political Party

SCC - Small Contributor Committee

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

4,900.00

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Schedule Nonmonetary Contributions Received

3. Total nonmonetary contributions received this period.

Amounts may be ed to whole dollars.

	SCHEDULE C
Statement covers period from $\frac{7/1/2021}{}$	CALIFORNIA 460
through <u>12/31/2021</u>	Page of
	I.D. NUMBER
	1441263

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Particle Council 2022

Re-Elect Jill Gayaldo Rocklin City Council 2022

te Dicetjiii	oayaido Rockiii City Councii 2022						144120	J
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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIN DATE CALENDAR (JAN 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/28/21	Randy Peter's Catering	□IND □COM ØOTH □PTY □SCC		Fundraiser event	504.00	504.00		504.00
10/28/21	Bennett's Kitchen Bar Market	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		Fundraiser event	2,000.00	2,000.00		2,000.00
10/28/21	Loomis Basin Brewery	☐ IND ☐ COM ② OTH ☐ PTY ☐ SCC		Fundraiser event	415.00	415.00		415.00
10/28/21	Ashley Haney	☑ IND □ COM □ OTH □ PTY □ SCC	Owner, Haney Real Estate	Fundraiser event	3,200.00	3,200.00		3,200.00
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	\$ 6,119.00			
. Amount	e C Summary received this period – itemized nonmonetal all Schedule C subtotals.)			\$_	7,425.50	IND - I		

2. Amount received this period – unitemized nonmonetary contributions of less than \$100

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

PTY - Political Party

(other than PTY or SCC)
OTH – Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule **Nonmonetary Contributions Received**

Amounts may be to whole dollars.

	CALIFORNIA 460
through	Page of
	I.D. NUMBER
	1441000

Re-Elect Jill Gayaldo Rocklin City Council 2022					thro	through			Page 12 of 14	
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 - I	ΓΕ R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
10/28/21	Stacey Haney	IND COM OTH PTY SCC	Owner, Haney Business Ventures	Fundraiser eve	nt	660.50	660.50		660.50	
10/28/21	Primos Pizza	☐IND ☐COM ØOTH ☐PTY ☐SCC		Fundraiser eve	ent	646.00	646.00		646.00	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach add	litional information on appropriately labeled	continuation	sheets.	SUBTO	DTAL	\$ 1,306.50				
(NA, see pg 11 NA, see pg 11	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or S OTH – Other (e.g., business PTY – Political Party		nt Committee nan PTY or SCC) .g., business entity) Party	
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)					AL \$_	NA, see pg 11	scc	SCC – Small Contributor Committee		

Schedule	
Payments	Made

Amounts may be rou to whole dollars.

Statement covers period from 7/1/2021	CALIFORM 460
through <u>12/31/2021</u>	Page 13 of 14
	I.D. NUMBER
	1441263

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Re-Elect Jill Gayaldo Rocklin City Council 2022

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Karen Wulff	WEB	Web hosting	120.00
Melissa Gee	PRO	Treasurer	500.00

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

SUBTOTAL \$ 620.00

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1. Itemized payments made this period. (Include all Schedule E subtotals.)	620.00
2. Unitemized payments made this period of under \$100\$	884.78
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.)	1,504.78

Schedule Miscellaneous Increases to Cash		Amounts . e rounded to whole dollars.	Statement covers period from $\frac{7/1/2021}{}$	CALIFORNIA 46		
are marriana an pri	205		through	Page <u>14</u> of <u>14</u>		
SEE INSTRUCTIONS ON REVE NAME OF FILER	RSE			I.D. NUMBER		
Re-Elect Jill Gayaldo Rock	lin City Council 2022			1441263		
DATE	FULL NAME AND ADDRESS OF SOI	URCE		AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMB	ER)	DESCRIPTION OF RECEIPT	INCREASE TO CASH		
Attach additional inform	nation on appropriately labeled continuation	sheets.	SUBTOTA	L\$ 0		
Schedule I Summa	_		. 0			
1. Itemized increases to	cash this period.		\$ <u>0</u>	_		
	to cash of under \$100 this period			_		
3. Total of all interest red	ceived this period on loans made to othe	ers. (Schedule H, Column (e).)	\$ <u>0</u>	<u></u>		

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

Recipier mmittee Campaign tatement Cover Page			GEIVE	FORM 460
	Statement covers period from 7/1/2021	Date of election if applicable: (Month, Day, Year)	NOV 0 9 2021	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2021</u>	Ву_		
1. Type of Recipient Committee: All Committees - Committe	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Use Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminatio Amendment (Explain below)	☐ Quarterly Sta ☐ Special Odd- on)	atement -Year Report
	0. NUMBER 404647	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Elect Jill Gayaldo for Rocklin City Council 2018		Melissa Gee		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF AN	IY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on Date Executed on Executed on Executed on Executed on Executed on	California that the foregoing is true and By By Signature of Control By	Signature of Treasurer or Assistant Treasurer	Responsible Officer of Sponsor	is true and complete. I
Executed on	By	ignature of Controlling Officeholder, Candidate, State Measu		
Date	S	ignature of Controlling Officeholder, Candidate, State Measu	are Proponent	nno

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

OVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVE	E - PART 2				
CALIFORNIA 460					
Page 2	of <u>6</u>				

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Jill Gayaldo							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER I	F APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N		SUPPORT
Rocklin City Council	*					1.7	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling officel	nolder, candid	late, or state	measure pro	ponent, if any.
	*		NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
Related Committees Not Included in this Statement: List not included in this statement that are controlled by you or are primarily for contributions or make expenditures on behalf of your candidacy.			OFFICE SOUGHT OR HELD			DISTRICT NO). IF ANY
COMMITTEE NAME I.D. NUMBER		7	Drive with Formed Cond	idata/Office	haldar Ca	itta	
NAME OF TREASURER CONTROLLE	D COMMITTEE?	۲.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	committee is p	orimarily form	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELE	SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELE	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLE YES COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	D COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	AREA CODE/PHONE		Attac	h continuatio	n sheets if n	ecessary	•

Campaig. sclosure Statement Summary Page

Amounts may un to whole dollars.

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MARY PAGE

Summary Page	from 7/1/2021	FORM 460
EE INSTRUCTIONS ON REVERSE	through	Page _3 of _6
AME OF FILER		I.D. NUMBER
Elect Jill Gayaldo for Rocklin City Council 2018		1404647

1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{2,000.00}{-2,000.00} \$ \frac{0}{0} \$ \frac{0}{0}	\$ 2,000.00 \$ 0 0 \$ 0 \$ 0	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 6. Payments Made	\$\frac{70.16}{0}\$ \$\frac{70.16}{0}\$ \[\frac{0}{0} \] \[\frac{0}{70.16} \] \[\frac{0}{70.16} \]	\$\frac{70.16}{0}\$ \$\frac{70.16}{0}\$ 0 0 70.16	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$\frac{70.16}{0}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	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	*Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents	\$ <u>0</u> \$ <u>0</u>	any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary Contributions Received

rounded Amounts to who. Jollars.

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Monetary Contributions Received		to	wno. Joliars.	Statement coverage from 7/1/2021	vers period	CALIFORNIA 460 FORM Page 4 of 6	
SEE INSTRUCTION	ONS ON REVERSE			through 12/31/2021			
NAME OF FILER Elect Jill Gay	raldo for Rocklin City Council 2018					I.D. NU	JMBER 47
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)
9/1/2021	Jill Gayaldo	☑IND □COM □OTH □PTY □SCC	City Council, City of Rocklin	2,000.00	2,000.00		2,000.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
	E .		SUBTOTAL \$	5			
Amount re (Include al	A Summary ceived this period – itemized monetary contributions I Schedule A subtotals.) ceived this period – unitemized monetary contributions		\$	000.00	IND - COM OTH PTY	(other – Other – Politica	ient Committee than PTY or SCC) (e.g., business entity)
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.) TOTAL \$ 2,0	00.00	PPC Advice: advice:		C Form 460 (Jan/2016)) c.ca.gov (866/275-3772)

Schedu	le 🟒	Part 1
Loans F	Receiv	ed

** If required.

Amounts may be i

SCI

EB-PART 1

oans Received		from <u>7/1/2021</u>	ers periou	FORM 460				
EEE INSTRUCTIONS ON REVERSE					through	021	Page <u>5</u>	of_6
IAME OF FILER							I.D. NUMBER	
Elect Jill Gayaldo for Rocklin City Council 20	18						1404647	
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 PAI OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Jill Gayaldo	City Council, City of Rocklin		w	\$ FORGIVEN	<u> </u>	0%	\$_2,000.00	\$
✓ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$ 2000.00	NA DATE DUE	\$ <u>0</u>	4/12/18 DATE INCURRED	\$_NA
				PAID \$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR
				\$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	S	SUBTOTALS \$	0 :	2,000.00	\$ 0	\$ 0		
Schedule B Summary						(Enter (e) on Sched	ule E, Line 3)	
Loans received this period		·		\$				
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10			\$ _2,	,000.00	IN	Contributor Codes		
(Include loans paid by a third party that B. Net change this period. (Subtract Line Enter the net here and on the Summar	edule A.)		.NET \$	2,000.00 O		COM – Recipient Committee (other than PTY or SCC) DTH – Other (e.g., business entity) DTY – Political Party GCC – Small Contributor Committee		
				((May be a negative number)			
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.)						

Scheduk	
Payments	Made

Amounts may be ru to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA FORM 7/1/2021 through_12/31/2021 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018 1404647

COD	ES: If one of the following codes accurately	describes the	payment,	you may e	enter the code.	Otherwise,	describe the payment.	
CNS CTB CVC FIL FND IND LEG	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explained before) legal defense campaign literature and mailings	MTG OFC PET PHO POL ain)* POS	meetings a office expe petition circ phone ban polling and postage, de	culating ks survey resea elivery and mo	ces	RFD SAL TEL TRC TRS TSF VOT	returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals	ne candidate/sponsor
	NAME AND ADDRESS OF PAYEE			CODE	OR	DESCRIPTION	ON OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Re-Elect Jill Gayaldo Rocklin City Council 2022	TSF	Transfer to new committee ID 1441263	70.16
	*		

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 70.16

Schedule E Summary

70.16 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)...... $\$ _{0}$

FPPC Form 460 (Jan/2016))

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

					COVER PAGE
Recipic Committee Campaign Statement Cover Page)	Date Stamp	CALI F	ORM 400
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{1/1/2021}{}$ through $\frac{6/30/2021}{}$	Date of election if applicable: (Month, Day, Year)		Page JUL	of 4 or Official Use Only 2 1 2021
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		By 11/10	COLTE
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination ☐ Amendment (Explain below)	on)	Quarterly State Special Odd-Y	ement ear Report
	D. NUMBER 404647	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	101017	NAME OF TREASURER			
Elect Jill Gayaldo for Rocklin City Council 2018		Melissa Gee			
OTDEET ADDRESS (NO DO DOV)		1017 Matthews Run Way	OTATE	710 0005	ADEA GODE/DUONE
STREET ADDRESS (NO P.O. BOX)		Roseville	STATE CA	ZIP CODE 95747	916.205.6433
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A		90141	910.200.0455
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	x	MAILING ADDRESS			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	-	OPTIONAL: FAX / E-MAIL ADDRESS			
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on Date Executed on Date Executed on Date	California that the foregoing is true and		Responsible Office		true and complete. I
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Meas			

Recipient Committee Campaign Statement Cover Page — Part 2



5.	Officeholder or Candidate Controlled Commi	ttee	6.	. F	Primarily Formed Ballot	Measure C	ommittee		i
	NAME OF OFFICEHOLDER OR CANDIDATE			1	NAME OF BALLOT MEASURE				
	Jill Gayaldo								
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		E	BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
	Rocklin City Council								OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		ı	dentify the controlling officeho	older, candid	ate, or state	measure pro	ponent, if any.
				Ī	NAME OF OFFICEHOLDER, CANE	DIDATE, OR PE	ROPONENT		
	Related Committees Not Included in this Stat not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		ō	OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
	COMMITTEE NAME	I.D. NUMBER							
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.		Primarily Formed Candio	or which this o	holder Co committee is p	mmittee L	List names of ned.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		1	NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	IGHT OR HELI	D ☐ SUPPORT ☐ OPPOSE
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		1	NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	IGHT OR HELI	SUPPORT OPPOSE
				1	NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	IGHT OR HELI	D □ SUPPORT □ OPPOSE
	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE? YES NO OX)		1	NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	IGHT OR HELI	SUPPORT OPPOSE
	CITY STATE ZIP CO	DDE AREA CODE/PHONE			Attach	n continuatio	n sheets if n	ecessary	•

Campa Disclosure Statement Summary Page

Amounts n rounded to whole gollars.

Statement covers period from 1/1/2021 CALIFORNIA FORM 460

through 6/30/2021 Page 3 of 4

SEE INSTRUCTIONS ON REVERSE		through _	0,00,3001	1 age 01
NAME OF FILER				I.D. NUMBER
Elect Jill Gayaldo for Rocklin City Council 2018				1404647
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \frac{0}{0} \\ \$ \fra	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	20. Contributions Received \$	\$
Expenditures Made 6. Payments Made	\$\frac{0}{0}\$ \$\	\$ \frac{0}{0} \\ \$ \frac{0}{0} \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	0	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 r reported in Column B.	nay be different from amounts
18. Cash Equivalents	\$ <u>0</u>		FPPC Advice: adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

S	ch	ed	Uic	3-	Part	1
L	oa	ns	Re	ceiv	ed	

** If required.

Amounts may k ided

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Schedule 3 – Part 1		to whole donars).		Statement cov	ers period	CALIFORN	^{11A} 460
Loans Received					from <u>1/1/2021</u>		FORM	100
SEE INSTRUCTIONS ON REVERSE					through <u>6/30/20</u>	21	Page 4	of_4
NAME OF FILER							I.D. NUMBER	
Elect Jill Gayaldo for Rocklin City Council 20	18						1404647	
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 PA OR FORGIVE THIS PERIO	EN BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Jill Gayaldo	City Council, City of Rocklin			PAID \$ 0	<u>\$ 2,000.00</u>	0%	\$_2,000.00	\$ 0
IND □ COM □ OTH □ PTY □ SCC		\$	\$	FORGIVEN \$ 0	NA DATE DUE	s_0	4/12/18 DATE INCURRED	PER ELECTION** \$ NA
TO IND COM OTH PTY SCC		\$ \$	\$ \$	PAID FORGIVEN PAID FORGIVEN FORGIVEN	DATE DUE		\$ DATE INCURRED \$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$ CALENDAR YEAR \$ PER ELECTION** \$
	S	SUBTOTALS \$	0 :	\$ 0	\$ 2,000.00	\$ 0		
Schedule B Summary						(Enter (e) on Scheo	dule E, Line 3)	
 Loans received this period	s of less than \$100.) 00 paid or forgiven.) t are also itemized on Sche e 2 from Line 1.)	dule A.)		\$ $\frac{0}{2}$	<u> </u>	IN C	Contributor Codes ND – Individual COM – Recipient C (other than OTH – Other (e.g., PTY – Political Part CCC – Small Contri	ommittee PTY or SCC) business entity)
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.)						

Recipient ımittee **Date Stamp** CALIFOR Campaign _.atement **FORM Cover Page** of 5 Page _1 Statement covers period Date of election if applicable (Month, Day, Year) For Official Use Only from 7/1/2020 through 12/31/2020 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure **Quarterly Statement** Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report ○ Recall **Termination Statement** Controlled (Also file a Form 410 Termination) Sponsored (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) **General Purpose Committee** Primarily Formed Candidate/ Sponsored Officeholder Committee **Small Contributor Committee** Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER Treasurer(s) 3. Committee Information 1404647 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Melissa Gee Elect Jill Gayaldo for Rocklin City Council 2018 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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 / 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

VER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Ballot	Measure Co	mmittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Jill Gayaldo							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION			SUPPORT
Rocklin City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling office	nolder, candidat	e, or state measu	re propor	nent, if any.
		es.	NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	PONENT		
Related Committees Not Included in this Stat not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid	re primarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	ICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	. 7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this co	mmittee is primaril	y formed.	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)	•	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OI	R HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE C	OFFICE SOUGHT OF	R HELD	
COMMITTEE NAME	I.D. NUMBER						SUPPORT OPPOSE
			NAME OF OFFICEHOLDER OR C	CANDIDATE C	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE C	OFFICE SOUGHT OF	R HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES NO						OPPOSE
STREET ADDRESS (NO P.O. B							
CITY STATE ZIP CO	DE AREA CODE/PHONE		Attac	ch continuation	sheets if necessa	ry	

Campaign closure Statement **Summary Page**

SEE INSTRUCTIONS ON REVERSE

Amounts may by to whole dollars.

	10 11111110
Statement covers period from 7/1/2020	CALIFORNIA 460
through 12/31/2020	Page _3 of _5
	I.D. NUMBER

ARY PAGE

NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018 1404647 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 1. Monetary Contributions Schedule A, Line 3 7/1 to Date 1/1 through 6/30 0 0 2. Loans Received Schedule B. Line 3 20. Contributions 0 0 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 0 0 21. Expenditures 0 Made **Expenditures Made Expenditure Limit Summary for State** 390.00 140.00 6. Payments Made...... Schedule E. Line 4 **Candidates** 0 0 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 140.00 390.00 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (if Subject to Voluntary Expenditure Limit) 0 0 Date of Election Total to Date 0 (mm/dd/yy) 140.00 390.00 **Current Cash Statement** 210.16 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 0 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. 140.00 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 70.16 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ only carry over the amounts 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 (Jan/2016))

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

	Am	ounts may be rou	.)				SCHE	B - PART
Schedule b—Part 1	Alli	to whole dollars			Statement cove	ers period	CALIFORN	1A 460
∟oans Received					from 7/1/2020		FORM	~ 40U
SEE INSTRUCTIONS ON REVERSE					through 12/31/20	020	Page 4	of _5
NAME OF FILER							I.D. NUMBER	
Elect Jill Gayaldo for Rocklin City Council 201	.8						1404647	
		(a)	(b)	(c)	(d)	(e)	(f)	(a)
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	(a) OUTSTANDING BALANCE	AMOUNT RECEIVED THIS	AMOUNT PAID	OUTSTANDING	INTEREST PAID THIS	ORIGINAL	CUMULATIVE
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BEGINNING THIS PERIOD	PERIOD	THIS PERIOD		PERIOD	LOAN	TO DATE
	NAME OF BOSINESS)	PERIOD		PAID	PERIOD			CALENDAR YEA
Jill Gayaldo	City Council, City of			<u>\$_0</u>	s 2,000.00	0	s_2,000.00	ş_0
3810 Diamond Court	Rocklin			FORGIVEN		RATE		
Rocklin, CA 95677		2,000.00	0		NT A		4/12/18	PER ELECTION
		\$	\$	\$ <u>0</u>	NA DATE DUE	\$_ 0	DATE INCURRED	\$_NA
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID	DATE DOE		DATE INCORRED	CALENDAR YEA
				L FAID				
				\$	\$	RATE	\$	\$
				FORGIVEN				PER ELECTION
			\$	\$		\$		\$
□ IND □ COM □ OTH □ PTY □ SCC		\$	a		DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEA
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION
IND COM OTH PTY SCC		\$	\$	Φ	DATE DUE	3	DATE INCURRED	\$
	S	UBTOTALS \$	0 :	\$ 0	\$ 2,000.00	\$ 0		
Schodule P Summen						(Enter (e) on Sched	lule E, Line 3)	

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

†Contributor Codes

IND - Individual

(May be a negative number)

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 Payments Made	Amounts may be roun. to whole dollars.	Statement covers period from $\frac{7/1/2020}{}$	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/2020	Page of
NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018			I.D. NUMBER 1404647
CODES: If one of the following codes accurate compaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, ar	costs

postage, delivery and messenger services

professional services (legal, accounting)

POL polling and survey research

print ads

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ _0

PRT

FND

IND

fundraising events

Schedule E Summary

campaign literature and mailings

legal defense

independent expenditure supporting/opposing others (explain)*

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAI
ayments that are contributions or independent expenditures must also be summarized on Sche	dule D.		SII	BTOTAL \$ 0

FPPC Form 460 (Jan/2016))

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

staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

VOT voter registration

transfer between committees of the same candidate/sponsor

Campaign Statement FORM Cover Page Page _1 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only from 1/1/2020through <u>6/3</u>0/2020 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. **Preelection Statement** ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report **Termination Statement** ○ Recall Controlled (Also file a Form 410 Termination) (Also Complete Part 5) Sponsored Amendment (Explain below) (Also Complete Part 6) **General Purpose Committee** Primarily Formed Candidate/ Sponsored **Small Contributor Committee** Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1404647 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Melissa Gee Elect Jill Gayaldo for Rocklin City Council 2018 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE STATE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY AREA CODE/PHONE CITY AREA CODE/PHONE STATE ZIP CODE STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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 Signature of Treasurer or Assistant Treasurer Executed on e 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

Recipie Committee

COVER PAGE

CALIFORNIA

Date Stamp

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballo	t Measure (Committee	ı	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Jill Gayaldo							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Rocklin City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling office	eholder, candi	date, or state	measure propo	nent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Cano	didate/Offic	eholder Co	ommittee List	names of
	YES NO						•
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
	P CODE AREA CODE/PHONE		Att	ach continuati	on sheets if r	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from 1/1/2020 **FORM** through _6/30/2020 Page _3 ___ of _5 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018 1404647 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** 1/1 through 6/30 7/1 to Date 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS....... Add Lines 1 + 2 Received 4. Nonmonetary Contributions...... Schedule C. Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 250.00 250.00 6. Payments Made...... Schedule E, Line 4 **Candidates** 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 250.00 250.00 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 (mm/dd/yy) 250.00 250.00 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 460.16 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 250.00 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 210.16 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ 0 only carry over the amounts 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 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

S	ch	ed	ule	B -	- P	art	1
L	na	ne	RA	cei	VA	d	

** If required.

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received	7	to whole dollars			Statement cove	ers period	CALIFORN FORM	HA 460
					from 1/1/2020		FURIN	
SEE INSTRUCTIONS ON REVERSE					through 6/30/202	20	Page _4	of_5
IAME OF FILER							I.D. NUMBER	
Elect Jill Gayaldo for Rocklin City Council 20	18						1404647	
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 PAII OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jill Gayaldo	City Council, City of Rocklin			PAID \$ FORGIVEN	\$ 2,000.00	0 RATE	\$_2,000.00	\$ D
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	ş <u> </u>	\$	NA DATE DUE	\$ <u>0</u>	4/12/18 DATE INCURRED	*_NA
				PAID FORGIVEN	\$	RATE	\$	\$PER ELECTION**
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR
				\$ FORGIVEN	\$	RATE	\$	\$PER ELECTION**
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	5	SUBTOTALS \$	0 :	\$ 0	\$ 2,000.00	\$ 0		
Schedule B Summary						(Enter (e) on Scheo	lule E, Line 3)	
Loans received this period				\$ _0				
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10	00 paid or forgiven.)			\$ _0		IN.	Contributor Codes ND – Individual OM – Recipient C	
(Include loans paid by a third party that it is not change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.)			.NET \$ 0		P	TH – Other (e.g., TY – Political Par	
				(May be a negative number)	C		
*Amounts forgiven or paid by another party also m	nust be reported on Schedule A.)						

Schedule	Ε
Payments	Made

Amounts may be rounded

SCHEDULE E Statement covers period

from	FORM TOO
through <u>6/30/2020</u>	Page of
	I.D. NUMBER
	1404647
	through_6/30/2020

CODES: If one of the following codes accurately describ	bes the payment, you may enter the c	ode. 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 serv	rices TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting	ng) 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 C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Rocklin Chamber of Commerce 3700 Rocklin Road, Rocklin, CA 95677	MBR	Chamber dues	250.00

SUBTOTAL \$ 250.00 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	250.00
2. Unitemized payments made this period of under \$100\$	0
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.)	250.00

FPPC Form 460 (Jan/2016))

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

Recipie Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees – Commi	Statement covers period 7/1/2019 through	Date of election if applicable: (Month, Day, Year) 2. Type of Statement:	JAN 1 6 2021 a	For Official Use Only
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Prolitical Party/Central Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored So Complete Part 6) rimarily Formed Candidate/ fficeholder Committee So Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Statement Id-Year Report
3 COMMITTED INTORMATION		Treasurer(s) NAME OF TREASURER Melissa Gee MAILING ADDRESS CITY MAIME OF ASSISTANT TREASURE MAILING ADDRESS CITY	STATE ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on	California that the foregoing is true and By By Signature of Confe		d herein and in the attached schedule t Treasurer roponent or Responsible Officer of Sponsor	es is true and complete. I
Executed on	ByS	ignature of Controlling Officeholder, Candidate,	State Measure Proponent	EDDC Form 460 (lon/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA 460

FORM

Page 2 of 5

. Officeholder or Candidate Controlled Committee		6	6. I	Primarily Formed Ballot	Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			Ī	NAME OF BALLOT MEASURE				
Jill Gayaldo								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABL	_E)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
Rocklin City Council								
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE	ZIP		Identify the controlling officel	nolder, candid	late, or state	measure pr	oponent, if any.
				NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	PONENT		
Deleted Committees Not Included in this Stat	omonti l'a							
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to			OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER		19					
NAME OF TREASURER	CONTROLLED COMMI	ITEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this	eholder Co committee is	ommittee primarily for	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELI	
								SUPPORT OPPOSE
CITY STATE ZIP CO		DDE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	IGHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOL	IGHT OR HEL	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMI	ITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOL	IGHT OR HEL	р попрост
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO	0						SUPPORT OPPOSE
CITY STATE ZIP CO		DDE/PHONE		•				
STATE ZIFO	JDL AREAGO	DETETIONE		Attac	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov

Statement covers period 7/1/2019		california 460						
through	12/31/2019	Page3 of5						
		I.D. NUMBER						
		1404647						

NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018 **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 2.275.00 1/1 through 6/30 7/1 to Date 20. Contributions 2.275.00 Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 0 2.275.00 Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 270.00 2.071.96 **Candidates** 22. Cumulative Expenditures Made* 2,071.96 270.00 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ ____ (If Subject to Voluntary Expenditure Limit) (1,500.00)9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 0 (mm/dd/yy) 270.00 471.96 **Current Cash Statement** 730.16 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding 0 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 270.00 of your last report. Some amounts in Column A may 460.16 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. 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 Cash Equivalents and Outstanding Debts any). FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Sched	ule	B –	Part	1
Loans	Red	ceiv	ed	

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

** If required.

Amounts may be rounded

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received					Statement cov		CALIFORNIA 460		
Loans Received	from				from	/2019	FORM		
SEE INSTRUCTIONS ON REVERSE					through12/	31/2019	Page4	of5	
NAME OF FILER							I.D. NUMBER		
Elect Jill Gayaldo for Rocklin City Council	1404647								
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 PA OR FORGIVI THIS PERIC	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Jill Gayaldo	City Council, City of Rocklin			PAID \$ FORGIVEN	<u>0</u> <u>\$ 2,000.00</u>	%	\$ <u>2000.00</u>	\$O PER ELECTION**	
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$_2,000.00	s0	\$	O NA DATE DUE	s0	4/12/18 DATE INCURRED	\$NA_	
				PAID \$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION**	
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID \$ FORGIVEN	s	RATE	\$	\$ PER ELECTION**	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	0	\$	0 \$ 2,000.00				
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
Loans received this period (Total Column (b) plus unitemized loar				\$ _	0	-			
2. Loans paid or forgiven this period						ommittee PTY or SCC) business entity)			
Net change this period. (Subtract Lin Enter the net here and on the Summa				NET \$ _	(May be a negative number)		TY – Political Part CC – Small Contri		

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
CALIFORNIA	ACO

Payments Made	Amounts may be rounded to whole dollars.			Statement covers period	CALIFO FOR	RM 400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				5049	I.D. NUME	
Elect Jill Gayaldo for Rocklin City Council 2018					140464	7
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. 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 communications MBR member communications MBR member communications RAD radio airtime and production cos RFD returned contributions Cordica expenses SAL campaign workers' salaries FND phone banks TRC candidate travel, lodging, and may enter the code. Otherwise, describe the payment. RAD radio airtime and production cos Cordical expenses SAL campaign workers' salaries TRC candidate travel, lodging, and may enter the code. Otherwise, describe the payment. RAD radio airtime and production cos Cordical expenses SAL campaign workers' salaries TRC candidate travel, lodging, and may enter the code. Otherwise, describe the payment. RAD radio airtime and production cos Cordical expenses SAL campaign workers' salaries TRC candidate travel, lodging, and may enter the code. Otherwise, describe the payment. RAD radio airtime and production cos Cordical expenses SAL campaign workers' salaries TRC candidate travel, lodging, and may enter the code. POD phone banks TRC candidate travel, lodging, and may enter the code. TRS staff/spouse travel, lodging, and may enter the communications TRS staff/spouse travel, lodging, and may enter the communications TRS staff/spouse travel, lodging, and may enter the contributions TRS staff/spouse travel, lodging, and may enter the contributions TRS staff/spouse travel, lodging, and may enter the contributions TRS staff/spouse travel, lodging, and may enter the contributions TRS staff/spouse travel, lodging, and may enter the contributions TRS staff/spouse travel, lodging, and may enter the contributions TRS staff/spouse tra					luction costs d meals and meals s of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
The Child Abuse Prevention Center		CVC	Sponsorship			100.00
Karen Wulff		WEB	Website hosting			120.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTOTAL \$						
Schedule E Summary						
Itemized payments made this period. (Include all Schedule E subtotals.)						220.00
2. Unitemized payments made this period of under \$100	\$	0				
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Par	t 1, Columi	n (e).)		\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. I	OTAL \$_	220.00				

R PAGE Recipier. ommittee Date Stamp **CALIFORNIA Campaign Statement FORM Cover Page** 8 Page . Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 1/1/2019 from 6/30/2019 11/6/2018 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. ☐ Preelection Statement ✓ Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure ☐ Quarterly Statement O State Candidate Election Committee Committee ☑ Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled ☐ Termination Statement (Also Complete Part 5) O 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) 1404647 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Melissa Gee Elect Jill Gayaldo for Rocklin City Council 2018 MAILING ADDRESS ′ay STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE STATE CITY STATE ZIP CODE AREA CODE/PHONE AME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY CITY STATE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS 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 periury under the laws of the State of California that the foregoing is true and correct. older, 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 Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA 460

FORM

Page 2 of 8

. Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot	Measure Cor	nmittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Jill Gayaldo						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
Rocklin City Council						
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling officer	nolder, candidate	e, or state measure	proponent, if any.
			NAME OF OFFICEHOLDER, CAND	IDATE, OR PROPO	NENT	
Related Committees Not Included in this Stat	ement: List any committees					
not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candi officeholder(s) or candidate(s) f	idate/Officeho	older Committe nmittee is primarily f	e List names of formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FFICE SOUGHT OR HE	SUPPORT OPPOSE
			NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	CONTROLLED COMMITTEE? YES NO X)		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		Attac	h continuation s	heets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from1/1/2019		CALIFORNIA 460						
through	6/30/2019	Page3 of8						
		I.D. NUMBER						

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018 1404647 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 2.275.00 1/1 through 6/30 7/1 to Date 0 20. Contributions 2.275.00 2,275.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 2,275.00 2,275.00 Made **Expenditures Made Expenditure Limit Summary for State** 1,801.96 1,801.96 **Candidates** 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 1,801.96 1,801.96 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) (1.500.00)(1,500.00)Date of Election Total to Date (mm/dd/yy) 301.96 301.96 **Current Cash Statement** 257.12 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 2,275.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding 0 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 amounts from Column B reported in Column B. 1,801.96 of your last report. Some amounts in Column A may 730.16 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. 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 Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

Schedule	A	
Monetary	Contributions	Received

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement covers period		CALIFORNIA 460 FORM 8	
NAME OF FILER	NS ON REVERSE					I.D. NU	JMBER
Elect Jill G	Elect Jill Gayaldo for Rocklin City Council 2018						647
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)
1/18/2019	Richard Miller	☑IND □COM □OTH □PTY □SCC	Partner, Capitol Impact	100.00	100.	00	
1/18/2019	Timothy Taron	☑IND □COM □OTH □PTY □SCC	Partner, Hefner, Stark & Marois, LLP	150.00	150.	00	
1/24/2019	Peter Hill	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00	
1/24/2019	Friends of Scott Yuill for Rocklin City Council	☐IND ☑COM ☐OTH ☐PTY ☐SCC		500.00	500.	00	
1/29/2019	MarketShare PR	☐IND ☐COM ØOTH ☐PTY ☐SCC		100.00	100.	00	
. SUBTOTAL \$							
Schedule /	A Summary				*Con	tributor C	Codes
Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$				2,200.00			ient Committee
2. Amount re	ceived this period – unitemized monetary contribution	ns of less than	s \$100s	75.00	ОТН	- Other	than PTY or SCC) (e.g., business entity)
3. Total mone	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col	2,275.00	PTY – Political Party SCC – Small Contributor Comr				

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from_

1/1/2019

		through6/30	0/2019	Page _			
NAME OF FILER	yaldo for Rocklin City Council 2018			1.D. NU 14046			
Elect Jili Ga	yaldo for Rockilli City Council 2016					14046	41
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)
2/8/2019	West Roseville, LLC	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.	.00	
2/22/2019	First Point Management Group 00	□IND □COM ☑OTH □PTY □SCC		500.00	500.	.00	
6/4/2019	Recology ID #921099	☐IND ☐COM ☐OTH ☐PTY ☐SCC		250.00	250.	.00	
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 1,250.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedi	ule	B –	Part	1
Loans	Re	ceiv	ed	

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

** If required.

Amounts may be rounded

SCHEDUL	EB-	PART 1
---------	-----	--------

Loans Received				from1/1/	/2019	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through6/3	80/2019	Page 6	of8
NAME OF FILER							I.D. NUMBER	
Elect Jill Gayaldo for Rocklin City Council	2018						1404647	
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 PA OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jill Gayaldo	City Council, City of Rocklin			\$(\$(FORGIVEN	_ -	0%	\$ <u>2000.00</u>	\$ 0 PER ELECTION**
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$_2,000.00	\$0	s(D NA DATE DUE	s0	4/12/18 DATE INCURRED	\$NA_
				PAID FORGIVEN	\$	% RATE	\$	\$PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		S	S	PAID S FORGIVEN	s	RATE	\$	\$ PER ELECTION**
TO IND COM OTH PTY SCC			•	Φ	DATE DUE		DATE INCURRED	
		SUBTOTALS \$	0 \$	5	0 \$ 2,000.00			
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loan				\$	0	(Enter (e) on Schedule E, Line 3)	ontributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha 			\$	0	CC	D – Individual DM – Recipient Co (other than F TH – Other (e.g., t	PTY or SCC) pusiness entity)	
 Net change this period. (Subtract Line Enter the net here and on the Summar 	NET \$							

Schedule E **Payments Made**

Amounts may be rounded

Statement covers period	CALIFORNIA 160
from1/1/2019	FORM 400
through6/30/2019	_ Page7 of8
	I.D. NUMBER
	1404647

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018 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 TEL t.v. or cable airtime and production costs CVC civic donations petition circulating FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OR Rocklin Chamber of Commerce Chamber dues 3700 Rocklin Road **MBR** 225.00 Rocklin, CA 95677 Aldo Pineschi Consulting Consulting - September-November **CNS** 1,000.00 Consulting - September-November Aldo Pineschi Consulting CNS 500.00 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1,725.00 Schedule E Summary 1.725.00 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 76.96 2. Unitemized payments made this period of under \$100.....\$ 0 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 1.801.96

- 4	<i>r</i>			
1			1 11	
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Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA 460
Page 8 of 8
I.D. NUMBER 1404647

	110111		STATE OF STATE AS	FOREST WILLY			
SEE INSTRUCTIONS ON REVERSE			through6/30	0/2019	Page 8	of8	
NAME OF FILER					I.D. NUMBER		
Elect Jill Gayaldo for Rocklin City Council 2018					1404647		
CODES: If one of the following codes accurately describes 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	consultants in (explain nonmonetary)* OFC office expenses OFC off						
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 PAI THIS PERIOD (ALSO REPORT OF	D BALA	(d) JTSTANDING ANCE AT CLOSE THIS PERIOD	
Aldo Pineschi Consulting	CNS	1,500.00	0	1,500	0.00	0	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	1,500.00	0 \$	1,500.	.00 \$	0	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all So accrued expenses of \$100 or more, plus total unitemized a	chedule F, Column (b) sub	ototals for	INCL	JRRED TOTAL	S \$	0	
2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p				PAID TOTAL	S\$	1,500.00	
3. Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)				NE	T\$ (1)	1,500.00) egative number	

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Recipie Committee Campaign Statement Cover Page			FC	FORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year) 11/6/2018	2 5 2019 PageFo	or Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored Complete Part 6) rimarily Formed Candidate/ fficeholder Committee So Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	☐ Quarterly State ☐ Special Odd-Ye	
	. NUMBER 404647	Treasurer(s) NAME OF TREASURER Melissa Gee MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS		
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of a term of the State of the Stat	BySignature of Control BySignature of Signature of Sign	nowledge the information contained herein and correct. Signature of Treasurer or Assistant Treasurer Illing Officeholder, Candidate State Measure Proponent or Regnature of Controlling Officeholder, Candidate, State Measure	esponsible Officer of Sponsor e Proponent	true and complete. I

Recipient Committee Campaign Statement Cover Page — Part 2



5. Officeholder or Candidate Controlled Committee				Primarily Formed Ballo	t Measure C	ommittee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Jill Gayaldo							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	N .		SUPPORT
	Rocklin City Council							OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling office	holder, candid	ate, or state	measure pro	oponent, if any.
				NAME OF OFFICEHOLDER, CANI	DIDATE, OR PRO	PONENT		
	Related Committees Not Included in this Stat	ement. List any committees						
	not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candidate.	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO). IF ANY
	COMMITTEE NAME	I.D. NUMBER						
			7.	. Primarily Formed Cand	idate/Office	holder Co	mmittee	List names of
	NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this o	committee is	primarily forn	ned.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOU	GHT OR HELD	
	COMMITTEE ADDRESS STREET ADDRESS (NO F.O. BO	(**)						SUPPORT OPPOSE
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOU	IGHT OR HELD	
								SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOLI	IGHT OR HELD	
				NAME OF OFFICEROEDER OR C.	ANDIDATE	OTTIOE SOO	ON TILLE	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOU	IGHT OR HELD) SUPPORT
		YES NO						OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	DX)		-				
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		. A // I	.h			
	SINIE ZIFOC	ANEA GODEN HONE		Atta	ch continuatio	n sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 10/21/2018 12/31/2018 I.D. NUMBER

from through SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018 1404647

Contributions Received	(FR	Column A TOTAL THIS PERIOD OM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$ _	3,750.00	\$.	42,130.00	General Elections
2. Loans Received		0		2,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ _	3,750.00	\$.	44,130.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0		1,474.45	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ -	3,750.00	\$	45,604.45	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ -	12,570.63	\$	43,978.47	Candidates
7. Loans Made Schedule H, Line 3	14	0		0	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ -	12,570.63	\$	43,978.47	(If Subject to Voluntary Expenditures Made
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	1.0	1,500.00		1,500.00	Date of Election Total to Date
10. Nonmonetary Adjustment		0		1,474.45	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ -	14,070.63	\$	46,952.92	 / \$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$.	9,077.75	То	calculate Column B,	
13. Cash Receipts Column A, Line 3 above		3,750.00		I amounts in Column the corresponding	***************************************
14. Miscellaneous Increases to Cash Schedule I, Line 4		0	am	ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		12,570.63	am	our last report. Some ounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$.	257.12		negative figures that ould be subtracted from	
If this is a termination statement, Line 16 must be zero.			pre	vious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$.	0	file	d for this calendar year, y carry over the amounts	
Cash Equivalents and Outstanding Debts			fror	n Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$.			·	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0			FPPC Form 460 (Jan/20 FPPC Advice: advice@fppc.ca.gov (866/275-37

www.fppc.ca.gov

Schedule A

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$

Amounts may be rounded

Monetary Contributions Received		to	whole dollars.	Statement coverage from10/21	ers period /2018	CALIFORNIA / LA	
SEE INSTRUCTIO	NS ON REVERSE			through12/3	31/2018	Page	of9
NAME OF FILER Elect Jill G	ayaldo for Rocklin City Council 2018					1.D. NU 14046	
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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/26/2018	Eric Stevens Rocklin, CA 95765	IND COM OTH PTY	Attorney, Girard, Edwards, Stevens & Tucker, LLP	100.00	00.00 100.00		
10/26/2018	Sjolie, Inc Rockiin, CA 95/65	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		100.00	100.00		
10/26/2018	David Attaway	☑IND □COM □OTH □PTY □SCC	CEO, Placer Valley Tourism	100.00	100.00		
10/26/2018	FSB Core Strategies	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		250.00	250,00		
10/30/2018	Brian Ostrow	☑IND □COM □OTH □PTY □SCC	Owner, AVC Computers & Communications Inc.	200.00	200.	.00	
			SUBTOTAL S	750.00			
Amount re (Include al	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)			3,700.00	IND - COM	(other	

FPPC Form 460 (Jan/2016)

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

SCC - Small Contributor Committee

PTY - Political Party

3,750.00

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA 460	
		from10/21/2018	FORM 40U	
		through12/31/2018	Page5 of9	
AME OF FILER			I.D. NUMBER	
Elect Jill Gayaldo for Rocklin City Council 2018			1404647	

	•				1.10.10	
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)
11/5/2018	Gala Construction, Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
11/5/2018	Evergreen/Rockin Land J.V.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
11/9/2018	Kristen Griffith	IND COM OTH PTY	Investor Relations, Brentwood Developments	950.00	950.00	
11/27/2018	Committee for Home Ownership of the N State Building Industry Assn, ID 782240,	□IND □COM □OTH □PTY □SCC		1000.00	6000.00	
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL S	2,950.00		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

S	ch	e	dι	ıl	е	B	-	P	art	1
1	Ωa	n	2	R	0	2	iv	PI	H	

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

** If required.

Amounts may be rounded

SCHEDULE B - PART 1

Loans Received			from10/2	1/2018	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2018	Page6	of9
Elect Jill Gayaldo for Rocklin City Council	2018						1404647	
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 PA OR FORGIVI THIS PERIC	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jill Gayaldo	City Council, City of Rocklin	0.000.00		FORGIVEN		% RATE	\$ <u>2000.00</u>	\$ 2,000.00 PER ELECTION**
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$_2,000.00	\$0	\$	O N/A DATE DUE	\$0	4/12/18 DATE INCURRED	\$N/A_
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID FORGIVEN \$	\$DATE DUE	% RATE	\$DATE INCURRED	\$ PER ELECTION**
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID \$ FORGIVEN \$	\$	% RATE	\$DATE INCURRED	\$ PER ELECTION**
TO IND COM OTH PTY SCC		SUBTOTALS \$	5 0 5	<u> </u>	0 \$ 2,000.00	\$ 0		
Schedule B Summary 1. Loans received this period				\$ _	0	(Enter (e) on Schedule E, Line 3)		
2. Loans paid or forgiven this period						Contributor Codes ID – Individual OM – Recipient C (other than i TH – Other (e.g., TY – Political Part	ommittee PTY or SCC) business entity)	
Net change this period. (Subtract Lin Enter the net here and on the Summa				.NET \$ _	(May be a negative number)		CC – Small Contri	

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

	CHEDULE E
Statement covers period	CALIFORNIA 160
from10/21/2018	FORM 400
through12/31/2018	Page of9
	I.D. NUMBER
	1404647

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018

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 MTG meetings and appearances CNS campaign consultants RFD returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense PRO 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT AMOUNT PAID Politicalcalling.com Robocalls

д е 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 	CMP		960.89
Placer Mailing Services	LIT	Mailers	6,863.04
Gold Country Media	PRT	Paper ad	725.00

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

SUBTOTAL \$ 8,548.93

Schedule E Summary

12,394.72 175.91 2. Unitemized payments made this period of under \$100.....\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 12.570.63

Schedu 🚅
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SC	ìΗ	F	l.,
			_

CALIFORNIA FORM

Statement covers period

from

10/21/2018

É (CONT.)

SEE INSTRUCTIONS ON REVERSE			through12/31/2018	Page	8 of 9
NAME OF FILER				I.D. NUME	
Elect Jill Gayaldo for Rocklin City Council 2018				1404647	•
CODES: If one of the following codes accurately describes the payment, you 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 commenders of members of meetings and office expense petition circulty phone banks polling and significant professional professional professional professional print ads	munications d appearances ses ating urvey research very and mess	n senger services	wise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	duction costs nd meals and meals s of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Kent Pollack Communications	WEB	Eblast			265.00
MarketSharePR	СМР	Social media, gra	phic design, treasurer		2,274.81
Shutterfly	СМР	Cards			185.98
Karen Ruggiero 95741	WEB	Website			120.00
Aldo Pineschi Consulting	CNS	Consulting			1000.00
* Payments that are contributions or independent expenditures must also be summarized on Sche	edule D.		S	UBTOTAL S	\$ 3,845.79

- 1					
H	FI	71	11	F	F

Schedule F Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **Accrued Expenses (Unpaid Bills) FORM** 10/21/2018 from 12/31/2018 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Elect Jill Gayaldo for Rocklin City Council 2018 1404647 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 t.v. or cable airtime and production costs phone banks candidate filing/ballot fees PHO TRC candidate travel, lodging, and meals FIL polling and survey research fundraising events staff/spouse travel, lodging, and meals FND IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor 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) (d) NAME AND ADDRESS OF CREDITOR CODE OR AMOUNT INCURRED OUTSTANDING AMOUNT PAID OUTSTANDING (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT BALANCE BEGINNING THIS PERIOD THIS PERIOD BALANCE AT CLOSE (ALSO REPORT ON E) OF THIS PERIOD OF THIS PERIOD Aldo Pineschi Consulting CNS 0 2.500.00 1.000.00 1.500.00 * Payments that are contributions or independent expenditures must also be SUBTOTALS \$ 0 \$ 2,500.00 \$ 1.000.00 \$ 1.500.00 summarized on Schedule D. Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F. Column (b) subtotals for 2,500.00 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

on the Summary Page, Column A, Line 9.)

NET \$ 1,500.00

May be a negative number

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

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

1,000.00

Belalais 4 Committee	_)		VER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from 01/01/2018	Date of election if applicable: (Month, Day, Year)	JUL 1 6 2018	Page1 of13 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2018	11/06/2018	m7	
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Controlled Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Term ☐ Amendment (Explain belo	☐ Speci	terly Statement ial Odd-Year Report
3 Committee Information). NUMBER 1404647	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Elect Jill Gayaldo for Rocklin City Council 2018 STREET ADDRESS (NO PO. BOX)		NAME OF TREASURER Melissa Gee Alling Address		
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	СІТҮ	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and reviewic certify under penalty of perjury under the laws of the State of Executed on Date Executed on Date Executed on Date	California that the foregoing is true and By By Signature of Cont.	knowledge the information contained he correct. A Signature of Treasurer or Assistant Trestling Officeholder, Landidate, State Measure Proposition of Controlling Officeholder, Candidate, State Signature of Controlling Officeholder, Candidate, State St	reasurer onent or Responsible Officer of Sponso	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALI		IA Z	160					
FC	DRM							
Page _	2	_ of	13					

. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	: Measure Com	mittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Jill Gayaldo						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
Rocklin City Council						I GIT GOE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office	nolder, candidate,	or state measure p	proponent, if any.
			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPON	IENT	
Related Committees Not Included in this State	ement: List any committees					
not included in this statement that are controlled by you or	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
contributions or make expenditures on behalf of your candi	dacy.					
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	idate/Officeho	lder Committee	List names of
NAME OF TREASURER	YES NO		officeholder(s) or candidate(s)	for which this comi	mittee is primarily fo	ormed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR CA	ANDIDATE OF	FICE SOUGHT OR HE	
						SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OF	FICE SOUGHT OR HE	LD SUPPORT
n						OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FICE SOUGHT OR HE	
			NAME OF OFFICEROLDER OR CA	ANDIDATE OF	FICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OF	FICE SOUGHT OR HE	_
	☐ YES ☐ NO		NAME OF OFFICEHOLDER OR OF	INDIDATE OF	FICE SOUGHT OR HE	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)					OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	ch continuation sh	neets if necessary	
					•	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 01/01/2018 **FORM** from 06/30/2018 13 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018 1404647

					1101017
Contributions Received	(Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$	9,235.00	\$	9,235.00	General Elections
2. Loans Received	•	2,000.00	*	2,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	11,235.00	\$	11,235.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0		0	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	11,235.00	\$	11,235.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4			\$	4,661.98	Candidates
7. Loans Made Schedule H, Line 3		0		0	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		•	\$		(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0		0	Date of Election Total to Date
10. Nonmonetary Adjustment		0		0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	4,661.98	\$	4,661.98	 \$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Column B,	
13. Cash Receipts		11,235.00		d amounts in Column o the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0	am	nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		4,661.98		your last report. Some nounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	6,573.02		negative figures that ould be subtracted from	
If this is a termination statement, Line 16 must be zero.			pre	evious period amounts. If s is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file	d for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts			fro an	m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents	\$				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$				FPPC Form 460 (Jan/20 FPPC Advice: advice@fppc.ca.gov (866/275-37
					unua fono co

www.fppc.ca.gov

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from01/01/2018	CALIFORNIA 460
through06/30/2018	Page4of13
	I.D. NUMBER 1404647

Elect Jill Gayaldo for Rocklin City Council 2018 **AMOUNT** CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (IF REQUIRED) (JAN. 1 - DEC. 31) OF BUSINESS) **V**IND **Edward Bonner** COM Retired 100.00 100.00 5/4/2018 □отн ☐ PTY SCC **IND** Peter Hill ☐ COM Retired 100.00 100.00 5/4/2018 □отн ☐ PTY SCC **IND** Sarah Rath □сом Admin Assistant, Del Oro 5/4/2018 100.00 100.00 □отн High School ☐ PTY □scc **IND** Marilyn Greco Retired Псом 100.00 100.00 5/4/2018 Потн □ PTY □scc **IND** Shanti Landon Aide, Placer County COM 100.00 100.00 5/4/2018 OTH □ PTY SCC SUBTOTAL \$ 500.00

Schedule A Summary

	Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$_	7,800.00
	Amount received this period – unitemized monetary contributions of less than \$100		
2	Total manatany contributions received this period		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

				from01/01/	/2018	FO	RM 400
				through06/3	0/2018	Page	5 of 13
NAME OF FILER						I.D. NUN	MBER
Elect Jill Ga	yaldo for Rocklin City Council 2018					140464	17
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)
5/4/2018	Committee to Elect Krista Bernasconi	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100.	.00	
5/4/2018	Kris Wyatt	☑IND □COM □OTH □PTY □SCC	Board Member, WPUSD	100.00	100.	00	
5/4/2018	Kent Walters	IND COM OTH PTY	President, Alpha Graphics	100.00	100.	.00	
F/4/004B	Ruhkala Monument Company Inc	□IND □COM		100.00	100	00	

Z OTH PTY □scc ☐ IND

☑ OTH PTY scc

> **SUBTOTAL \$** 500.00

100.00

100.00

Statement covers period

*Contributor Codes

IND - Individual

5/4/2018

5/4/2018

COM - Recipient Committee (other than PTY or SCC)

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

Al Johnson Consulting LLC

PTY - Political Party

SCC - Small Contributor Committee

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

100.00

100.00

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole do	to whole dollars.			s period	CALIFORNIA 460		
				from	01/01/2	2018	FO	RM	400
				through	06/30	/2018	Page	6 c	of13
NAME OF FILER							I.D. NUMI	BER	
Elect Jill Ga	yaldo for Rocklin City Council 2018						140464	7	
DATE	FULL NAME OTDEST ADDRESS AND ZID CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT		CUMULATIVE TO	DATE	PER I	ELECTION

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)		
5/7/2018	Steve Schaumleffel	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00			
5/7/2018	Sherri Cook e	IND COM OTH PTY	Retired	100.00	100.00			
5/22/2018	Gina Huppe ie	☑IND □COM □OTH □PTY □SCC	Self, Gigi's Kitchen, LLC	100.00	100.00			
5/4/2018	Andy Hoekstra	☑IND □COM □OTH □PTY □SCC	Pilot, Navy	150.00	150.00			
5/4/2018	David Busch	IND COM OTH PTY	President, Quarry Park Adventures	150.00	150.00			
SUBTOTAL \$ 600.00								

*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 may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

SUBTOTAL \$

1200.00

01/01/2018

				through06/3	0/2018	Page _	7	_ of13
NAME OF FILER						I.D. NU	MBER	
Elect Jill Ga	yaldo for Rocklin City Council 2018			1404647				
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		ER ELECTION TO DATE F REQUIRED)
5/7/2018	Suanne Bell	☑IND □COM □OTH □PTY □SCC	Assistant Principal, Woodcreek High School	200.00	200.	00		
5/4/2018	Ratapon Smittipatana 2712 Hamisian Otrock F	☑IND □COM □OTH □PTY □SCC	CFO, AZ Bus Sales Inc	250.00	250.	00		
5/4/2018	Mary Pat Gayaldo	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.	00		
5/4/2018	Jason Moore-Brown 34 Ne	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Consultant, GHA Management Group	250.00	250.	00		
5/4/2018	Dana McKillip 43 ve	☑IND □ COM □ OTH	Sales Rep, Access MedQuip	250.00	250.	00		

☐ 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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA ACO		
•		from01/01/2018	FORM 460		
		through06/30/2018	Page8 of13		
NAME OF FILER			I.D. NUMBER		
Elect Jill Gayaldo for Rocklin City Council 2018			1404647		

	yalao loi 1tookiii oky oodiloii 2010				11010	
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)
5/4/2018	Camille Maben	☑IND □COM □OTH □PTY □SCC	Executive Director, First 5 California	250.00	250.00	
5/4/2018	Alessandro Greco	☑IND □COM □OTH □PTY □SCC	Sales Rep, Medtronic	250.00	250.00	
5/4/2018	Re-Elect Robert Weygandt	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		250.00	250.00	
5/4/2018	Rocklin Firefighters Local 3847 PO B - 9075 F 77	□IND □COM ☑OTH □PTY □SCC		250.00	250.00	
5/4/2018	Phillips Land Law, Inc	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250.00	

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA ACO
		from01/01/2018	CALIFORNIA 460
		through06/30/2018	Page 9 of 13
NAME OF FILER			I.D. NUMBER
Elect Jill Gayaldo for Rocklin City Council 2018			1404647

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)	
5/4/2018	Cresleigh Homes Corp.	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250.00		
5/4/2018	Friends of Greg Janda for Rocklin City Council	☐IND ☐COM ☐OTH ☐PTY ☐SCC		250.00	250.00		
6/6/2018	Grace Kamphefner	IND COM OTH PTY	Self, Aerometals	250.00	250.00		
5/4/2018	Diane Stilwell	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	500.00	500.00		
5/4/2018	Haney Business Ventures 4 R	☐IND ☐COM ☐OTH ☐PTY ☐SCC		500.00	500.00		
-	SUBTOTAL \$ 1750.00						

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

01/01/2018

				through06/3	0/2018	Page _	10 of 13
NAME OF FILER					I.D. NU		
Elect Jill Ga	yaldo for Rocklin City Council 2018			14046	47		
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)
5/4/2018	Pacific Erectors, Inc	□IND □COM ☑OTH □PTY □SCC		500.00	500.	00	
5/4/2018	JMC 1 F	□IND □COM ☑OTH □PTY □SCC		500.00	500.	00	
5/29/2018	Laborers Local 185 PAC	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		1000.00	1000.	00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL \$	2000.00		DI PER S	

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Sc	h	ed	ul	е	В	_	P	art	1
10	a	ns	R	P	Ce	iv	ec	1	

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

** If required.

Amounts may be rounded to whole dollars.

Schedule B – Part 1 Loans Received		to whole dollars.			from 01/0	rers period 1/2018	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through06/	30/2018	Page 11	of13
Elect Jill Gayaldo for Rocklin City Council	2018						1404647	
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 PA OR FORGIVE THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jill Gayaldo	City Council, City of Rocklin	0	2,000,00	FORGIVEN		%	\$	\$ 2000.00 PER ELECTION**
TO IND COM OTH PTY SCC		\$0	\$_2,000.00	\$	0 12/31/18 DATE DUE	\$0	DATE INCURRED	\$
				PAID \$ FORGIVEN		RATE %	\$	\$ PER ELECTION **
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID \$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION**
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	3	\$	\$ 2,000.00	\$		
Schedule B Summary 1. Loans received this period				\$ _	2,000.00	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	00 paid or forgiven.)			\$	0	- IN C	Contributor Codes ID – Individual OM – Recipient C (other than TH – Other (e.g., TY – Political Part	ommittee PTY or SCC) business entity)
Net change this period. (Subtract Lin- Enter the net here and on the Summar				NET \$	2,000.00 (May be a negative number)	s	CC – Small Contr	

Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from01/01/2018	FORM 400
through06/30/2018	Page12 of13
	I.D. NUMBER
	1404647

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018 1404647 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 candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL FND fundraising events POL polling and survey research TRS 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID The Brass Tap Kickoff event FND 1309.38 MarketSharePR Website, logo, print cards, support **CMP** 2745.60 Rocklin Chamber of Commerce Booth MTG 250.00 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 4304.98 Schedule E Summary 4554.98 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 107.00 2. Unitemized payments made this period of under \$100......\$

0 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 4661.98

SCHEDULE	F	CONT
SCHEDOLE		CONT

Schedule E (Continuation Sheet)

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA

Payments Made	from01/01/2018	FORM	
SEE INSTRUCTIONS ON REVERSE	through06/30/2018	Page 13	of13
NAME OF FILER		I.D. NUMBER	
Elect Jill Gayaldo for Rocklin City Council 2018		1404647	

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 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 PRO professional services (legal, accounting) LEG legal defense VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings print ads NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PCLEC Sponsorship **PCLEC** 250.00

MTG	250.00

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

SUBTOTAL \$

250.00

www.fppc.ca.gov

N - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2				COVER PAGE
Recipient Committee Campaign Statement Cover Page		ñ	Date Stamp	CALIFORNIA 460
5				Page 1 of 20
	Statement covers period	Date of election if applicable:	3 0 = 0010	
	7/1/2018	(Month, Day, Year)	SEP 2 5 2018	For Official Use Only
	from			שופו
SEE INSTRUCTIONS ON REVERSE	9/22/2018	11/6/2018	N MI	
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored co Complete Part 6) rimarily Formed Candidate/ fficeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T	nt Spe	rterly Statement cial Odd-Year Report
O Political Party/Central Committee	so Complete Part 7)			
3. Committee Information	NUMBER	Treasurer(s)		
14	404647			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Elect Jill Gayaldo for Rocklin City Council 2018		Melissa Gee		
·		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)				
		NAME OF ASSISTANT TREASURE	ER, IF ANY	
		V		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	*	OPTIONAL: FAX / E-MAIL ADDRE	ESS	
4. Verification				
I have used all reasonable diligence in preparing and reviewin			d herein and in the attached so	hedules is true and complete. I
certify under penalty of perjury under the laws of the State of C	California that the foregoing is true and o	correct.		
9/23/2018	D. 91			
Executed onDate	Ву	Signature of reasurer or Assistan	nt Tjeasurer	
Executed on9/23/2018	Ву	1100		
Date	Signature of Control	lling Officeholder, Candidate/Sate Measure P	Proponent or Responsible Officer of Spon	sor
Executed on	Bv	V		
Date	Si	gnature of Controlling Officeholder, Candidate,	, State Measure Proponent	
Executed on	Ву		8:1.14	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAG	E - PAR	T 2
CALIF	ORN	IIA .	160	
	RM		101	4
* 100 100 100			300	
Page _	2	_ of _	20	-

. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Jill Gayaldo							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
Rocklin City Council							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling officel	nolder, candid	late, or state	measure pro	pponent, if any.
<u> </u>			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	PONENT		
Related Committees Not Included in this State	ament: List any committees						
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER				^		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office	eholder Co	mmittee	List names of
	☐ YES ☐ NO		officeriorder(s) of candidate(s)	ioi wilicii ulis	commuee is p	ornitarny torn	riea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	∩ SUPPORT
							OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD)
							☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER						☐ OPPOSE
			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
							☐ OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)						
CITY STATE ZIP CO	ODE AREA CODE/PHONE		Attac	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$

Amounts may be rounded to whole dollars.

		SUMMARY PAGE						
Statem	7/1/2018	CALIFORNIA 460						
through	9/22/2018	Page3 of20						
		I.D. NUMBER						
		1404647						

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018 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** 30.880.00 21.645.00 1/1 through 6/30 7/1 to Date 2,000.00 20. Contributions 21.645.00 32,880.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 1,474.45 1,474.45 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 23,119.45 34,354.45 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 18,595.67 23.257.65 Candidates 0 0 22. Cumulative Expenditures Made* 18,595.67 23,257.65 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date 0 (mm/dd/yy) 18,595.67 23,257.65 **Current Cash Statement** 6.573.02 To calculate Column B. 21.645.00 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 18,595.67 amounts in Column A may 9.622.35 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ _ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse \$

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 4

Statement covers period

from_

7/1/2018

SEE INSTRUCTION	NS ON REVERSE		through 9/2	2/2018	Page	4	of	20	
NAME OF FILER Elect Jill G	ayaldo for Rocklin City Council 2018					I.D. NUMBER 1404647			
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	AR TO DATE		Έ
7/30/2018	Martin A Harmon & Auburn Manor Holding Corp	☐IND ☐COM ØOTH ☐PTY ☐SCC		1,000.00	1,000.	00			
7/25/2018	James W Holmes for Supervisor, ID 1250043	☐IND ☐COM ☐OTH ☐PTY ☐SCC		50.00	100.	00			
8/2/2018	Anthony Biagi	☑IND □COM □OTH □PTY □SCC	Self, Medical Supply Sales	100.00	100.00				
8/2/2018	Cresleigh Homes Corp	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		50.00	300.	00			
8/2/2018	Eli Broad & Affiliated Entity Placer Ranch, Inc	☐IND ☐COM ØOTH ☐PTY ☐SCC		250.00	250.	.00			
			SUBTOTAL \$	1,450.00			giv.		
1. Amount re	Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)						ual pient Cor than P	TY or S	CC)
	ceived this period – unitemized monetary contribution	ns of less thar	n \$100\$	395.00	OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee				
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$	21,645.00					

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from_

7/1/2018

LAME OF EU ED				through 9/22	/2018		5 of 20	
Elect Jill Ga	yaldo for Rocklin City Council 2018					1.D. NU		
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)	
8/2/2018	Susan Green 2 F	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00		
8/2/2018	Stacey Haney	☑ IND □ COM □ OTH □ PTY □ SCC	Owner, Haney Business Ventures	200.00	200.00			
8/2/2018	Peter Hill	☑IND □COM □OTH □PTY □SCC	Retired	100.00	200.00			
8/2/2018	John Mourier Construction, Inc	□IND □COM ☑OTH □PTY □SCC		100.00	6,600.00			
8/2/2018	Law Office of Marcus J Lo Duça	□IND □COM ☑OTH □PTY □SCC		250.00	300.00			
SUBTOTAL \$ 750.00								

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA /

Statement covers period

				from7/1/2	018	FC	DRM TOO
				through9/22	2/2018	Page _	6 of
NAME OF FILER						I.D. NUI	MBER
Elect Jill Ga	yaldo for Rocklin City Council 2018					1404647	
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)
8/2/2018	Marques Pipeline, Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.	00	
8/2/2018	Phillips Land Law. Inc e	□IND □COM ☑OTH □PTY □SCC		250.00	500.00		
8/2/2018	Recology, Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.	00	
8/2/2018	Helen Wahlstrom	☑IND □COM □OTH □PTY □SCC	Retired	50.00	100.	00	
8/2/2018	Wood Rodgers	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.	00	
		1,800.00					

*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 may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

7/1/2018

				110111				是是是
				through9/22	/2018	Page _	7	_ of
NAME OF FILER			L			I.D. NU	MBER	
Elect Jill Ga	yaldo for Rocklin City Council 2018					1404647		
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		ER ELECTION TO DATE F REQUIRED)
8/3/2018	Suzette Thomas	☑IND □COM □OTH □PTY □SCC	Self, Property Management	100.00	100.	00		
8/8/2018	Committee to Elect Krista Bernasconi, ID	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		200.00	200.00			
8/8/2018	Timothy Taron	☑IND □COM □OTH □PTY □SCC	Partner, Hefner, Stark & Marois, LLP	250.00	250.	00		
8/10/2018	Ruhkala Monument Company Inc 1 S	□IND □COM ☑OTH □PTY □SCC		100.00	200.	00		
8/10/2018	Scott Yuill Insurance & Financial Svcs, Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	250.	00		
		750.00						

*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 may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

from7/1/2018		2018	FC	ORM 400					
				through 9/22	2/2018	Page _	8 of		
NAME OF FILER						I.D. NUI	MBER		
Elect Jill Ga	yaldo for Rocklin City Council 2018					14046	1404647		
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)		
8/13/2018	Nielsen & Associates Architects	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00				
8/16/2018	Allard Residential Svcs Inc dba Molly Maid of	□IND □COM ☑OTH □PTY □SCC		100.00	100.00				
8/16/2018	Eugene Johnson	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.	00			
8/16/2018	Land Development Services, Inc	□IND □COM □OTH □PTY □SCC		250.00	250.	00			
8/16/2018	Jim Reynolds	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00			
SUBTOTAL \$ 1,150.00									

*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 may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA /

				from7/1/2	018	FC	DRM TOU
				through 9/22	2/2018	Page _	9 of
NAME OF FILER						I.D. NU	MBER
Elect Jill Ga	yaldo for Rocklin City Council 2018				14046	47	
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)
8/21/2018	Al Johnson Consulting, Inc	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	350.	.00	
8/21/2018	Baker Williams Engineering Group	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		300.00	300.	.00	
8/21/2018	CA Conference Board Amalgamated Transit ad	□IND □COM □OTH □PTY		1,000.00	1,000.	.00	

Self, Kirk Doyle Realty

✓ SCC

☑IND □COM □OTH

□ PTY
□ SCC

СОМ

✓ OTH □ PTY □ SCC

SUBTOTAL \$ 1,900.00

250.00

100.00

Statement covers period

*Contributor Codes

IND - Individual

8/21/2018

8/21/2018

COM – Recipient Committee (other than PTY or SCC)

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

Kirk Dovle

First Point Management Group

PTY - Political Party

SCC - Small Contributor Committee

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

250.00

100.00

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

SUBTOTAL \$

6,400.00

7/1/2018

NAME OF FILER Elect Jill Ga	yaldo for Rocklin City Council 2018		through 9/22/2018			Page of I.D. NUMBER 1404647		
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)	
8/21/2018	Jim Durfee Consulting Inc	□IND □ COM ☑ OTH □ PTY □ SCC		100.00	100.	.00		
8/21/2018	John Mourier Construction, Inc	□ IND □ COM ☑ OTH □ PTY □ SCC		6,000.00	6,600.	00		
8/21/2018	JR Hanson Consulting LLC 1 F	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.	.00		
8/21/2018	Shanti Landon	☑IND □COM □OTH □PTY □SCC	Aide, Placer County	100.00	200.	.00		
8/21/2018	Scott Yuill Insurance & Financial Services Inc	□IND □COM ☑OTH □PTY □SCC		100.00	250.	.00		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from7/1/2	2018	FC	ORM TOO		
				through9/22	2/2018	Page _	11 of		
NAME OF FILER						I.D. NUI	MBER		
Elect Jill Ga	yaldo for Rocklin City Council 2018					1404647			
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)		
8/28/2018	Mother Lode Holding Co	□IND □COM ☑OTH □PTY □SCC		250.00	250.00		250.00		
8/29/2018	Robert F Sinclair Attorney at Law	☑IND □COM □OTH □PTY □SCC	Self, Attorney	100.00	100,00				
8/29/2018	Tim Lewis Communities	□IND □COM ☑OTH □PTY □SCC		100.00	100.00				
9/4/2018	Sierra Wes Wall Systems, Inc	☐IND ☐COM ☐OTH ☐PTY ☐SCC		500.00	500.00				
9/17/2018	Committee for Home Ownership of the North State Bldg Industry, ID 782240,	□IND □COM □OTH □PTY ☑SCC		5,000.00	5,000.	00			

SUBTOTAL \$

5,950.00

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from .

7/1/2018

	F OF EU ED			through 9/22/2018		_	of					
NAME OF FILER						I.D. NU						
Elect Jill Ga	yaldo for Rocklin City Council 2018					14046	47					
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)					
9/20/2018	Roger Petersen	☑ IND □ COM □ OTH □ PTY □ SCC	Self, Writing Coach	100.00	100.00							
9/21/2018	Rocklin Area Chamber of Commerce PAC, ID #1360300, 5700 Pocklin Pood	□IND □COM □OTH □PTY ☑SCC		1,000.00	1,000.00							
		□IND □COM □OTH □PTY □SCC										
		□IND □COM □OTH □PTY □SCC										
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC										
			SUBTOTAL	SUBTOTAL \$ 1,100,00								

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

							00115	DIUED DADE
Schedule B – Part 1 Loans Received	Am	ounts may be rou to whole dollars			Statement cover	ers period 2018	CALIFORN FORM	IA 460
SEE INSTRUCTIONS ON REVERSE					through 9/2	2/2018	Page13	of20
NAME OF FILER				•			I.D. NUMBER	
Elect Jill Gayaldo for Rocklin City Counci	I 2018						1404647	
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 PAII OR FORGIVE THIS PERIOI	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Jill Gayaldo 3 F	City Council, City of Rocklin			PAID \$0 FORGIVEN	\$ 2,000.00	0% RATE	\$ 2000.00	CALENDAR YEAR \$ 2,000.00 PER ELECTION*
To IND □ COM □ OTH □ PTY □ SCC		\$_2,000.00	s0	s0	12/31/18 DATE DUE	s0		\$n/a
				PAID FORGIVEN	\$	% RATE	\$	\$PER ELECTION
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID S FORGIVEN	\$	% RATE	\$	\$PER ELECTION ¹
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0 :	\$ (0 \$ 2,000.00	\$ 0		
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loan				\$	0	(Enter (e) on Schedule E, Line 3) Contributor Codes	3
 Loans paid or forgiven this period (Total Column (c) plus loans under \$1 (Include loans paid by a third party that 	00 paid or forgiven.)			\$	0		ND – Individual COM – Recipient C (other than DTH – Other (e.g.,	PTY or SCC)

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

** If required.

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

PTY - Political Party

(May be a negative number)

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LD. NUMBER

1404647

Elect Jill C	Sayaldo for Rocklin City Council 2018					140464	1
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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/21/2018	John Mourier Construction, Inc	□IND □COM □OTH □PTY □SCC		Breakfast fundraiser	1,274.45	1,274.45	
9/10/2018	Cherri Spriggs-Hernandez	□ IND □ COM □ OTH □ PTY □ SCC	Principal, FSB Core Strategies	Precinct lists	200.00	200.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
Attach add	litional information on appropriately labeled	continuation	sheets.	SUBTOTAL	\$ 1,474.45		

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ 1.474.45
Amount received this period – unitemized nonmonetary contributions of less than \$100	_
3. Total nonmonetary contributions received this period.	

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$_

*Contributor Codes

IND - Individual

1.474.45

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedule E **Payments Made**

Schedule E Summary

Amounts may be rounded to whole dollars.

-	SCHEDULE E
Statement covers period	CALIFORNIA 160
from7/1/2018	FORM 400
through 9/22/2018	Page 15 of 20
	I.D. NUMBER
	1404647

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018 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 petition circulating TEL t.v. or cable airtime and production costs CVC civic donations FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor **TSF** PRO professional services (legal, accounting) VOT voter registration legal defense PRT print ads WEB information technology costs (internet, e-mail) campaign literature and mailings NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) MarketShare PR Website development, campaign media development **WEB** 3.206.70 MarketShare PR Social media **WEB** 300.00 Aldo Pineschi Consulting Consulting 1,000.00 CNS * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 4.506.70

18.329.15 1. Itemized payments made this period. (Include all Schedule E subtotals.)......\$ 266.52 2. Unitemized payments made this period of under \$100......\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 18.595.67

			30		
CCL	ICDI	II To	C	(CONT	-
OUL	ロニコハ	ᇨ		I VIVIA I	

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

Amounts may be rounded to whole dollars.

Statemer	nt covers period	CALIFORNIA 160
from	7/1/2018	FORM 400
through	9/22/2018	Page 16 of 20
		I.D. NUMBER
		1404647

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries petition circulating CVC civic donations TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events staff/spouse travel, lodging, and meals polling and survey research postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) LEG legal defense 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** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Staples Copies **CMP** 103.49 Green Apple Sponsorship Rocklin Chamber of Commerce **CTB** 250.00 Filing fee **Placer County Elections** FIL 500.00 Fundraiser breakfast Mezcalito **FND** 486.10 MarketShare PR Event writing, social media CMP 300.00 **SUBTOTAL \$**

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

1,639.59

CHEDI	11 -	т.	10001	-
SCHEDU	ノレニ		LOON	1.1

Schedule E (Continuation Sheet)

Amounts may be rounded to whole dollars.

Statement covers period

Payments Made	from7/1/2018	FORM	400
SEE INSTRUCTIONS ON REVERSE	through 9/22/2018	Page17	of 20
NAME OF FILER		I.D. NUMBER	
Elect Jill Gayaldo for Rocklin City Council 2018		1404647	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Other	wise, describe the payment.	_	

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 com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, dell PRO professional PRT print ads	d appearances ses lating urvey researd very and mes	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 senger services TSF transfer between committees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Budget Watchdogs Newsletter		LIT	Slates	1,514.00
Amazon		CMP	Event supplies	159.95
Discount Mugs		СМР	Logo items	332.00
MarketShare PR		СМР	Buttons, social media, treasurer svcs	1,000.41
Walmart		СМР	Event supplies	124.74
* Payments that are contributions or independent expenditures must also be	e summarized on Sch	edule D.	SUBTOTAL	\$ 3,131.10

SCHEDULE E (CONT.	

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

CMP campaign paraphernalia/misc.

Amounts may be rounded to whole dollars.

MBR member communications

Statement covers period **CALIFORNIA FORM** 7/1/2018 from 9/22/2018 through I.D. NUMBER

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018 1404647 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNF campaign paraprenalizations. CNS campaign consultants CTB contribution (explain nonmonetary)* 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		d appearanceses lating urvey resea very and me	ees	RAD radio antime and production cost RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and me TRS staff/spouse travel, lodging, and TSF transfer between committees of too voter registration WEB information technology costs (interpretable)	on costs eals meals he same candidate/spon	isor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAIC)
Sacramento State Alumni Association		СТВ	Sponsorship		250).00
COPS Voter Guide		LIT	Slates		1,366	5.00
USPS		POS	Stamps		100).00
Staples		OFC	Supplies		211	1.20
Aldo Pineschi Consulting		CNS	Consulting		1,000).00
* Payments that are contributions or independent expenditures must also	be summarized on Sch	edule D.		SUBT	OTAL \$ 2,927	7.20

2	
chedule E	Ame
Continuation Sheet)	
4 88 1	

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

CNS campaign consultants

CVC civic donations

Amounts may be rounded to whole dollars

MBR member communications

OFC office expenses

PET petition circulating

MTG meetings and appearances

SCHEDU	HE	E	CONT
SCHEDU	ノレニ		(CONT.)

RAD radio airtime and production costs

TEL t.v. or cable airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

Continuation Sheet) Payments Made	t) to whole dollars.		7/1/2018	CALIFORNIA FORM	460
EE INSTRUCTIONS ON REVERSE		through_	9/22/2018	Page19	of
AME OF FILER				I.D. NUMBER	
Elect Jill Gayaldo for Rocklin City Council 2018				1404647	
CODES: If one of the following codes accurately describe	s the payment, you may enter the code. Other	wise, desc	cribe the payment.		

* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.		SUBTOTAL	-\$ 3,167.59
Election Digest		LIT	Slates		721.00
California Voter Guide		LIT	Slates		708.00
CALSAL Voter Guide		LIT	Slates		633.00
Aldo Pineschi Consulting		CNS	Consulting	•	1,000.00
Smartpress.com		СМР	Labels		105.59
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FIL candidate filing/ballot fees fND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	PHO phone banks POL polling and su POS postage, deliv PRO professional s PRT print ads	very and mes	senger services	TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the sai VOT voter registration WEB information technology costs (internet,	· ·

SCHEDULE E (CONT.)

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

		CONEDUCE E (CONT.)
Statem	ent covers period	CALIFORNIA 160
from	7/1/2018	FORM 400
through_	9/22/2018	Page of
		I.D. NUMBER
		1404647

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Jill Gayaldo for Rocklin City Council 2018

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

CODES: If one of the following codes accurately describes the payment, you 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 corn meetings and office expensions accurately describes the payment, you campaign and some meetings and office expensions petition circuit phone banks polling and some postage, deliminates professional professional professional print ads	nmunications d appearances ses lating urvey researc very and mes	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 TRS transfer between committees of the same candidate	te/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT AMOU	INT PAID
Sir Speedy	LIT	Walk pieces	621.90
Placer County Breast Cancer Foundation	СТВ	Sponsorship	300.00
Bobo Signs	CMP	Signs	2,035.07

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

2,956.97

SUBTOTAL \$

				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from 9/23/2018	Date of election if applicable: (Month, Day, Year)	OCT 2 5 2018	Page 1 of 8 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/20/2018	11/6/2018	у	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	uarterly Statement pecial Odd-Year Report
	D. NUMBER 1404647	Treasurer(s)		
Elect Jill Gayaldo for Rocklin City Council 2018 STREET ADDRESS (NO P.O. BOX)	E	MANUNC APPEARS MANUNC APPEARS C F		NE 3
		MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ss	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of 10/21/2018 Executed on 10/21/2018 Executed on Date	f California that the foregoing is true and	knowledge the information contained correct. Similature of Treasurer or Assistant trolling Officeholder, Candidate, State Measure P	nt Treasurer	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	, State Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA FORM 460
Page 2 of 8

Officeholder or Candidate Contro	olled Committee	6. Primarily F	ormed Ballot Me	asure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALL	OT MEASURE			
Jill Gayaldo						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	ON AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. O	R LETTER JUF	RISDICTION	- Committee	SUPPORT OPPOSE
Rocklin City Council		-			ال	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	O STREET) CITY STATE ZID	Identify the c	ontrolling officehold	er, candidate, or state	measure propo	enent, if any.
		NAME OF OFF	ICEHOLDER, CANDIDAT	E, OR PROPONENT		
	ed in this Statement: List any committees trolled by you or are primarily formed to receive half of your candidacy.	OFFICE SOUG	HT OR HELD		DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	officeholder(s) or candidate(s) for w	te/Officeholder Co	primarily formed	t names of d.
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)	NAME OF OFF	ICEHOLDER OR CANDIL	DATE OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
	STATE ZIP CODE AREA CODE/PHONE	NAME OF OFF	ICEHOLDER OR CANDII	DATE OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFF	ICEHOLDER OR CANDII	OR CANDIDATE OFFICE SOUGHT OR HELD		SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFF	ICEHOLDER OR CANDI	DATE OFFICE SOL	JGHT OR HELD	SUPPORT
	YES NO					OPPOSE
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)					
CITY	STATE ZIP CODE AREA CODE/PHONE		Attach c	ontinuation sheets if r	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 9/23/2018 from_ 10/20/2018 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Elect Jill Gayaldo for Rocklin City Council 2018 1404647

Contributions Received	(F	COLUMN A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	\$	7,500.00	\$	38,380.00	General Elections
2. Loans Received Schedule B, Line 3		0		2,000,00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$	7,500.00	\$	40,380.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0		1,474.45	21 Evnonditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	7,500.00	\$	41,854.45	Made \$\$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	8,150.19	\$	31,407.84	Candidates
7. Loans Made Schedule H, Line 3		0		0	39 Cumulativa Europalituras Madat
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	8,150.19	\$	31,407.84	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0		0	Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3		0		1,474.45	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	8,150.19	\$	32,882.29	/\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		To	calculate Column B.	
13. Cash Receipts		7,500.00	ade	d amounts in Column o the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4		105.59	am	ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		8,150.19		your last report. Some nounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	9,077.75	be	negative figures that ould be subtracted from	
If this is a termination statement, Line 16 must be zero.			pre	evious period amounts. If s is the first report being	
17, LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file	d for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$	0	all.	y /·	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0			FPPC Form 460 (Jan/20 FPPC Advice: advice@fppc.ca.gov (866/275-37

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received			from 9/23	/2018		FORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through10/2	20/2018	Page	4 of 8
NAME OF FILER Elect Jill G	ayaldo for Rocklin City Council 2018					1.D. NU 14046	
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	CALENDAR Y	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) PER ELECTODAT (IF REQUIF	
9/29/2018	CREPAC-C.A.R., ID #890106	☐IND ☐COM ☐OTH ☐PTY ☑SCC		2,500.00	2,500.		
10/4/2018	Lux Taylor Family	ZIND COM OTH PTY SCC	Self, Real Estate Investor	1,000.00	1,000.	00	
10/8/20718	Rental Housing Assoc of Sacramento Valley,	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		1,000.00	1,000.	00	
10/10/2018	Angelo K Tsakopoulos and Affiliated Entities	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		2,000.00	2,000.	.00	
10/15/2018	Sacramento Metropolitan Chamber PAC, ID	☐IND ☐COM ☐OTH ☐PTY ☑SCC		1,000.00	1,000.	1,000.00	
			SUBTOTAL	\$			
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	7,500.00	IND -	(other	ial ient Committee than PTY or SCC)
	ceived this period – unitemized monetary contribution	ns of less tha	n \$100\$	0	PTY	- Politica	
	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line	1.) TOTAL \$	7,500.00	SCC		Contributor Committee PC Form 460 (Jan/2016)

0 l - l - l - D - D - d - d	Am	nounts may be rou	ınded	-			SCHEDULE B - PAR		
Schedule B – Part 1 Loans Received		to whole dollars	i.		ers period 3/2018	CALIFORN FORM	^{IA} 460		
SEE INSTRUCTIONS ON REVERSE					through 10/	20/2018	Page5	of8	
NAME OF FILER							I.D. NUMBER		
Elect Jill Gayaldo for Rocklin City Counc	il 2018						1404647		
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 PA OR FORGIVE THIS PERIO	EN CLOSE OF THIS PAID THIS AM		ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Jill Gayaldo	City Council, City of Rocklin	0.000.00		PAID \$ FORGIVEN		O %	\$ 2000.00	\$ 2,000.00 PER ELECTION**	
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$ 2,000.00	\$0	\$	12/31/18 DATE DUE	\$0	4/12/18 DATE INCURRED	\$n/a_	
† IND COM OTH PTY SCC		s	\$	PAID FORGIVEN \$	S	% RATE	\$DATE INCURRED	\$PER ELECTION**	
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	s	\$ FORGIVEN	\$ DATE DUE	% RATE	\$DATE INCURRED	S PER ELECTION**	
		SUBTOTALS \$	0 :	\$	0 \$ 2,000.00	\$ 0			
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loa			•••••	\$	0	(Enter (e) on Schedule E, Line 3)			
Loans paid or forgiven this period (Total Column (c) plus loans under \$ (Include loans paid by a third party the)	100 paid or forgiven.) at are also itemized on Sch	edule A.)			0	- IN C	TH – Other (e.g., TY – Political Parl	committee PTY or SCC) business entity)	
Net change this period. (Subtract Li Enter the net here and on the Summ				NET \$ _	(May be a negative number)	S	CC – Small Contr	ibutor Committee	

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

** If required.

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

SCHEDULE B - PART 1

	Amounts work to recorded					S	SCHEDULE		
Schedule E	Amounts may b to whole do						FORNIA 460		
Payments Made				from	9/23/2018	FO	RM	TUU	
SEE INSTRUCTIONS ON REVERSE				through_	10/20/2018	Page	6 of	8	
NAME OF FILER						I.D. NUM	BER		
Elect Jill Gayaldo for Rocklin City Council 2018						140464	7		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. CMS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND radio airtime and production costs meetings and appearances OFC office expenses OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* CTB contribution (explain nonmonetary)* CVC civic donations FL t.v. or cable airtime and production cost meetings and appearances FND returned contributions CTB candidate filing/ballot fees PHO phone banks FND returned contributions TEL t.v. or cable airtime and production cost meetings and appearances FND returned contributions CTB campaign workers' salaries TEL t.v. or cable airtime and production cost meetings and appearances FND phone banks FND returned contributions TEL t.v. or cable airtime and production cost meetings and appearances FND campaign workers' salaries TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the salarity of transfe					uction costs d meals and meals s of the sam	e candidat	e/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF P	AYMENT		AMO	UNT PAID	
MarketSharePR		СМР	Brochure design,	buttons, so	cial media			1,271.41	
Rocklin High School Blue Thunder Booster Club		СТВ	Sponsorship					100.00	
Bobo Signs		СМР	Signs					459.03	
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.			su	BTOTAL		1,830.44	
Schedule E Summary									
Itemized payments made this period. (Include all Schedu	le E subtotals.)		·····			\$	8.0	097.60	
Unitemized payments made this period of under \$100								52.59	
Total interest paid this period on loans. (Enter amount fro								0	
4. Total payments made this period. (Add Lines 1, 2, and 3.							8,	150.19	
T. Total payments made the period. (Add Enles 1, 2, and 0.	Enter Here and On	and during	ary rago, columnit	·, -1110 0.)		177 L. V			

Schedule E (Continuation Sheet) Payments Made
SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA 160
FORM 400
Page7 of8
I.D. NUMBER
1404647

Elect Jill Gayaldo for Rocklin City Council 2018

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 MTG meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries PET petition circulating CVC civic donations 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 PRO professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

Lit Campaign merature and mainings	Titi pilituus		VVLD Internation technology costs (internet, e-mail)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DDE OR DESCRIPTION OF PAYMENT		AMOUNT PAID	
The Home Depot	СМ	Sign su	pplies	133.23	
Placer Mailing Services	РО	Mailer		5,855.08	
obo Signs	СМ	Signs		278.85	

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

SUBTOTAL \$

6,267.16

Schedule I		Amounts may be rounded		SCHEDULE I	
Miscellane	ous Increases to Cash	to whole dollars.	Statement covers period	CALIFORNIA 460	
			from9/23/2018	FORM TOU	
			through 10/20/2018	Page 8 of 8	
SEE INSTRUCTION NAME OF FILER	I.D. NUMBER				
Elect Jill Gay	aldo for Rocklin City Council 2018			1404647	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
	Smartpress.com	Return for lab	pels		
10/3/2018	·			105.59	
Attach addi	TAL \$ 105.59				
Schedule I	Summary				
1. Itemized in	.59				
2. Unitemized	0				
3. Total of all	0				
	ellaneous increases to cash this period. (Add Lines 1, 2, and Page, Line 14.)		TOTAL \$105	.59	