CALIFORNIA **Campaign Statement FORM Cover Page** Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only from 7/1/2021 11/8/2022 through 12/31/2021 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report O Recall Termination Statement 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 Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1405021 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Friends of Bill Halldin for Rocklin City Council 2022 Bill Halldin MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE CITY NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE CITY ZIP CODE AREA CODE/PHONE 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 Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee

COVER PAGE

Date Stamp

Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Bill Halldin							
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	TION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Rocklin City Council			-				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	ND STREET) CITY STATE ZIP		Identify the controlling office	eholder, candi	date, or state	measure prop	onent, if any.
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR F	PROPONENT		
Related Committees Not Include	d in this Statement: List any committees						
	rolled by you or 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 Can-	didate/Offic	eholder Co	mmittee Lis	st names of
NAME OF TREADORER	YES NO		omicenolaer(s) or candidate(s) for which this	committee is	primarily forme	u.
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	✓ SUPPORT
			Bill Halldin		Rocklin C	ity Council	OPPOSE
CITY S	TATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
							OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	
							SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	JGHT OR HELD	L OPPOSE
	☐ YES ☐ NO		NAME OF OFFICEROLDER OF	CANDIDATE	OFFICE 300	DOIN ON HELD	SUPPORT
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)						OPPOSE
CITY	TATE ZIP CODE AREA CODE/PHONE		Att	ach continuati	ion sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{7/1/2021}{}$	CALIFORNIA 460
through <u>12/31/2021</u>	Page of6
*	I.D. NUMBER
	1405021

NAME OF FILER			I.D. NUMBER
Friends of Bill Halldin for Rocklin City Council 2022			1405021
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
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}{450.00}	\$ \frac{450.00}{0} \\ \$ \frac{450.00}{0} \\ \$ \frac{450.00}{450.00} \\ \$ \frac{450.00}{0} \\ \$ \frac{100.00}{0} \\ \$ \frac{100.00}{0	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ \frac{0}{32.00} \\ \frac{0}{0} \\	\$ 50.00 0 \$ 50.00 0 0 0 \$ 50.00	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	\$ 0 \$ 0 \$ 0 \$ 434.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)
		1	FPPC Advice: advice@tppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement covers period		CALIFORNIA 460 FORM Page 4 of 6	
SEE INSTRUCTI	ONS ON REVERSE			through		Page	-4 of 6
IAME OF FILER						I.D. N	JMBER
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)
12/13/2021	Aaron Klein	☑IND □COM □OTH □PTY □SCC	CEO, Riskalyze	100	100		
12/16/2021	Ned Cohen	☑IND □COM □OTH □PTY □SCC	Retired	100	100		
12/16/2021	Rex Hime	☑IND □COM □OTH □PTY □SCC	CEO, California Business Properties Association	250	250		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL S	\$ 450			
1. Amount re (Include a	A Summary ecceived this period – itemized monetary contributions. Ill Schedule A subtotals.)			0	IND COM	(other Other Politic	ual sient Committee r than PTY or SCC) (e.g., business entity)
3. Total mon (Add Line:	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.) TOTAL \$ \(\frac{45}{2}	0		FPF	PC Form 460 (Jan/2016))

	Δm	ounts may be ro	undod				SCHEE	OULE B - PART
Schedule B – Part 1	Alli		Statement cov	ers period	CALIFORNIA 460			
Loans Received					from 7/1/2021		FORM	··· 400
SEE INSTRUCTIONS ON REVERSE					through 12/31/20	021	Page 5	of 6
NAME OF FILER				•			I.D. NUMBER	
Friends of Bill Halldin for Rocklin City Counc	cil 2022						1405021	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Bill Halldin	Communications Executive Bank of America			PAID \$ 0	\$ <u>1800</u>	0 %	\$ <u>5,500</u>	GALENDAR YEA
† IND COM OTH PTY SCC		\$	\$	FORGIVEN	DATE DUE	\$	10/15/201; DATE INCURRED	\$ 1800
				PAID FORGIVEN	\$		\$	\$ PER ELECTION
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
[†] □IND □ COM □ OTH □ PTY □ SCC		s	\$	\$ \$ forgiven	\$	% RATE	\$ DATE INCURRED	\$ PER ELECTION
	<u> </u>	SUBTOTALS S		\$	\$	\$		
Schedule B Summary 1. Loans received this period					•	(Enter (e) on Sche	dule E, Line 3)	
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10				\$		1	Contributor Codes	

(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

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

** If required.

(May be a negative number)

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

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

	Amazonta maso ha masondad				SCHEDULE			
Schedule E Payments Made		Amounts may be rounded to whole dollars.			Statement covers period	CALIF	ORNIA 460	
rayments made					from	FO	RM TOO	
SEE INSTRUCTIONS ON REVERSE					through 12/31/2021	_ Page _	6 of 6	
NAME OF FILER						I.D. NUN	MBER	
Friends of Bill Halldin for Rocklin City Council 2022						140502	21	
CODES: If one of the following codes accurately describe	es the payment, ye	ou may en	ter the code. C	Otherwi	se, describe the payment	t.		
CMP campaign paraphernalia/misc. CNS campaign consultants 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 meetings and appearances office expenses PET petition circulating phone banks polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads				R S T T T V	radio airtime and production returned contributions campaign workers' salaries L.v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committe voter registration VEB information technology cos	s oduction costs and meals g, and meals ees of the sam	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE		CODE C)R	DESCRI	PTION OF PAYMENT		AMOUNT PAID	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			1					
None								
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			s	SUBTOTAL	0	
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)							
2. Unitemized payments made this period of under \$100						s ³	2	

 Recipient Committee

FPPC Form 460 (Jan/2016))

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM
Page 2 of 6

. Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Bill Halldin							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR Rocklin City Councilmember	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP		Identify the controlling office	holder, candid	ate, or state	measure pro	oonent, if any.
Related Committees Not Included in this Sta	tement: List any committees		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Cano officeholder(s) or candidate(s)	lidate/Office	eholder Co	ommittee <i>L</i> primarily form	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE? YES NO BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELI	SUPPORT OPPOSE
CITY STATE ZIP C	CODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/2021 CALIFORNIA 460

through 6/30/2021 Page of CALIFORNIA 1.D. NUMBER

		1405021
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
\$ 0 0 \$ 0 0 \$ 0	\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
\$ \frac{18}{0}\$ \$ \frac{18}{0}\$ \$ \frac{18}{0}\$ \$ \frac{0}{0}\$ \$ \frac{1}{18}\$	\$ \(\begin{array}{cccccccccccccccccccccccccccccccccccc	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)
\$\$ 0 0 18.00 \$ 34.40 \$\$ \$\$	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. FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)
	\$	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

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Statement covers period

Monetary Contributions Received		to	whole dollars.	Statement covers period from 1/1/2021		CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through <u>6/30/202</u>	1	Page	of	
NAME OF FILER Friends of Bil	ll Halldin for Rocklin City Council 2018					1.D. NU 140502		
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)	
	None	☐IND ☐COM ☐OTH ☐PTY ☐SCC						-
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						_
			SUBTOTAL	\$		N HE		
Amount re (Include al Amount re	A Summary ceived this period – itemized monetary contributions Il Schedule A subtotals.)			0	IND COM OTH PTY	(other I – Other ' – Politica	ient Committee than PTY or SCC) (e.g., business entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.)TOTAL \$	0	PPC Advice: adv		C Form 460 (Jan/2016))	

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars. Statement cover from				SCHEDULE B - PAR Overs period CALIFORNIA 46 FORM			
EEE INSTRUCTIONS ON REVERSE IAME OF FILER Triends of Bill Halldin for Rocklin City Counc	il 2018			1	through		Page	of <u>6</u>
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD #	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Bill Halldin	Rocklin City Councilmember	\$ <u>1,800</u>	\$ <u>0</u>	PAID \$ 0 FORGIVEN	\$ 1,800 N/A DATE DUE	0% RATE	\$ 5,500 10/15/18 DATE INCURRED	\$ 0 PER ELECTION \$ 5,500
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$ FORGIVEN	\$DATE DUE	% RATE	\$ DATE INCURRED	\$ PER ELECTION
IND COM OTH PTY SCC		\$	\$	PAID \$ FORGIVEN	\$DATE DUE	% RATE	\$	\$ PER ELECTION
	S	SUBTOTALS S	\$.	\$	\$	\$		
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10	s of less than \$100.)			\$	0	II.	Lule E, Line 3) Contributor Codes ID — Individual OM — Recipient C	

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

FPPC Form 460 (Jan/2016))
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PTY - Political Party

(May be a negative number)

(other than PTY or SCC)

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

SCC - Small Contributor Committee

Payments Made	to whole dollars.				Statement covers period from 1/1/2018	CALIF FO	california 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER This are a file of Dail Hall director Decabling City Council 2019					through 6/30/2018	Page		
Friends of Bill Halldin for Rocklin City Council 2018						140502	21 ————————	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications I appearance ses ating urvey resea very and me	s es rch	F F S T T T	se, describe the payment. RAD radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and procandidate travel, lodging, as staff/spouse travel, lodging, transfer between committee voter registration veb information technology cost	n costs duction costs nd meals , and meals es of the sam	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRI	PTION OF PAYMENT		AMOUNT PAID	
* Payments that are contributions or independent expenditures must also be	oe summarized on Sche	edule D.			S	UBTOTAL :	\$	
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)					\$	0	
2. Unitemized payments made this period of under \$100						\$	18	
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Par	t 1, Colur	nn (e).)			\$ _	0	

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

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORN FORM	^{IIA} 460
Page	of

. Officeholder or Candidate Controlled Commit	itee	6.	. Primarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Bill Halldin							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	Г	T SUPPORT
Rocklin City Councilmember						1 -	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	TY STATE ZIP		Identify the controlling office	nolder, candida	ate, or state i	measure prop	ponent, if any.
Related Committees Not Included in this Stat	ement: List any committees		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	ROPONENT		
not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
NAME OF TREASURER	CONTROLLED COMMITTEE?	7	. Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this c	holder Co	mmittee <i>L</i>	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	O OPPOSE SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELE	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE? YES NO OX)		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	ch continuation	n sheets if ne	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.

Statement covers period from 07/01/2020 CALIFORNIA 460 FORM 12/31/2020 Page 3 of 7

SEE INSTRUCTIONS ON REVERSE		throug	h <u>12/31/2020</u>	Page of
NAME OF FILER				I.D. NUMBER
Friends of Bill Halldin for Rocklin City Council 2018				1405021
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates ne 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	\$0 0	\$0 \$0 \$0	20. Contributions Received \$	hrough 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	\$ 0 167 0 0	\$ \frac{185}{0} \\ \$ \frac{185}{0} \\ \$ \frac{0}{0} \\ \$ \frac{0}{18!} \\ \$ \frac{18!}{0}	Candidates 22. Cumulat	Summary for State ive Expenditures Made* to Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$ 0 167.00 \$ 52.40	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. this is the first report being filed for this calendar year, only carry over the amount from Lines 2, 7, and 9 (if any).	reported in Column B.	\$may be different from amounts

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

Schedule A		ts may be rounded	SCHEDUL				
Monetary	Contributions Received	to	whole dollars.	Statement cov from 07/01/2020	ers period		FORNIA 460
				from	-	- '	ZIKIWI
SEE INSTRUCT	IONS ON REVERSE			through <u>12/31/20</u>	20	Page	
NAME OF FILER	8					I.D. NU	MBER
Friends of B	ill Halldin for Rocklin City Council 2018					140502	1
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	D DATE	PER ELECTION
DATE RECEIVED	CONTRIBUTOR	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR Y	EAR	TO DATE
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OF BUSINESS)	PERIOD	(JAN. 1 - DEC	. 31)	(IF REQUIRED)
	None	□IND	in the second se				
		□сом					
		ОТН					
		□ PTY □ SCC					
)-		□IND					
		СОМ					
		□отн					
		□PTY					
		□scc					
		□IND					
		□сом □отн				- 1	
		□PTY					
		□scc					
-		□IND					
		СОМ					
		□отн				- 1	
		□PTY					
		□scc					
		□IND					
		СОМ					
		□ OTH □ PTY				- 1	
		SCC					
	Y	,	SUBTOTAL	\$	nalanysylle	1000	
Sahadula	A Summary			•			
	-					ntributor C Individu	
	eceived this period – itemized monetary contribution			0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ent Committee
(Include a	all Schedule A subtotals.)		\$				than PTY or SCC)
				0			(e.g., business entity)
2. Amount r	eceived this period – unitemized monetary contribu	tions of less thar	า \$100\$			- Politica	al Party Contributor Committee
3 Total mon	netary contributions received this period.				300	- Oniali (Contributor Committee
	es 1 and 2. Enter here and on the Summary Page, (Column A Line 1) TOTAL \$	0		EDD	C Form 460 (lan/2016)
V AGG EITIG	o . and z. Enter here and on the cuminary rage,	Joinin A, Line 1	·/····································			LLL	C Form 460 (Jan/2016)

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

	A						SCHED	ULE B - PART 1
Schedule B – Part 1	AIII	ounts may be rou to whole dollars			Statement cov	ers period	CALIFORN	IA 460
₋oans Received					from 07/01/2020		FORM	"^ 40U
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/2</u>	020	Page	of
IAME OF FILER							I.D. NUMBER	
riends of Bill Halldin for Rocklin City Counc	il 2018						1405021	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	AMOUNT PA OR FORGIVE THIS PERIO	EN BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Bill Halldin	Rocklin City			PAID	1.000		F 500	CALENDAR YEAR
	Councilmember			\$ <u>0</u>	_ \$ 1,800	0 %	\$_5,500	\$ <u>0</u>
				FORGIVEN	ı	KAIE		PER ELECTION**
		1,800	\$	_{\$} N/A	N/A	ş <u>0</u>	10/15/18	s_5,500
□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				\$	_ \$	% RATE	\$	\$
				FORGIVEN	1	INTE		PER ELECTION**
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$		%	\$	\$
				FORGIVEN	1	RATE		PER ELECTION**
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	\$	SUBTOTALS \$;	\$	\$	\$		
Schedule B Summary				- 10-		(Enter (e) on Scheo	lule E, Line 3)	
Loans received this period				\$	0			
(Total Column (b) plus unitemized loar					0		0 17 7 0 7	
Loans paid or forgiven this period				\$ _	0		Contributor Cödes ID – Individual	5
(Total Column (c) plus loans under \$10		dula A \				C	OM - Recipient C	
(Include loans paid by a third party than 3. Net change this period. (Subtract Lin				.NET \$	0		other than) TH – Other (e.g.,	PTY or SCC) business entity)
Enter the net here and on the Summa			•••••			P	TY - Political Par	

*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

(May be a negative number)

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole doll	lars.	Statement covers	period	CALIFORNIA 460		
SEE INSTRUC	TIONS ON REVERSE			through <u>12/31/20</u>		Page	6 of 7	
Friends of B	ER Bill Halldin for Rocklin City Council 2018					1.D. NUMI 1405021		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	n/a	Monetary Contribution						
		Nonmonetary Contribution						
	Support Dppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTAL \$	0				
Schedule	e D Summary		. ,		,	*		
	d contributions and independent expenditures made	e this period. (Include	e all Schedule D subtotals.)			\$_	0	
2. Unitemiz	zed contributions and independent expenditures m	ade this period of un	der \$100			\$_	99	

							SCHEDULE
Schedule E Amounts may to whole Payments Made					Statement covers period 7/01/20		ORNIA 460
aymonto mado				- 1	from		IXIVI
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/20</u>	Page _	7 of 7
NAME OF FILER						I.D. NUM	MBER
Friends of Bill Halldin for Rocklin City Council 2018		_				140502	21
CODES: If one of the following codes accurately descr CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member commetings and office expensions petition circulary phone banks polling and significant professional print ads	munications d appearance ses lating urvey researd very and mes	s ch ssenger services	Otherv	RAD radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and procandidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration web	duction costs nd meals and meals es of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also	o be summarized on Sche	edule D.			SI	UBTOTAL S	\$
Schedule E Summary			` =			Υ.	
Itemized payments made this period. (Include all Sched	dule E subtotals.)					\$_	0
2. Unitemized payments made this period of under \$100						\$_	167

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

167

Recipient Committee Campaign Statement Cover Page

Executed on -

Date

Statement covers period Date of election if applicable: (Month, Day, Year) official Use Only 7/1/2019 from 12/31/2019 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☐ Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Semi-annual Statement Committee ☐ Special Odd-Year Report O Recall O Controlled ☐ Termination Statement O Sponsored (Also Complete Part 5) (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) 1405021 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Bill Halldin Friends of Bill Halldin for Rocklin City Council 2018 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE CITY STATE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS AILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 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 periury 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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

CALIFORNIA

FORW

Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Committee 6. Primarily Formed Ballot Mea				ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Bill Halldin							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE
Rocklin City Councilmember							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZIP		Identify the controlling office	eholder, candi	date, or state n	neasure pro	ponent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Polated Committees Not Included in this Sta	lomonts 11.						
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER		9				
С							
		7	Primarily Formed Can	didate/Offic	eholder Cor	mmittee /	ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s) for which this	committee is p	rimarily form	ed.
	☐ YES ☐ NO				T		
COMMITTEE ADDRESS (NO P.O. B	DX)		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICE IOLDED OD	CANDIDATE	OFFICE SOUG	NIT OF LIELD	
			NAME OF OFFICEHOLDER OR (SANDIDATE	OFFICE SOUG	SHT OK HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUG	HT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES NO						SUPPORT OPPOSE
THE PROPERTY OF THE PROPERTY O							
CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ach continuati	ion sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** 7/1/2019 **FORM** from 12/31/2019 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Bill Halldin for Rocklin City Council 2018 1405021

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3	0	0 \$ 3,424.03 General Elections 1/1 through 6/30 7/1 to Date 20. Contributions
SUBTOTAL CASH CONTRIBUTIONS	0	0 0 0 0 0 \$ 21. Expenditures Made \$
Expenditures Made 6. Payments Made	\$ 65 0	0 0 65 \$ 653.06 0 0
Current Cash Statement 12. Beginning Cash Balance	0 0 65	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
17. LOAN GUARANTEES RECEIVED	\$	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). FPPC Form 460 (Jan/20: FPPC Advice: advice@fppc.ca.gov (866/275-37:

www.fppc.ca.gov

,	A-m	ounts may be ro	ındad				SCHE	DULE B - PART 1
Schedule B – Part 1	Alli	to whole dollars			Statement cove	•	CALIFORN	A 460
Loans Received					from7/1/2	2019	FORM	700
SEE INSTRUCTIONS ON REVERSE				1	through12/3	31/2019	Page 4	of_5
NAME OF FILER							I.D. NUMBER	
Friends of Bill Halldin for Rocklin City Cou	uncil 2018						1405021	
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)	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	CUMULATIVE CONTRIBUTIONS TO DATE
Bill Halldin	Rocklin City			☐ PAID				CALENDAR YEAR
	Councilmember			\$	0 \$ 1,800	% RATE	\$ <u>5,500</u>	\$0
		1,800	0	FORGIVEN			2018	PER ELECTION**
†☑IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	N/A DATE DUE	\$0	10/15/208 DATE INCURRED	\$5,500
				PAID				CALENDAR YEAR
				\$	_ \$	% RATE	\$	\$
				FORGIVEN				PER ELECTION**
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	_ \$	% RATE	\$	\$
				FORGIVEN		NAIL		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0 \$	5	0 \$ 1,800	\$ 0		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period				\$ _	0_			
(Total Column (b) plus unitemized loar	ns of less than \$100.)					(†	Contributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$1000 (Include loans paid by a third party that 	00 paid or forgiven.)			\$ _	0	C		PTY or SCC)
(molde loans paid by a till party the	ii are also iternized on solle	dule A.)				P	TH – Other (e.g., TY – Political Part	business entity)

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

Enter the net here and on the Summary Page, Column A, Line 2.

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

(May be a negative number)

SCC - Small Contributor Committee

£							SCHEDULE E
Schedule E	Amounts may be to whole do			Statem	ent covers period	CALIFO	
Payments Made				from	7/1/2019	FOF	RM TOO
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through _	12/31/2019	Page	5 of 5
Friends of Bill Halldin for Rocklin City Council 2018						140502	
CODES: If one of the following codes accurately describ 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 so postage, deliv	munications I appearance es ating urvey researd very and mes	s	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf VOT voter	ibe the payment. airtime and production of the contributions aign workers' salaries cable airtime and production date travel, lodging, and spouse travel, lodging, a fer between committees registration nation technology costs	uction costs d meals and meals s of the same	,
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR E	DESCRIPTION OF PA	AYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also	be summarized on Sche	edule D.			SU	BTOTAL \$	
Schedule E Summary							
Itemized payments made this period. (Include all Schedu	ule E subtotals.)	• • • • • • • • • • • • • • • • • • • •				\$	0
2. Unitemized payments made this period of under \$100							CF
3. Total interest paid this period on loans. (Enter amount fro							0
4 Total novements made this named (Add Lines 1.2) and 2						TALC	65

Recipient Committee Campaign Statement Cover Page

Cover Page		JUL	3 1 2019 FORM
	Statement covers period 1/1/2019	Date of election if applicable (Month, Day, Year)	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through6/30/2019		
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
O State Candidate Election Committee O Recall (Also Complete Pert 5) General Purpose Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored iso Complete Part 6)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	☐ Quarterly Statement ☐ Special Odd-Year Report
O Small Contributor Committee	rimarily Formed Candidate/ ifficeholder Committee Iso Complete Part 7)		
	. NUMBER 405021	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Bill Halldin for Rocklin City Council 20		NAME OF TREASURER BIII Halldin MAII ING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		NAME OF ASSISTANT TREASURER, IF ANY	E
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	
CITY STATE ZIP COI	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 reviewir certify under penalty of perjury under the laws of the State of Executed on	California that the foregoing is true and By		ponsible Officer of Sponsor
Executed onDate	By	Signature of Controlling Officeholder, Candidate, State Measure P	Proponent FPPC Form 460 (Jan/2016)

COVER PAGE

CALIFORNIA 460

Date Stamp

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Bill Halldin							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION			SUPPORT
Rocklin City Councilmember							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling officeh	nolder, candida	ate, or state	measure pro	ponent, if any.
			NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	PONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or a	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 Candi officeholder(s) or candidate(s) if	date/Office	holder Co	mmittee L	ist names of
	□ YES □ NO		officeriolder(s) or candidate(s) i	or winch this c	ommittee is	primarny torii	iea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	
COMMITTEE NAME	I.D. NUMBER						SUPPORT OPPOSE
			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO						OPPOSE
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
CITY STATE ZIP CO	DE AREA CODE/PHONE		Attac	h continuation	n sheets if n	ecessarv	
			711110			,	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period

Summary Page			from	1/1/2019	FORM 4	60
SEE INSTRUCTIONS ON REVERSE			through	6/30/2019	Page 3 of 2	3
IAME OF FILER					I.D. NUMBER	
Friends of Bill Halldin for Rocklin City Council 2018					1405021	
	Column A	Column	D I	Calandar Vaar Com		

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 Schedule A, Line 3	\$	3,424.03	\$	3,424.03	General Elections 1/1 through 6/30 7/1 to Date
 Loans Received		(2,700) 724.03 0 724.03	\$	(2,700) 724.03 0 724.03	20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made			*		Expenditure Limit Summary for State
6. Payments Made		0	\$	588.36 0 588.36	Candidates 22. Cumulative Expenditures Made*
9. Accrued Expenses (Unpaid Bills)		0	Ф	0	(If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	588.36	\$	588.36	\$
Current Cash Statement 12. Beginning Cash Balance		166.73 724.03 0 588.36 302.40	ad A t am of am be she	calculate Column B, d amounts in Column o the corresponding rounts from Column B your last report. Some rounts in Column A may regative figures that build be subtracted from revious period amounts. If is is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED			on	d for this calendar year, y carry over the amounts m Lines 2, 7, and 9 (if y).	
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

www.fppc.ca.gov

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 460

Statement covers period

				from1/1/2	2019	FORM TOO
				through6/3	0/2019 Pa	ge 4 of 8
SEE INSTRUCTION NAME OF FILER	IS ON REVERSE			an ough		
	Bill Halldin for Rocklin City Council 2018					NUMBER 5021
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)
1/3/19	Placer Charter Advocates for Great Schools FPPC # 1403984	☐IND ☐COM ☐OTH ☐PTY ☐SCC		\$200	\$200	
1/20/19	Friends of Greg Janda for Rocklin City Council 2016 FPPC #1386250 ourt	□IND □COM □OTH □PTY □SCC		\$250	\$250	
1/14/19	Friends of Scott Yuill for Rocklin City Council 2014 FPPC #1286872	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500	500	
2/7/19	West Roseville LLC 14 R	☐IND ☐COM ØOTH ☐PTY ☐SCC		500	500	
1/16/19	Stanford Ranch I LLC y	□IND □COM ☑OTH □PTY □SCC		300	300	
			SUBTOTAL \$	1,750		
Schedule A	A Summary				*Contributo	or Codes
	ceived this period – itemized monetary contributions. Schedule A subtotals.)	3,424,03	(oth	cipient Committee ner than PTY or SCC)		
2. Amount red	ceived this period – unitemized monetary contribution	ns of less than	n \$100\$	0	OTH – Oth PTY – Poli	er (e.g., business entity)
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col	3,424.03	SCC - Sm	all Contributor Committee		
						EPPC Form 460 (lan/2016)

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

through

1/1/2019

6/30/2019

NAME OF FILER				I.D. NU	MBER			
Friends of B	ill Halldin for Rocklin City Council 2018			14050	21			
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)	
4/18/19	Capital Valley Investments	□ IND □ COM ☑ OTH □ PTY □ SCC		500	5	00		
4/15/19	Village at Loomis	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000	10	00		
5/9/19	Friends of Susan Halldin for Rocklin School	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		174.03	174.	03		
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
SUBTOTAL \$ 1674.03								

*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

	Am	ounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1			Statement cov	-	CALIFORNIA 460			
Loans Received 1/1/2019 from 1/1/2019						FORM	700	
SEE INSTRUCTIONS ON REVERSE					through6/3	0/2019	Page	of 8
NAME OF FILER							I.D. NUMBER	
Friends of Bill Halldin for Rocklin City Cou	uncil 2018						1405021	
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	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEI THIS PERIOD	OLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Bill Halldin	CEO, Halldin PR			PAID				CALENDAR YEAR
				\$2,700	\$1,800	O %	\$4,000	\$5,500 PER ELECTION**
† IND COM OTH PTY SCC		\$4,500	\$0	\$	N/A DATE DUE	s0	10/15/19 DATE INCURRED	\$5,500
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	\$	% RATE	\$	\$
				FORGIVEN		IVIL		PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$;	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	0			
(Total Column (b) plus unitemized loar					·	(+0	Contributor Codes	
2. Loans paid or forgiven this period								
		,		NET 6	(0.700)	P.	TY – Political Part CC – Small Contri	у
3. Net change this period. (Subtract Lin					May be a negative number)	(3)	O – Sman Contri	Dutor 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 D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole do		Statement covers		california 460		
SEE INSTRUCTION	ONS ON REVERSE			through6/30/2	2019	Page	7 of 8	
Friends of I	Bill Halldin for Rocklin City Council 2018					1.D. NUME		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAI (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
5/2/19	Brian Dahle for State Senate 2019 #1415244	Monetary Contribution Nonmonetary Contribution Independent Expenditure		500		500		
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	\$ 500				
1. Itemized of	D Summary contributions and independent expenditures made)		\$_	500	

500

Schedule E
Payments Made

Amounts may be rounded

SCHEDULE E Statement covers period

Payments Made	to whole dollars.	from1/1/2019	FORM 46U	
SEE INSTRUCTIONS ON REVERSE		through6/30/2019	Page 8 of 8	
NAME OF FILER			I.D. NUMBER	
Friends of Bill Halldin for Rocklin City Council 2018			1405021	
CODES: If one of the following codes accurately describe	es the payment, you may enter the code. Other	wise, describe the payment.		

CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member com MTG meetings and			RAD radio airtime and production costs RFD returned contributions	
CTB contribution (explain nonmonetary)*	contribution (explain nonmonetary)* OFC office exper			SAL campaign workers' salaries	-1-
CVC civic donations FIL candidate filing/ballot fees	PET petition circul PHO phone banks	-		TEL t.v. or cable airtime and production control TRC candidate travel, lodging, and meals	SIS
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and si POS postage, deli			TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the sa	
LEG legal defense	PRO professional			VOT voter registration	
LIT campaign literature and mailings	PRT print ads			WEB information technology costs (internet	, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (OR .	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brian Dahle for State Senate 2019 #1415244		OTD	Contribution		500
		СТВ			500
* Payments that are contributions or independent expenditures must also	be summarized on Sche	edule D.		SUBTOTAL	L\$ 500
Schedule E Summary					
Itemized payments made this period. (Include all Schedu	ule E subtotals.)			\$	500
2. Unitemized payments made this period of under \$100					88.36
Total interest paid this period on loans. (Enter amount from the second of the se					0
o. Total interest paid this period of toalis. (Effet affount in	Ψ .	-			

588.36

Recipie Committee Campaign Statement Cover Page

	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Statement covers period 10/21/2018 12/31/2018 through	Date of election if applicable: (Month, Day, Year) 2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)
3.	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	D. NUMBER 1405021	Treasurer(s) NAME OF TREASURER	
	Friends of Bill Halldin for Rocklin City Council 20)18	Bill Halldin MAILING ADDRESS	
	CTDFFT ADDOFOO (410 D.O. DOV)			
		NE.	NAME OF ASSISTANT TREASURE	R, IF ANY
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		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 ADDRES	es
1.	Executed on	By	knowledge the information contained I correct. Signature of Treasurer or Assistant trolling Officeholder, Candidate, State Measure Prosignature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Candida	oponent or Responsible Officer of Sponsor
	Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent

COVER PAGE

CALIFORMA FORM

Date Stamp

Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Comm	nittee	6.	Primarily Formed Ballo	ot Measure	Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Bill Halldin							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N		SUPPORT
Rocklin City Councilmember						Į.	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling offic	eholder, candi	date, or state	measure pro	ponent, if any.
			NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your care	or 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 Can officeholder(s) or candidate(s	didate/Offic	eholder Co committee is	ommittee L primarily form	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
	CODE AREA CODE/PHONE		Att	ach continuati	on sheets if r	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

1405021

SEE INSTRU	JCTIONS	ON	REVERSE

NAME OF FILER

Friends of Bill Halldin for Rocklin City Council 2018

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

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	\$	8,850	\$	38,140	General Elections 1/1 through 6/30 7/1 to Date
2. Loans Received		500		4,500	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	9,350	\$	42,640	20. Contributions Received \$ \$
4. Nonmonetary Contributions		433.45		3,655	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	9,783.45	\$	46,295	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	11,730.11	\$	43,774.57	Candidates
7. Loans Made		0		0	00 0 0 10 5 10 10 10 10
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	11,730.11	\$	43,774.57	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 Adjustment		0		0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	11,730.11	\$	43,774.57	\$
Current Cash Statement					\$
12. Beginning Cash Balance	\$	2,546.84	То	calculate Column B.	
13. Cash Receipts Column A, Line 3 above		9,350	ad	d amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0		o the corresponding nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		11,730.11		your last report. Some nounts in Column A may	Topolica in Coldinia 2.
16. ENDING CASH BALANCE	\$	166.73	be	negative figures that	
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from evious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file	s is the first report being ed for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0	1	<i>,</i> , , , , , , , , , , , , , , , , , ,	

4,500

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

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

Monetary	Contributions Received	Statement coverage from10/21	/2018	CALIFORNIA 460 FORM		
OFF MOTOMOTION	NO ON DEVEDOR			through12/31/2018		Page 4 of 9
NAME OF FILER	NO ON REVERSE				I.D. NUMBER	
Friends of I	Bill Halldin for Rocklin City Council 2018				1	405021
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 D CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE
11/5/2018	Chrysa Demos	IND COM OTH PTY	CEO AKT Investments	2,000	2,000	0
11/7/2018	Comittee for Home Ownership of the Northstate Building Industry Association ID #782240	☐IND ☐COM ☐OTH ☐PTY ☐SCC		4,100	5,000	0
11/5/2018	Jerry Dizon Insurance & Financial Services	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500	50	0
10/29/2018	AT&T California Employee PAC ID #981470	☐ IND		250	25	0
10/29/2018	Friends of Scott Yuill for Rocklin City Council 2014 ID 1286872	☐IND COM ☐OTH ☐PTY ☐SCC		700	95	0
			SUBTOTAL \$	7,550		
Schedule /	A Summary				*Contri	butor Codes
	ceived this period – itemized monetary contributions. I Schedule A subtotals.)	8,850		ndividual Recipient Committee (other than PTY or SCC)		
2. Amount re	ceived this period – unitemized monetary contribution	0		Other (e.g., business entity)		
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	8,850	PTY – Political Party SCC – Small Contributor Comm			

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from

10/21/2018

				through12/3	1/2018		5 of 9
NAME OF FILER					I.D. NU		
Friends of B	ill Halldin for Rocklin City Council 2018					14050	21
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)
10/22/2018	John Mourier Construction	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	1,0	00	
11/3/2018	Evergreen/Rocklin Land J.V.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	5	00	
12/4/2018	Peter Hill	IND □ COM □ OTH □ PTY □ SCC	Retired	100	3	50	
12/10/2018	David Attaway	IND COM OTH PTY	CEO Placer Valley Tourism	100	2	000	
12/2/2018	Jim Holmes 3 A	IND COM OTH PTY	Placer County Supervisor	100	1	75	
	SUBTOTAL \$ 1,300						

*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

	A m	ounts may be ro	undod				SCHE	DULE B - PART	
Schedule B – Part 1	to whole dollars.				Statement cov	ers period	CALIFORNIA 460		
Loans Received					from10/21	/2018	FORM 400		
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2018	Page 6	of <u>9</u>	
NAME OF FILER							I.D. NUMBER		
Friends of Bill Halldin for Rocklin City Co.	uncil 2018						1405021		
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	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
Bill Halldin	CEO Halldin Public Relations Inc.	1.000	4.500	PAID \$1,000 □ FORGIVEN		% RATE	\$4,000	\$ 5,500	
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$4,000	\$1,500	\$	N/A DATE DUE	\$C	10/15/201 DATE INCURRED	\$5,500	
+		\$	\$	PAID FORGIVEN	\$ DATE DUE	% RATE	\$DATE INCURRED	\$PER ELECTION	
TO IND COM OTH PTY SCC				PAID \$FORGIVEN	\$		\$	\$PER ELECTION	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS S	\$	\$	\$	\$			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized less.)				\$	1,500				
(Total Column (b) plus unitemized loar	is or less than \$100.)					ſ	Contributor Codes		
2. Loans paid or forgiven this period			***************************************	\$	1,000		ND – Individual		

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

(May be a negative number)

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018

through 12/31/2018

Page 7 of 9

I.D. NUMBER

1405021

NAME OF FILER

Friends of Bill Halldin for Rocklin City Council 2018

SEE INSTRUCTIONS ON REVERSE

	- Dili Fidilati Tol Froottiii Orty Godinii 2010					140002	•
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)
10/31/2018	Friends of Susan Halldin for Rocklin School Board 2018 ID#1407890	□IND □COM □OTH □PTY □SCC		In-kind contribution for Rocklin phone calls	336.95	336.95	
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	\$		

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ 336.95
Amount received this period – unitemized nonmonetary contributions of less than \$100	
3. Total nonmonetary contributions received this period.	

IND – Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

433.45

*Contributor Codes

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

Statement covers period from 10/21/2018

through

12/31/2018

CALIFORNIA 460 FORM

SCHEDULE E

	Or		9	
age	_0_	of _	(_	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER

1405021

CODES: If one of the following codes accurate	ely describes the payment, you may enter the code.	: Otherwise, describe the payment.
CMP_campaign_paraphernalia/misc	MRR member communications	RAD radio airtime and production costs

CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
independent expenditure supporting/opposing others (explain)*

LEG legal defense LIT campaign literature and mailings MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating

PHO phone banks
POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads 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

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Gold Country Media	PRT	Newspaper advertisement	600
JC Evans	LIT		1,766.86
Park Family Insurance	CNS		2,500

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

SUBTOTAL \$

4,866.86

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$_	11,695.11
2. Unitemized payments made this period of under \$100		35
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)		C
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)		11,730.11

chedule E Continuation Sheet)	Amounts may be rounded to whole dollars.	State	Statement covers period			
Payments Made		from	10/21/2018	F		
-			12/21/2018			

		SCHEDULE E (CONT.)
Staten	nent covers period	CALIFORNIA 160
from	10/21/2018	FORM 400
through_	12/31/2018	Page
		I.D. NUMBER

1405021

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

campaign literature and mailings

Friends of Bill Halldin 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.

CMF	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTE	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 of
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration

PRO professional services (legal, accounting) PRT print ads

ne candidate/sponsor VOT voter registration

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
JC Evans 150 0 11: 1 100 //0 404 F	LIT			2,50
Gold Country Media	PRT			30
JC Evans 150 0 11 1 100 16-121	LIT			1,528.8
Park Family Insurance	CNS			2,50

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

SUBTOTAL \$

6,828.85

	144)		OVER PAGE
Recipier Jom Campaign State Cover Page	mittee ement		<i>)</i>	Date Stamp	california 460
SEE INSTRUCTIONS ON RE	verse	Statement covers period 7/1/2018	Date of election if applicable: (Month, Day, Year)	SEP 2 8 2018	Page 1 of 18 For Official Use Only
1. Type of Recipier	nt Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ Officeholder, Cand ○ State Candida ○ Recall (Also Complete Part 5) □ General Purpose ○ Sponsored ○ Small Contribu	didate Controlled Committee te Election Committee 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 Te	ermination) below) the wrong start date for	arterly Statement ecial Odd-Year Report the period
3. Committee Infor	mation	.D. NUMBER 1405021	Treasurer(s)		
•	CANDIDATE'S NAME IF NO COMMITTEE) din for Rocklin City Council 2018 P.O. BOX)	_	NAME OF TREASURER BIII HAIIdin MAII ING ADDRESS	ER, IF ANY	
WAILING ADDICESS (II' D	IFFERENT) NO. AND STREET OR P.O. BOX	_	MAILING ADDRESS		
CITY	STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP (CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL	ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	ss	
		Bv		roponent or Responsible Officer of Spor	
Executed on	Date	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controlled Committee			Primarily Formed Ballo	t Measure Co	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Bill Halldin						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	NUMBER IF APPLICABLE)	LI SOPPORI				SUPPORT OPPOSE
Rocklin City Council			CPPOSE			LI OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE 780		Identify the controlling office			e proponent, if any.
			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPO	NENT	
Related Committees Not Included in this Sta	tement: List any committees					
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	CT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		7.		idate/Officeho	older Committ	ee List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this com	mittee is primarily	formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FICE SOUGHT OR	HELD
						SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FICE SOUGHT OR	SUPPORT
COMMITTEE NAME	I.D. NUMBER					OPPOSE
			NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FICE SOUGHT OR I	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FICE SOUGHT OR I	HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO					OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	h continuation sh	neets if necessary	•

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA ACO

, and a second s		from _	7/23/2018	FORM 400
SEE INSTRUCTIONS ON REVERSE		throug	9/22/2018	Page 3 of 18
IAME OF FILER				I.D. NUMBER
Friends of Bill Halldin for Rocklin City Council 2018				1405021
ang ga palamangan ja a ta man sa ma saika man saika na man saika na manangan saika na manangan saika na mangan Manangan saika na manangan saika na ma	O-l			

- Horas of Bill Hallant for Rootant Only Southern Love			1403021
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
1. Monetary Contributions Schedule A, Line 3	\$10,914	18,940	General Elections
2. Loans Received	0	0	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 10,914	18,940	20. Contributions Received \$ \$
4. Nonmonetary Contributions	1,262.71	2,375.82	Received \$ \$
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ 12,176.71	\$ 21,315.82	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4		\$12,711.22	Candidates
7. Loans Made Schedule H, Line 3	0	0	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	_	\$12,711.22	(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 Adjustment Schedule C, Line 3	0	0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$12,262.20	\$12,711.22	 /
Current Cash Statement			/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$7,576.98	To calculate Column B,	
13. Cash Receipts Column A, Line 3 above	10,914	add amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0	A to the corresponding amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	12,262.20	of your last report. Some amounts in Column A may	reported in Column B.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$6,228.78	be negative figures that	
If this is a termination statement, Line 16 must be zero.		should be subtracted from previous period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0	this is the first report being filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	\$0	Gary).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0		FPPC Form 460 (Jan/2016)
		l l	FPPC Advice: advice@fppc.ca.gov (866/275-3772)
			www.fppc.ca.gov

www.fppc.ca.gov

Schedu A Monetary Contributions Received	Amounts be rounded to whole dollars.	Stater	ment covers pe
		from	7/23/2018
SEE INSTRUCTIONS ON REVERSE		through _	9/22/20

NAME OF FILER

Friends of Bill Halldin for Rocklin City Council 2018 1405021 IF AN INDIVIDUAL, ENTER **AMOUNT CUMULATIVE TO DATE** PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS **CALENDAR YEAR** TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) ☐ IND **ENGEO** ☐ COM 7/17/2018 100 100 OTH **□**PTY □scc Scott Yuill Insurance & Financial Services **□** СОМ 7/17/2018 100 225 OTH □ PTY Пscc **IND** Victoria Curtis Retired □сом 7/17/2018 100 100 □отн □ PTY □scc **Allard Residential Services** □ СОМ 100 7/24/2018 100 OTH **□PTY** □ scc DIND **David Bass** Attorney □сом 7/18/2018 100 100 David Bass Esg. □ OTH □ PTY □ scc SUBTOTAL \$ 500

*Contributor Codes
IND -- Individual
COM -- Recipient Committe

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedu. A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

world tary				7/23/	2018		ORM 460
	*			110III			OTAN
				through9/22	2/2018	Page_	5 of 18
NAME OF FILER					I.D. NU	MBER	
Friends of B	ill Halldin for Rocklin City Council 2018					14050	21
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
7/18/2018	Ron Adams	☑IND □COM □OTH □PTY □SCC	Businessman College Funding Advisors	100	1	00	
7/18/2018	Wendy Lang	☑IND □COM □OTH □PTY □SCC	Manager California Department of Motor Vehicles	100	1	00	
7/18/18	Peter Hill	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100	10	00	
7/18/2018	Laura McClellan	☑IND □COM □OTH □PTY □SCC	CEO Energy 2001	150	15	50	
7/18/2018	John Murray		Partner Westpark Communities	500	50	00	
			SUBTOTAL \$	950			

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(other than PTY or SCC)
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PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

7/23/2018

			1	from	2018	FC	ORM	100
				through9/22	2/2018	Page		18
NAME OF FILER			150			I.D. NUN	/BER	
Friends of B	ill Halldin for Rocklin City Council 2018		Sa 1996 - a phair Saint a Sa			140502	21	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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	TO	ELECTION DATE EQUIRED)
7/18/2018	Westpark MPC-5	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	5	00		
7/11/2018	Sarah Aquino	☑ IND □ COM □ OTH □ PTY □ SCC	Insurance Broker Integrated Benefits and Insurance Services	150	1	50		
7/24/2018	Martin A. Harmon and Auburn Manor Holding Corporation	☑ IND □ COM □ OTH □ PTY □ SCC	Businessman Auburn Manor Holding Corporation	1000	100	00		
7/25/2018	Laborers Local 185 PAC #870122	□IND □COM □OTH □PTY □SCC		500	. 50	00		
8/2/2018	Rob Angell		Businessman Gold Country Distributors	100	10	00		
			SUBTOTAL \$	2,250			Neigh	

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Scheo A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

,				from7/23/	2018	the state of the s	ORM 460
				through9/22	2/2018	Page.	7 of 18
NAME OF FILER						I.D. N	JMBER
Friends of B	ill Halldin for Rocklin City Council 2018	Anna Carlos Carl				14050)21
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
8/10/2018	Eli Broad and Affiliated Entity Placer Ranch Inc.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	2	50	
8/23/2018	Mary Conkey	☑ IND □ COM □ OTH □ PTY □ SCC	CEO J.R. Conkey & Associates	500	5	00	
8/31/2018	Bill Halldin	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Small Business Owner Halldin Public Relations	250	Н	io No	
9/6/2018	Al Johnson Consulting LLC	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100	10	00	
9/6/2018	Bonnie Gore for Supervisor #1397998	☐IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		250	25	50	

SUBTOTAL \$

1,350

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PTY - Political Party

Sche A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary	Contributions Received	to whole	dollars.	Statement covers period from7/23/2018		FORM 460				
				through 9/22	2/2018	Page _				
NAME OF FILER	NAME OF FILER I.D. NUMBER									
Friends of B	ill Halldin for Rocklin City Council 2018		Company of the control of the contro			14050	21			
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)			
9/10/2018	USA Properties Fund Inc.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	5	00				
9/11/2018	Citizens to Elect Bruce Houdesheldt #1403917	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100	1	00				
9/11/2018	Roger Peterson	☑ IND □ COM □ OTH □ PTY □ SCC	Writer Roger Peterson	100	10	00				
9/14/2018	Roger Niello ive	☑IND □COM □OTH □PTY □SCC	Auto Dealer The Niello Company	200	20	00				
9/17/2018	Tim Taron	IND COM OTH PTY SCC	Attorney Hefner, Stark and Marois	100	10	00				
			SUBTOTAL \$	1,000						

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

PTY - Political Party

SCC - Small Contributor Committee

Scheule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		to whole (dollars.	Statement covers period from7/23/2018		FORM 460	
				through 9/22	2/2018	Page .	9 of 18
NAME OF FILER				I.D. NU	IMBER		
Friends of B	ill Halldin for Rocklin City Council 2018			14050	21		
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)
9/16/2018	Bob and Kathy Reeve	IND □ COM □ OTH □ PTY □ SCC	Retired	200	2	00	
9/17/2018	Aaron Klein	☑IND □COM □OTH □PTY □SCC	CEO Riskalyze	100	2	00	
9/20/2018	Jim Sperlazza	☑IND □COM □OTH □PTY □SCC	Owner Jemtown Inc. dba Five Star Auto Care	500	5	00	
9/20/2018	CEO Holdings Inc. 9 R	□IND □COM ☑OTH □PTY □SCC		200	20	00	
9/21/2018	FSB Core Strategies	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500	50	00	
			SUBTOTAL \$	1,500			

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Scheame A (Continuation Sheet)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		from7/23/2018		FORM 460				
				through 9/22	2/2018	Page .	10 of 18	
NAME OF FILER I.D. NUMBER								
Friends of B	ill Halldin for Rocklin City Council 2018					14050	21	
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	Friends of Scott Yuill for Rocklin City Council	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		250	2	250		
9/20/2018	Tom DeLapp	☑IND □COM □OTH □PTY □SCC	Owner Communication Resources for Schools	100	1	00		
9/20/2018	Uhler for Supervisor #1298941	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100	1	00		
9/20/2018	Integal Financial Management	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150	1:	50		
9/20/2018	Sun Ridge Real Estate	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100	10	00	9	
			SUBTOTAL S	700				

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PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

		SCHEDULE A (CON	11.)
State	ement covers period	CALIFORNIA 460	
from	7/23/2018	FORM 400	,
through.	9/22/2018	Page of	
		I.D. NUMBER	\neg

NAME OF FILER							JMBER
Friends of B		14050	21				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/20/2018	Haney Business Ventures	☐IND ☐COM ØOTH ☐PTY ☐SCC		150	15	50	
9/20/2018	Geoff McLennan	☑IND □COM □OTH □PTY □SCC	Retired	100	10	00	
9/20/2018	Aldo Pineschi Consulting	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		50	14	15	
9/20/2018	Ron Lawrence	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Police Chief City of Citrus Heights	150	15	50	
9/20/2018	Ken Broadway	<u></u> □ СОМ	Corporate Pricing Manager United Parcel Service	100	20	0	
CHIPTOTAL & CC							

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT)
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Monetary Contributions Received		to whole	dollars.	Statement covers period from 7/23/2018		california 460		
				through9/22	2/2018		12 01 18	
NAME OF FILER						I.D. NU	MBER	
Friends of B	ill Halldin for Rocklin City Council 2018					14050	21	
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	Randall R. Wilson	☑IND □COM □OTH □PTY □SCC	Attorney Sinclair Wilson Baldo & Chamberlain	250	2	50		
9/21/2018	Rocklin Area Chamber of Commerce PAC #1360300	☐IND ☐COM ☐OTH ☐PTY ☐SCC		1000	10	00		
7/18/2018	Aldo Pineschi Consulting	☐IND ☐COM ☑OTH ☐PTY ☐SCC		95	14	45		
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	·					
	SUBTOTAL \$ 1,345							

*Contributor Codes

IND - Individual

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PTY - Political Party

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period
from 7/23/2018

through 9/22/2018

Page 13 of 18

I.D. NUMBER

NAME OF FILE	R						I.D. NUME	BER	
Friends o	Friends of Bill Halldin for Rocklin City Council 2018								
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	CUMULAT DAT CALENDA (JAN 1 - I	re Ryear	PER ELECTION TO DATE (IF REQUIRED)	
7/18/2018	Bill Halldin 5 F	☑IND □COM □OTH □PTY □SCC	Business owner, Halldin Public Relations	Food/La Bou Restaurant	65.	1	028.11		
9/15/2018	Placer Charter Advocates for Great	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Literature	156.71		156.71		
9/15/2018	Halldin Public Relations	☐IND ☐COM ☑OTH ☐PTY ☐SCC		Booth space	125		125		
9/20/2018	Bob Sinclair	☑IND □COM □OTH □PTY □SCC	Attorney Sinclair Wilson Baldo & Chamberain	Food/beverages for fundraiser	916		916		
Attach add	Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 1,262.71								
0 - b - d - d									

Schedule C Summary

Amount received this period – itemized nonmonetal (Include all Schedule C subtotals.)	ary contributions. \$\$	1,262.71
2. Amount received this period – unitemized nonmone	etary contributions of less than \$100\$	0

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IND - Individual

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(other than PTY or SCC)

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

SCC - Small Contributor Committee

Schedu. E
Payments Made

Amounts may be ro....ded to whole dollars.

Statement covers period CALIFORNIA

i dymonto mado	from
SEE INSTRUCTIONS ON REVERSE	through 9/22/2018 Page 14 of 18
NAME OF FILER	I.D. NUMBER
Friends of Bill Halldin for Rocklin City Council 2018	1405021
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		The sale of the sa	without to the safe substances. At a some was more a	r maggin at the out and consider a sign of many sign of		
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	MBR member co MTG meetings al OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	mmunication and appearan ases ulating as survey resea	s ces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Landslide Communications 30011 Ivy Glenn Drive Laguna Niguel, CA 92677		LIT				\$4,166.50
Budget Watchdogs FPPC #9345115 22410 Hawthorne Blvd., #5 Torrance, CA 90505		LIT				\$1,493
Signworx 1468 Sky Harbor Drive, #J Olivehurst, CA 95961		СМР				992.06
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.						

Payments that are contributions or independent expenditures must also be summarized on schedule b.	SUBTOTAL \$	6651.56
Schedule E Summary		
Itemized payments made this period. (Include all Schedule E subtotals.)	\$	12,172.20
2. Unitemized payments made this period of under \$100	\$	90
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	12,262.20

Sched E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be ded to whole dollars.

		SCHE	. E (CONT.)
Statement covers period		CALIFORNIA	460
from	7/23/2018	FORM	400
through	9/22/2018	Page 15	18
		I.D. NUMBER	- Harban
		1405021	

NAME OF FILER

Friends of Bill Halldin 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 paraphemalia/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 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 transfer between committees of the same candidate/sponsor TSF IND PRO 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) California Republican Taxpayers Association FPPC #1286315 1130 Fremont Blvd., Suite 100-115 LIT 670.70 Seaside, California 93965 California Voter Guide FPPC #595-004 22410 Hawthorne Blvd., #5 LIT 713 Torrance, CA 90505 Conservative Voter Guide FPPC #1336975 9321 Silverbend Lane LIT 622.27 Elk Grove, CA 95624 **Upstream Administration** P.O. Box 204 **PRO** 100 Roseville, CA 95661 California Taxpayer Protection Voter Guide FPPC #1299482 9321 Silverbend Lane LIT 679.03 Elk Grove, CA 95624 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 2785

Sched	d	E	
(Continu	ıa	tion	Sheet)
Paymen	ts	Mad	de

Amounts may be rounded to whole dollars.

| SCHE | E (CONT.)
| Statement covers period | T/23/2018 | CALIFORNIA | 460 |
| through | 9/22/2018 | Page | 16 | of | 18 |
| I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Bill Halldin for Rocklin City Council 2018 1405021 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications CMP campaign paraphernalia/misc. radio airtime and production costs MTG meetings and appearances CNS campaign consultants RFD returned contributions 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 candidate travel, lodging, and meals fundraising events staff/spouse travel, lodging, and meals **FND** POL polling and survey research TRS independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF IND PRO professional services (legal, accounting) LEG legal defense voter registration WEB information technology costs (internet, e-mail) PRT print ads LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) JC Evans Inc. 150 S. Highway 160 #8-121 LIT 2111.38 Pahrump, NV 89048 Placer County Clerk Recorder 2956 Richardson Drive FIL 500 Auburn, CA 95603 efundraising Connections online contribution processing 2831 G Street **FND** 124.26 Sacramento, CA 95816

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

SUBTOTAL \$

2735.64

Sched	G	
Payme.	Made by an Agent or Independer	nt
Contracto	r (on Behalf of This Committee)	

Amounts may e rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from7/23/2018	FORM 400
through9/22/2018	Page 17 of 18
	I.D. NUMBER
	1405021

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends of Bill Halldin for Rocklin City Council 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Landslide Communications

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COL	DES: If one of the following codes accurately describes	the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphemalia/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)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAÍD
Save Prop 13 FPPC #598040 c/o Landslide Communications 30011 lvy Glenn Drive, Suite 223 Laguna Niguel, CA 92677	LIT				833.30
Jim Lacy's Taxifornia Tax Fighters Guide FPPC #1378949 c/o Landslide Communications 30011 lvy Glenn Drive, Suite 223 Laguna Niguel, CA 92677	LIT				833.30
Woman's Voice #1293667 c/o Landslide Communications 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677	LIT				833.30
California Policy Safety Voter Guide FPPC #1298740 c/o Landslide Communications 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677	LIT				833.30
Attach additional information on appropriately labeled continuation sheets.			тс	TAL* \$	3,333.20

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Sched	G
Payme	Made by an Agent or Independent
Contract	or (on Behalf of This Committee)

Amounts is be rounded to whole dollars.

Statement covers period 7/23/2018	CALIFORNIA 460
through9/22/2018	Page /8 of /8
	I.D. NUMBER 1405021

SEE	INS	TRU	CTI	ONS	ON	REV	ERSE	

NAME OF FILER

LEG legal defense

Friends of Bill Halldin for Rocklin City Council 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

Landslide Communications

CODES: If one of the following codes accurately describe	bes the payment, you may enter the co	de. 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 POL polling and survey research FND fundraising events POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)*

PRO professional services (legal, accounting) PRT print ads

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
National Tax Limitation Committee Early Voter Guide FPPC #1306386 c/o Landslide Communications 30011 lvy Glenn Drive, Suite 223 Laguna Niguel, CA 92677	LIT			833.30
		1		
	-			
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$	833.30

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.