Recipient Committee Campaign Statement Cover Page				2 2020	CALIFORNIA 460 FORM
SEE	INSTRUCTIONS ON REVERSE	Statement covers period from 9/20/2020 through 10/17/2020	Date of election if applicable: (Month, Day, Year) 11/03/2020		For Official Use Only
	State Candidate Election Committee     Recall     (Also Complete Part 5)     (A     General Purpose Committee     Sponsored     Small Contributor Committee		<ul> <li><b>2. Type of Statement:</b></li> <li>Preelection Statement</li> <li>Semi-annual Statement</li> <li>Termination Statement (Also file a Form 410 Termination)</li> <li>Amendment (Explain below)</li> </ul>		erly Statement al Odd-Year Report
	Committee information 13 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Greg Janda for Roocklin City Council 2020 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COL MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP COL	DE AREA CODE/PHONE	ent covers period       Date of election if applicable: (Month, Day, Year)       OCT 2 2 2020       Page 1         17/2020       11/03/2020       For 0         11/03/2020       11/03/2020       Cuarterly Statement         3, and 4.       2. Type of Statement: (Also file a Form 41'D termination)       Quarterly Statement Semi-annual Statement         (Also file a Form 41'D termination)       Amendment (Explain below)       Quarterly Statement Special Odd-Year         d Candidate/ mmittee       Treasurer(s)       NAME OF TREASURER         Greg Janda       MAILING ADDRESS         REA CODE/PHONE       NAME OF ASSISTANT TREASURER, IF ANY		
	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 perjury under the laws of the State of California that the foregoing is true and correct.

Executed onDate	By Signature of Treasurer or Assistant Treasurer
Executed on Date	By
Executed on Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed onDate	By Signature of Controlling Officeholder, Candidate, State Measure Proponent
	FPPC Form 460 (Jan/20)

#### 5. Officeholder or Candidate Controlled Committee

Greg Janda		
DFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF	APPLICABLE)
Rocklin City Council		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP

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

COMMITTEE NAME		1.	D. NUMBE	R
NAME OF TREASURER		c		ED COMMITTEE?
			YES	
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO)	K)	
CITY	STATE	ZIP COD	E	AREA CODE/PHONE

COMMITTEE NAME		I.D. NUMBER	2
NAME OF TREASURER		CONTROLLE	ED COMMITTEE?
		🗌 YES	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. B	OX)	

CITY STATE ZIP CODE AREA CODE/PHONE

### 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE

Attach continuation sheets if necessary

**COVER PAGE - PART 2** 

CALIFORNIA

FORM

Page 2

Campaign Disclosure Statement	Amounts may be rounded				SUMMARY PAGE	
Summary Page	to whole dollars.		Staten from <u>09/2</u>	CALIFORNIA FORM 460		
SEE INSTRUCTIONS ON REVERSE			through $\frac{10}{2}$	0/17/2020	Page of	
NAME OF FILER			4		I.D. NUMBER	
Friends of Greg Janda for Rocklin City Council 2020					1386250	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column CALENDAR TOTAL TO D	YEAR DATE		mary for Candidates e State Primary and	
<ol> <li>Monetary Contributions</li></ol>	\$ <u>9900</u> 0 9900 <u>1500</u> \$ <u>11400</u>	16500           1516           18016           1500           19516		1/1 th 20. Contributions Received \$ 21. Expenditures	nrough 6/30 7/1 to Date \$	
Expenditures Made         6. Payments Made       Schedule E, Line 4         7. Loans Made       Schedule H, Line 3         8. SUBTOTAL CASH PAYMENTS       Add Lines 6 + 7         9. Accrued Expenses (Unpaid Bills)       Schedule F, Line 3         10. Nonmonetary Adjustment       Schedule C, Line 3         11. TOTAL EXPENDITURES MADE       Add Lines 8 + 9 + 10	\$ 5664 0 \$ 5664 0 0 0 \$ 5664 \$	\$ <u>8734</u> 0 8 <u>8734</u> 0 0 0 8734			Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date \$\$	
Current Cash Statement         12. Beginning Cash Balance       Previous Summary Page, Line 16         13. Cash Receipts       Column A, Line 3 above         14. Miscellaneous Increases to Cash       Schedule I, Line 4         15. Cash Payments       Column A, Line 8 above         16. ENDING CASH BALANCE       Add Lines 12 + 13 + 14, then subtract Line 15         If this is a termination statement, Line 16 must be zero.       Schedule B, Part 2	\$ 7534 9900 0 5664 11770 \$ 0	To calculate Colu add amounts in C A to the correspon amounts from Co of your last report amounts in Colun be negative figure should be subtrac previous period a this is the first rep filed for this calen	column nding Jumn B t. Some nn A may es that cted from imounts. If port being ndar year,	*Amounts in this section r reported in Column B.	\$	
	φ	only carry over th from Lines 2, 7, a	e amounts			
Cash Equivalents and Outstanding Debts	<b>0</b>	any).				
18. Cash Equivalents See instructions on reverse	\$ <u>0</u> \$ 1516	1				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 1510		1	FPPC Advice: adv	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772)	

FPPC Advice: advice@fppc.ca.gov (866/2/5-3/72) www.fppc.ca.gov

Schedule	Schedule A		Amounts may be rounded			SCHED			
	Contributions Received	to	whole dollars.	Statement co from 09/20/2020	FORNIA 460				
SEE INSTRUCT	IONS ON REVERSE		through 10/17/202		020 Page		4 of		
NAME OF FILER						I.D. NU			
	reg Janda for Rocklin City Council 2020					138625			
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)		
09/21/2020	California Real Estate PAC #890106	☐ IND		3500	3500				
9/21/2020	Mark Diele	ØIND □COM □OTH □PTY □SCC	Whitney Oaks Insurance Insurance Broker	100	100				
10/05/2020	Recology Inc.	□IND □COM □OTH □PTY □SCC		250	250				
10/06/2020	Sam Trimm	<ul> <li>✓ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> </ul>	Retired	50	50				
10/07/2020	Ahman Gahoonia	<pre></pre>	USG Engineer	100	100				
			SUBTOTAL	\$ 4000					
<ol> <li>Amount re (Include a</li> <li>Amount re</li> </ol>	A Summary eceived this period – itemized monetary contributio Ill Schedule A subtotals.) eceived this period – unitemized monetary contribu		\$	200		(other H – Other Y – Politica	ial ient Committee than PTY or SCC) (e.g., business entity)		
3. Total mon (Add Line	netary contributions received this period. Is 1 and 2. Enter here and on the Summary Page, (	Column A, Line '	1.) <b>TOTAL \$</b> <u>9</u>	900	FPPC Advice: ad		C Form 460 (Jan/2016)) .ca.gov (866/275-3772) www.fppc.ca.gov		

Schedule A (Continuation Sheet)		Amounts may	SCHEDULE A (CONT.)						
Monetary	Ionetary Contributions Received		tollars.	Statement covers period from 09/20/2020			CALIFORNIA FORM 460		
				through0/17/20	20	Page _5			
NAME OF FILER Friends of G	reg Janda for Rocklin City Council 2020					1.D. NUM			
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
10/09/2020	Committee for Home Ownership of the Northstate Building Inddustry Association ID 782240	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		5000	6000				
10/11/2020	Bonnie Gore for Supervisor ID # 1397988	☐ IND Ø COM ☐ OTH ☐ PTY ☐ SCC		150	150				
10/14/2020	Cresleigh Homes Corp.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		750	750				
		□IND □COM □OTH □PTY □SCC							
		□ IND □ COM □ OTH □ PTY □ SCC							
			SUBTOTAL	\$ 5900					

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\*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.		Statement covers period CALIEORNIA					
					from 09/20/2020 FORM				460	
	TIONS ON REVERSE				thre	ough <u>10/17/2020</u>		Page 6	of _	8
NAME OF FILI								I.D. NUMB		
Friends of (	Greg Janda for Rocklin City Council 2020							1386250		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1-	TE R YEAR	то	ECTION DATE QUIRED)
10/12/20	ALM, Inc.	□ IND □ COM ☑ OTH □ PTY □ SCC		Printing Servic	es	1500	1500			
		□ IND □ COM □ OTH □ PTY □ SCC								
		□ IND □ COM □ OTH □ PTY □ SCC								
		IND COM OTH PTY SCC								
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	DTAL	<b>\$</b> 1500				
1. Amount (Include	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)							- Other (e.	t Committe an PTY or g., busines	SCC)
3 Total no	received this period – unitemized nonmone nmonetary contributions received this period les 1 and 2. Enter here and on the Summar	4						- Political F - Small Co		committee

		SCHEDULE E			
Schedule E	Amounts may be rounded to whole dollars.		Sta	tement covers period	CALIFORNIA 460
Payments Made			from _	09/20/2020	FORM 400
SEE INSTRUCTIONS ON REVERSE			throug	gh <u>10/17/2020</u>	Page of
NAME OF FILER					I.D. NUMBER
Friends of Greg Janda for Rockl	in City Council 2020				1386250
CODES: If one of the follow	ing codes accurately describes the	payment, you may enter the code. Other	wise, de	escribe the payment.	
CMP campaign paraphernalia/misc.	MBR	member communications	RAD ra	adio airtime and production co	osts
CNS campaign consultants	MTG		RFD re	eturned contributions	
CTB contribution (explain nonmone)	ary)* OFC	office expenses	SAL ca	ampaign workers' salaries	
CVC civic donations	PET	petition circulating		<ul> <li>v. or cable airtime and produce</li> </ul>	
FIL candidate filing/ballot fees	PHO	phone banks		andidate travel, lodging, and	
FND fundraising events	POL			taff/spouse travel, lodging, ar	
	orting/opposing others (explain)* POS	postage, delivery and messenger services			of the same candidate/sponsor
LEG legal defense	PRO	professional services (legal, accounting)		oter registration	
LIT campaign literature and mailing	IS PRT	print ads	WEB in	formation 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
Joe Patterson for Rocklin City Council 2020 FPPC # 1388707	LIT	Mailer	1344.88
Right Angle Productions	LIT	Mailer	3798.37
Bonneville Media	WEB	On-line Ads	500

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

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	5664
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.)	5664

SUBTOTAL \$ 5643

Schedule E (Continuation Sheet) Payments Made				Statement covers period 09/20/2020 from	CALIFO	schedule e (cont.) California 460 Form	
SEE INSTRUCTIONS ON REVERSE				through <u>10/17/2020</u>	Page _	3 0f	
NAME OF FILER					I.D. NUM	BER	
Friends of Greg Janda for Rocklin City Council 2020					1386250		
CODES: If one of the following codes accurately of 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 circul PHO phone banks POL polling and si POS postage, deli	munications l appearance es lating urvey researd very and mes	25	RAD radio airtime and productio RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging TSF transfer between committe VOT voter registration WEB information technology cos	n costs oduction costs and meals I, and meals es of the sam	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	)	CODE	OR DE	SCRIPTION OF PAYMENT		AMOUNT PAID	
First Foundation Bank		PRO	Bank Fees			3	
eFundraising Connections		PRO	Tranaction Fees			18	
* Payments that are contributions or independent expenditures me	ust also be summarized on Sche	dule D.			SUBTOTAL	\$ 21	

				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	california 460 form
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 07/01/2020 through 09/19/2020	Date of election if applicable: (Month, Day, Year) 11/03/2020	SEP 2 4 2020 y Darim Friend	Page 1 of 12 For Official Use Only
1. Type of Recipient Committee: All Committees - Cor	nolete Parts 1 2 3 and 4	2. Type of Statement:		
<ul> <li>Officeholder, Candidate Controlled Committee</li> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored Iso Complete Part 6) rimarily Formed Candidate/ ffliceholder Committee Iso Complete Part 7)	Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Te     Amendment (Explain be	rmination)	erly Statement al Odd-Year Report
	NUMBER 886250	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Friends of Greg Janda for Rocklin City Council 2020		Greg Janda MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COL	DE AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		n/a MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COL	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
<ul> <li>Verification         I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of     </li> </ul>			herein and in the attached sche	dules is true and complete. I

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## Recipient Committee Campaign Statement Cover Page — Part 2

#### 5. Officeholder or Candidate Controlled Committee

#### NAME OF OFFICEHOLDER OR CANDIDATE

#### Greg Janda

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OFFICE SOUGHT OR HELD (INCLUDI	E LOCATION AND DIS	STRICT NUMBER IF	APPLICAB	LE)
Rocklin City Council				
RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET)	CITY	STATE	ZIP

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

COMMITTEE NAME			I.D. NUMBE	R	
NAME OF TREASURER					TEE?
COMMITTEE ADDRESS	STREET ADDRESS (	(NO P.O. B	OX)		
CITY	STATE	ZIP CC	DE	AREA COD	E/PHONE
COMMITTEE NAME			I.D. NUMBE	R	
NAME OF TREASURER					TEE?
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. B	OX)		

STATE

CITY

ZIP CODE AREA CODE/PHONE

#### 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

COVER PAGE - PART 2

of\_

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FORM

Page 2

Campaign Disclosure Statement	Amounts may be rounded				SUMMARY PAGE
Summary Page	to whole dollars. State from $\frac{07/0}{100}$			01/2020 CALIFORNIA FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2020			through	9/19/2020	Page <u>3</u> of <u>12</u> I.D. NUMBER 1386250
Contributions Received         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	Column A           TOTAL THIS PERIOD           (FROM ATTACHED SCHEDULES)           \$           6600           1516           8116           0           \$           8116	Column CALENDAR TOTAL TO E           6600           1516           8116           0           \$ 8116	YEAR	Running in Both th General Elections	hrough 6/30 7/1 to Date
Expenditures Made         6. Payments Made       Schedule E, Line 4         7. Loans Made       Schedule H, Line 3         8. SUBTOTAL CASH PAYMENTS       Add Lines 6 + 7         9. Accrued Expenses (Unpaid Bills)       Schedule F, Line 3         10. Nonmonetary Adjustment       Schedule C, Line 3         11. TOTAL EXPENDITURES MADE       Add Lines 8 + 9 + 10	\$ 3070 0 3070 0 0 0 3070 \$ 3070	\$ <u>3070</u> 0 3070 0 0 0 3070 \$ <u>3070</u>			Summary for State ve Expenditures Made* voluntary Expenditure Limit) Total to Date \$\$
Current Cash Statement         12. Beginning Cash Balance         13. Cash Receipts         14. Miscellaneous Increases to Cash         15. Cash Payments         16. ENDING CASH BALANCE         17. LOAN GUARANTEES RECEIVED         17. LOAN GUARANTEES RECEIVED         18. Cash Equivalents and Outstanding Debts         18. Cash Equivalents         19. Outstanding Debts         Add Line 2 + Line 9 in Column B above	\$ 2488 <u>8116</u> <u>0</u> <u>3070</u> \$ 7534 \$ 0 \$ 0 \$ 1516	To calculate Colu add amounts in C A to the correspo amounts from Co of your last repor amounts in Colur be negative figure should be subtrau previous period a this is the first reg filed for this caler only carry over th from Lines 2, 7, a any).	Column Inding Jumn B t. Some nn A may es that cted from amounts. If port being ndar year, ne amounts	*Amounts in this section reported in Column B.	S may be different from amounts  EEBC Form 460 (lon (2016))
Ta. Outstantung Debts Add Line 2 + Line 9 in Column B above	φ			FPPC Advice: ad	FPPC Form 460 (Jan/2016) vice@fppc.ca.gov (866/275-3772)

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

Schedule	A		its may be rounded				SCHEDULE A	
	Contributions Received	to	whole dollars.	Statement cov from 07/01/2020	ers period	CALIFORNIA 460		
SEE INSTRUCTI	IONS ON REVERSE			through09/19/20	20	Page	9 <u>4</u> of <u>12</u>	
NAME OF FILER Friends of G	R Freg Janda for Rocklin City Council 2020					I.D. N 13862	umber 50	
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
07/26/2020	Ken Broadway	<ul> <li>✓ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> </ul>	Manager, UPS	125	125		125	
07/26/2020	Moniz Family Wines	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		125	125		125	
07/26/2020	Michael Lee	Ø IND □ COM □ OTH □ PTY □ SCC	Boardmember, PCWA	125	125		125	
07/26/2020	Bonnie Gore	<ul> <li>✓ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> </ul>	Supervisor, Placer County	125	125		125	
07/26/2020	Peter Hill		None	125	125		125	
			SUBTOTAL	<b>\$</b> 625				
<ol> <li>Amount re (Include a</li> <li>Amount re</li> <li>Total mon</li> </ol>	A Summary eccived this period – itemized monetary contribution all Schedule A subtotals.) eccived this period – unitemized monetary contribut netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, C	tions of less tha	n \$100\$		IND COM OTH PTY SCC	(othe I – Other I – Politic C – Smal		
							www.fppc.ca.gov	

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Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o		Statement cove from <u>07/01/2020</u> through <u>09/19/202</u>		SCHEDULE A (CONT.) CALIFORNIA 460 FORM 460 Page 5 of 12 I.D. NUMBER 1386250	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
07/26/2020	William McEnroe	<ul> <li>✓ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> </ul>	None	125 125			125
07/26/2020	Jill Gayaldo	<ul> <li>✓ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> </ul>	None	250	250		250
07/26/2020	Ronald Lawrence	<ul> <li>✓ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> </ul>	Police Chief, City or Citrus Heights	125	125		125
07/26/2020	William Halldin	IND     COM     OTH     PTY     SCC	Businessman Bank of America	250	250		250
07/26/2020	Scott Graves	<ul> <li>✓ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> </ul>	Businessman, Golden State Medical	400	400		400
			SUBTOTAL	<b>\$</b> 1150			

Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole o		Statement cove from <u>07/01/2020</u> through <u>09/19/202</u>		SCHEDULE A (CONT.) CALIFORNIA 460 FORM 12 Page 6 of 12 I.D. NUMBER 1386250	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
07/26/2020	Roger Peterson	<ul> <li>✓ IND</li> <li>COM</li> <li>OTH</li> <li>PTY</li> <li>SCC</li> </ul>	None	125	125		125
07/26/2020	Friends of Michelle Sutherland for Rocklin School Board 2020 #1425752	☐ IND		125	125		125
07/26/2020	Aldo Pineschi Consulting	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		125	125		125
07/26/2020	Jim W Holmes for Supervisor #1256038	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		125	125		125
07/26/2020	G&H Bains, Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	500		500
			SUBTOTAL	\$ 1000			

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Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement cover from <u>07/01/2020</u> through <u>09/19/202</u>		SCHEDULE A (CONT.) CALIFORNIA 460 FORM 12 Page 7 of 12		
NAME OF FILER				through		I.D. NL		
	eg Janda for Rocklin City Council 2020					13862		
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
07/26/2020	Friends of Scott Yuill for Rocklin City Council 2016	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500	500		500	
07/26/2020	Phillips Land Law, Inc.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250		250	
07/26/2020	Darren Horning	<ul> <li>✓ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> </ul>	Businessman, Capital Valley Investments	250	250		250	
07/26/2020	NG Alexander Real Estate Developement	□ IND □ COM ☑ OTH □ PTY □ SCC		125	125		125	
08/05/2020	John Mourier Contruction, Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	500		500	
			SUBTOTAL	<b>1</b> 625		1995		

Schedule A (Continuation Sheet) Monetary Contributions Received				Statement cov from <u>07/01/2020</u>	ers period	CALIFORNIA FORM 460		
				through09/19/20	20	Page _	8 of	
NAME OF FILER Friends of Gr	reg Janda for Rocklin City Council 2020					I.D. NU 138625	MBER	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
08/05/2020	Committee for Home Ownership of the Northstate Building Industry Assoc.	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1000	1000		1000	
08/17/2020	David Butler	<pre>✓ IND □ COM □ OTH □ PTY □ SCC</pre>	Businessman, AM Group	250	250		250	
08/20/2020	Lauren Springer	<pre>✓ IND □ COM □ OTH □ PTY □ SCC</pre>	None	100	100		100	
09/03/2020	Law Offices of Marcus Lo Duca	□ IND □ COM ☑ OTH □ PTY □ SCC		500	500		500	
09/10/2020	Kalkat Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250		250	
			SUBTOTAL	\$ 2100		0.43		

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Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole c	be rounded Iollars.	Statement cov from <u>07/01/2020</u> through <u>09/19/20</u>		SCHEDULE A (CONT CALIFORNIA FORM 460 Page 9 of 12 1.D. NUMBER 1386250	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
09/15/2020	Cook Development Consulting Services	<ul> <li>□ IND</li> <li>□ COM</li> <li>☑ OTH</li> <li>□ PTY</li> <li>□ SCC</li> <li>□ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> <li>□ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> <li>□ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> <li>□ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> <li>□ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> </ul>					
			SUBTOTAL	\$ 100			

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	ounts may be ro	unded				SCHED	DULE B - PART 1	
Schedule B – Part 1		to whole dollars			Statement cov	ers period	CALIFORN	1A 160
Loans Received			from 07/01/2020		FORM 400			
								12
SEE INSTRUCTIONS ON REVERSE					through <u>09/19/2</u>	020	Page 10	of
NAME OF FILER							I.D. NUMBER	
Friends of Greg Janda for Rocklin City Counc	il 2020						1386250	
		(2)	(1)	(0)	(4)	(0)		(2)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Greg Janda	Manager, ALM Inc.							CALENDAR YEAR
Greg Janua	Wanager, ALW Inc.			s_0	<u>\$ 1516</u>	0%	\$ <u>1516</u>	<u>\$ 1516</u>
						RATE		PER ELECTION**
		0	1516	s 0	12/31/20	s_0	07/27/20	
TIND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
								CALENDAR YEAR
				\$	\$	%	\$	\$
						RATE		PER ELECTION**
								PERELECTION
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	\$	%	\$	s
						RATE		PER ELECTION**
								PERELECTION
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		1						
	5	SUBTOTALS	6	\$	\$	\$		
Schedule B Summary						(Enter (e) on Sch	edule E, Line 3)	
1. Loans received this period				\$ <sup>15</sup>	516			
(Total Column (b) plus uniternized loar	ns of less than \$100.)					-		
2. Loans paid or forgiven this period				\$			†Contributor Codes IND – Individual	5
(Total Column (c) plus loans under \$100 paid or forgiven.)							COM – Recipient C	Committee
(Include loans paid by a third party tha	at are also itemized on Sche	edule A.)		NET 6 15	16			PTY or SCC)
3. Net change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.)		••••••	NET \$			OTH – Other (e.g., PTY – Political Par	
	Ty Fage, Column A, Line 2.						SCC - Small Contr	
				(	May be a negative number)			
*Amounts forgiven or paid by another party also m	nust be reported on Schedule A.	ſ						
** If required.		]					FPPC Forr	n 460 (Jan/2016))

	Amount for an end of the second set		SCHEDULE E
Schedule E	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
Payments Made		from 07/01/2020	FORM 400
SEE INSTRUCTIONS ON REVERSE		through <u>09/19/2020</u>	Page 11 of 12
NAME OF FILER			I.D. NUMBER
Friends of Greg Janda for Rocklin City Council 2020			1386250

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Randy Peters Catering	FND	Event Meals	300
Placer County Elections	FIL	Candidate Statement	550
Signs on the Cheap	LIT	Lawn Signs	1096

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

SUBTOTAL \$ 1946

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	3070
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).)	;
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$	3070

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through <u>09/19/2020</u>	Page <u>12</u> 12
NAME OF FILER		•	I.D. NUMBER
Friends of Greg Janda for Rocklin City Council 2020			1386250

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Home Depot	LIT	Sign Stands	120
California Voter Guide	LIT	Mailer	991
First Foundation Bank	PRO	Bank Fees	6
eFundraising Connections	PRO	Transaction Fees	7

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

Recipient Committee Campaign Statement Cover Page			Date Stamp	cover page California 460 Form
	Statement covers period	Date of election if applicable: (Month, Day, Year)	JUL 2 8 2020	Page <u>1</u> of <u>4</u>
	from <u>01/01/2020</u>	(wohun, Day, rear)	Jo Dan	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>06/30/2020</u>	Ву	KERUL	4
1. Type of Recipient Committee: All Committees - Com	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     Original Contributor Committee     Original Contributor 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     Amendment (Explain be	t L Specermination)	rterly Statement cial Odd-Year Report
	. NUMBER 186250	Treasurer(s)		
Friends of Greg Janda for Rocklin City Council 2016		NAME OF TREASURER		
6, and the reserved only counter 2010		Greg Janda MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O. BOX)			STATE ZIP CO	DDE AREA CODE/PHONE
CITY STATE ZIP COD	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURI	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY		
· · · · · · · · · · · · · · · · · · ·	AREXCODE/ HONE	CITY	STATE ZIP CC	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
4 Verification				

#### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 720/2020 Date	BySibilature of Treasurer or Assistant Treasurer
Executed on 7120 2020	BySignature of Controlling Unicencider, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent

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



### 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Greg Janda

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

Rocklin City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY

STATE ZIP

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

COMMITTEE NAME				
COMMITTEE NAME			I.D. NUMBE	ER
NAME OF TREASURER			CONTROL	LED COMMITTEE?
			YES	
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BC	DX)	
			,	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE
COMMITTEE NAME		I		
			I.D. NUMBE	R
		1		
NAME OF TREASURER			CONTROL	
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			YES	🗆 NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO PO BC	(X)	
		(		
CITY	STATE	ZIP CO	DF	AREA CODE/PHONE
				INCOURTIONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	
		OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
I AND OF THE HOLDER ON CANDIDATE	OFFICE SOUGHT OR HELD	
		OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		SUPPORT
		1 OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		L OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement	Amounts may be round	led		SUMMARY PAGE
Summary Page	to whole dollars.		Statement cove	CALIFORNIA 460
			from	FORM 400
SEE INSTRUCTIONS ON REVERSE			through	Page _3 of _4
NAME OF FILER			unougn	I.D. NUMBER
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column CALENDAR Y TOTAL TO DA	EAD OUICIIG	ar Year Summary for Candidates g in Both the 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	\$ 0 0 0	\$ 0 \$ 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20. Contr Rece 21. Expe	ived \$ \$ nditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ 0	\$	Made	\$\$
Expenditures Made         6. Payments Made       Schedule E, Line 4         7. Loans Made       Schedule H, Line 3         8. SUBTOTAL CASH PAYMENTS       Add Lines 6 + 7         9. Accrued Expenses (Unpaid Bills)       Schedule F, Line 3         10. Nonmonetary Adjustment       Schedule C, Line 3         11. TOTAL EXPENDITURES MADE       Add Lines 8 + 9 + 10	\$ <u>18</u> <u>0</u> \$ <u>18</u> <u>0</u> <u>0</u> \$ <u>18</u>	0	Candid	Iture Limit Summary for State ates         22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)         e of Election       Total to Date mm/dd/yyy)
Current Cash Statement         12. Beginning Cash Balance       Previous Summary Page, Line 16         13. Cash Receipts       Column A, Line 3 above         14. Miscellaneous Increases to Cash       Schedule I, Line 4         15. Cash Payments       Column A, Line 8 above         16. ENDING CASH BALANCE       Add Lines 12 + 13 + 14, then subtract Line 15         If this is a termination statement, Line 16 must be zero.         17. LOAN GUARANTEES RECEIVED       Schedule B, Part 2	\$ <u>2506</u> 0 0 <u>18</u> \$ <u>2488</u> \$ 0	To calculate Colum add amounts in Co A to the correspond amounts from Colu of your last report. amounts in Column be negative figures should be subtracte previous period am this is the first repor filed for this calenda	lumn ling *Amounts reported in Some A may that ed from ounts. If t being	/\$ in this section may be different from amounts a Column B.
Cash Equivalents and Outstanding Debts	\$	only carry over the	amounts	
18. Cash Equivalents       See instructions on reverse         19. Outstanding Debts       Add Line 2 + Line 9 in Column B above	\$ <u>0</u> \$ <u>0</u>	from Lines 2, 7, and any).	19 (II	
			FP	FPPC Form 460 (Jan/2016)) PC Advice: advice@fppc.ca.gov (866/275-3772)

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

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through <u>06/30/2020</u>	Page 4 of 4
NAME OF FILER			I.D. NUMBER
Friends of Greg Janda for Rocklin City Council 2016			1386250
CODES: If one of the following codes accurately	departition the neumant way may autor the start		1

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

CNS CTB CVC FIL FND IND LEG	civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense	MTG OFC PET PHO POL POS PRO	postage, delivery and messenger services professional services (legal, accounting)	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration
LIT	campaign literature and mailings	PRT			information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAI
First Foundation Bank	PRO	Bank Fees	18

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

### SUBTOTAL \$ 18

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $\$$	18
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).)	)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	18