Recipient Committee Date Stamp CALIFORNIA **Campaign Statement Cover Page** Page 1 Statement covers period Date of election if applicable (Month, Day, Year) For Official Use Only from September 20, 2020 November 3, 2020 through October 17, 2020 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Preelection Statement Quarterly Statement Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report O Recall Controlled **Termination Statement** O Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee **Small Contributor Committee** Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1388741 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Ken Broadway for City Council 2020 Ken Broadway MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY AREA CODE/PHONE STATE ZIP CODE CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Kim Wines MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE CITY STATE 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 10/22/2020 Signature of Treesurer or Assistant Treasurer Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA 460

Page 2 of 14

Officeholder or Candidate Contr	olled Committee	6. Primarily Formed Ball	lot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Ken Broadway					
OFFICE SOUGHT OR HELD (INCLUDE LOCA	TION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTI	_	SUPPORT
Rocklin City Council				L	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A	ND STREET) CITY STATE ZIP	Identify the controlling office	ceholder, candi	date, or state measure prop	onent, if any.
		NAME OF OFFICEHOLDER, C	CANDIDATE, OR I	PROPONENT	
	ed in this Statement: List any committees trolled by you or are primarily formed to receive half of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO.	F ANY
		PI CONTRACTOR OF THE PARTY OF T			
COMMITTEE NAME	I.D. NUMBER				
COMMITTEE NAME	I.D. NUMBER	7. Deliverable Formula Con-	- di det - 1041 -	askaldan Camanittaa	
COMMITTEE NAME NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Car officeholder(s) or candidate(ndidate/Offic (s) for which this	eholder Committee Lis committee is primarily forme	t names of i.
NAME OF TREASURER		7. Primarily Formed Car officeholder(s) or candidate((s) for which this	ceholder Committee List committee is primarily former	t names of
NAME OF TREASURER COMMITTEE ADDRESS STREET ADD CITY	CONTROLLED COMMITTEE? YES NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate((s) for which this	s committee is primarily forme	SUPPORT
NAME OF TREASURER COMMITTEE ADDRESS STREET ADD	CONTROLLED COMMITTEE? YES NO DRESS (NO P.O. BOX)	officeholder(s) or candidate(R CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADD CITY	CONTROLLED COMMITTEE? YES NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER O	R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from September 20, 2020	california 460
through October 17, 2020	Page 3 of 14
	I.D. NUMBER
	1388741

Ken Broadway for City Council 2020					1388741
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
1. Monetary Contributions	\$	9,739.00 0.00 9,739.00 100.00 9,839.00 13,201.31 0.00 13,201.31	\$ \$	22,285.66 5,000.00 27,285.66 429.71 27,715.37 19,058.51 0.00 19,058.51	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00 100.00 13,301.31	\$	0.00 429.71 19,488.22	Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$	11,838.80 9,739.00 0.00 13,301.31 8,276.49	ad At an of an be sh	calculate Column B, d amounts in Column to the corresponding nounts from Column B your last report. Some nounts in Column A may negative figures that ould be subtracted from evious period amounts. If s is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse		0.00	file on fro	ed for this calendar year, ly carry over the amounts im Lines 2, 7, and 9 (if y).	
19. Outstanding Debts		0.00			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 from September 20, 2020	california 460					
through October 17, 2020	Page 4 of 14					
	I.D. NUMBER					

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ken Broadway for City Council 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/2020	Peter and Janet Hill	IND COM OTH PTY	Retired	250.00	1,000.00	
9/26/2020	Dyan Hart	IND COM OTH PTY	Retired	100.00	100.00	
9/28/2020	Laborers Local 185 PAC	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	
10/1/2020	George Phillips	☑IND □COM □OTH □PTY □SCC	Attorney	125.00	125.00	
10/1/2020	Bruce Houdesheldt	☑IND □COM □OTH □PTY □SCC	Treasurer, Pacific Ethanol, Inc	125.00	125.00	
2411			SUBTOTAL	\$ 1,600,00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)

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

Amount received this period – unitemized monetary contributions of less than \$100\$

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))

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Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole dollars.	Statement co		CALIF	ORNIA RM	460
	A.		through October	17, 2020	Page 5	of	14
Ken Broadwa	y for City Council 2020				1.D. NUM 1388741		
	FULL NAME, STREET ADDRESS AND ZIP CODE OF	IF AN INDIVIDUAL, ENT	ER AMOUNT	CUMULATIVE	TO DATE	PER EL	ECTION

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/01/2020	Jeff Brower	IND COM OTH PTY	Business Owner, Brower Mechanical	200.00	200.00	
10/01/2020	Bill McEnroe	☑IND □COM □OTH □PTY □SCC	Retired	125.00	125.00	
10/01/2020	Doug and Kim Wines	☑IND □COM □OTH □PTY □SCC	Programmer, Independent Contractor	100.00	100.00	
10/01/2020	Josh Alpine	☑IND □COM □OTH □PTY □SCC	Electric Transmission System Operator PG&E	100.00	100.00	
10/01/2020	Recology	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00	
			SUBTOTAL S	\$ 775.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from September	20, 2020	FO	RM TOU
				through October	17, 2020	Page _6	of 14
NAME OF FILER						I.D. NUN	
Ken Broadwa	ay for City Council 2020					138874	1
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
10/01/2020	ENGEO	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		150.00	150.00		
10/01/2020	Committee for Home Ownership of the North State	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		5,000.00	6,000.00		
10/07/2020	Aman Gahoonia	IND COM OTH PTY SCC	Microelectronics Engineer at Defense MicroElectronics Activity	100.00	100.00		
10/09/2020	Cresleigh Homes	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		750.00	750.00		

☐ IND

✓ COM OTH PTY □ scc

SUBTOTAL \$ 6,150.00

150.00

*Contributor Codes

IND - Individual

10/09/2020

COM - Recipient Committee (other than PTY or SCC)

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

Bonnie Gore for Supervisor

SCC - Small Contributor Committee

150.00

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

wonetary	Contributions Received			from September 2		CALIF FO	RM 460
				through October	17, 2020	Page	
Ken Broadw	ay for City Council 2020					1.D. NUN 138874	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
10/06/2020	Pacific Erectors, Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		200.00	200.00		8
10/17/2020	SAFE Credit Union	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00		
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					

SUBTOTAL \$ 450.00

☐ IND □сом □отн □ PTY SCC

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))

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

Schedu Nonmo	le C netary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers p		CALIF(SCHEDULE ORNIA 460 RM
NAME OF FIL					thro	October 17,	2020	Page 8	
Ken Broads	way for City Council 2020							1388741	L
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/01/20 20	Venita Rhea's	□IND □COM ☑OTH □PTY □SCC		Food for fund	aiser	100.00	8	429.71	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC				2			
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL S	\$ 100.00			
1. Amount	e C Summary received this period – itemized nonmonetar				\$ _	100.00	IND		

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0.00

3. Total nonmonetary contributions received this period.

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

PTY - Political Party

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

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA from September 20, 2020 **FORM** through October 17, 2020 Page I.D. NUMBER

1388741

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Ken Broadway for City Council 2020

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

CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense 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 professional services (legal, accounting) PRO

postage, delivery and messenger services PRT print ads

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

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	OR DESCRIPTION OF PAYMENT	AMOUNT PAIL
Signs on the Cheap	СМР	Yard Signs	503.58
	-		
Discount Mugs	СМР	Face masks	145.16
Election Digest	LIT	Slates	454.00

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

SUBTOTAL \$ 1,102.74

Schedule E Summary

13,151,31 1. Itemized payments made this period. (Include all Schedule E subtotals.) 50.00 2. Unitemized payments made this period of under \$100.....\$ 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 13,201.31

Schedule E
(Continuation Sheet)
Payments Made

Joe Patterson for Rocklin City Council

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA ACO

Statement covers period

Payments Made	from September 20, 2020	FORM 400
SEE INSTRUCTIONS ON REVERSE	through October 17, 2020	Page 10 of 14
NAME OF FILER		I.D. NUMBER
Ken Broadwya for City Council 2020		1388741

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CalSal Voter Guide LIT 375.00 Slates California Voter Guide LIT Slates 389.00 **Budget Watchdogs** LIT 876.00 Slates Alphagraphics LIT Mailer 241.58

Lit

Mailer

SUBTOTAL \$ 2,439.87

558.29

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

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded

SCHEDULE E (CONT.)

Continuation Sheet) Payments Made	to whole dollars.	September 20, 2020 from	FORM 46	0
SEE INSTRUCTIONS ON REVERSE		through October 17, 2020	Page of	_
IAME OF FILER			I.D. NUMBER	
Ken Broadwya for City Council 2020			1388741	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration 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) **Alphagraphics** LIT Mailer \$8,322.11 Bonneville Media **WEB Digital Advertising** \$500.00 Joe Patterson for Rocklin City Council LIT Slates \$786.59

SUBTOTAL \$ 9,608,70

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

Schedule	G				
Payments	Made	by an	Agent	or Independe	ent
Contracto	r (on E	Behalf	of This	Committee)	

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period from September 20, 2020	CALIFORNIA 460
through October 10, 2020	Page 12 of 14
	I.D. NUMBER
	1388741

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ken Broadway for City Council 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Joe Patterson for Rocklin City Council

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

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

^{*} 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
IPS Printing Inc	LIT	\$148.83
ZAMO Creative	LIT	\$21.88
PoliticalDataInc	LIT	\$39.50
Automate Mailing	LIT	\$313.08

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 523.29

^{*} 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.

Schedule G		
Payments M	ade by an Agent or	Independent
Contractor (on Behalf of This Co	ommittee)

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period from September 20, 2020	CALIFORNIA 460
through October 10, 2020	Page 13 of 14
	I.D. NUMBER
	1388741

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ken Broadway for City Council 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Joe Patterson for Rocklin City Council

campaign literature and mailings

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

PRT print ads

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

MBR member communications

meetings and appearances

OFC office expenses

PET petition circulating
phone banks

POL polling and survey research
postage, delivery and messenger

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

TRC candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

voter registration

WEB information technology costs (internet, e-mail)

TEL t.v. or cable airtime and production costs

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

^{*} 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
IPS Printing Inc	LTT	\$222.58
ZAMO Creative	LIT	\$25.83
PoliticalDataInc	LIT	\$33.14
Automate Mailing	LIT	\$478.78

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 760.33

^{*} 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.

Payments Made by an Agent or Independent	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Contractor (on Behalf of This Committee)	to whole dollars.	from September 20, 2020 through October 10, 2020	1 OKW
SEE INSTRUCTIONS ON REVERSE		through Setober 10, 2020	Page 14 of 14
NAME OF FILER			I.D. NUMBER
Ken Broadway for City Council 2020			1388741
NAME OF AGENT OR INDEPENDENT CONTRACTOR			

Joe Patterson for Rocklin City Council

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

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

^{*} 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
99designs	LIT		\$35.00
9designs	LIT		\$26.25
	*		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 61.25

^{*} 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.

Cá	ampaign Statement over Page		D	Date Stamp	CALIFORNIA 460 FORM
	·	Statement covers period from July 1, 2020	Date of election if applicable (Month, Day, Year)	OCT 2 2 2020	For Official Use Only
SEI	E INSTRUCTIONS ON REVERSE	through September 22, 2020	November 3, 2020		_
	Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt Spe	enses Scheduled E and
	Sponsored LI P Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee Nso Complete Part 7)		nary page reflecting update	
3.		O. NUMBER 388741	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	500/11	NAME OF TREASURER		
	Ken Broadway for City Council 2020		Ken Broadway MAILING ADDRESS		
			2004 Denton Ct		
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	CODE AREA CODE/PHONE
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR Kim Wines	RER, IF ANY	
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	<u> </u>	MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP C	CODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
_	Visit adda				
ŧ.	Verification I have used all reasonable diligence in preparing and reviewing	ng this statement and to the best of my ki	nowledge the information contained	d herein and in the attached so	chedules is true and complete. I
	certify under penalty of perjury under the laws of the State of				,
	Executed on Date	Ву	Signature of Treasurer or Assistar	nt Treasurer	
	Executed on 10/20/2020 Date	BySignature of Control	Illing Officeholder, Candidate, State Measure P		sor
	Executed on	BySig	gnature of Controlling Officeholder, Candidate,	, State Measure Proponent	
	Executed on	By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	

Recipient Committee

Date Stamp

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM	
Page 2 of .	6

			Primarily Formed Ballo				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Ken Broadway							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Rocklin City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling office	holder, candi	date, or state r	measure propoi	nent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your c	u or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	FANY
COMMITTEE NAME	I.D. NUMBER					- AV-SHIP	
	1						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	lidate/Offic	eholder Co	mmittee List	names of
NAME OF TREASURER	CONTROLLED COMMITTEES		officeholder(s) or candidate(s)	for which this			
			omocholaci(s) or carialacte(s)	ioi winch this	committee is p	rimarily formed.	
COMMITTEE ADDRESS STREET ADDRESS (NO P	YES NO		NAME OF OFFICEHOLDER OR			GHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P							SUPPOR
				CANDIDATE	OFFICE SOU		SUPPORT
	P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
CITY STATE Z	P.O. BOX) IP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
CITY STATE Z	P.O. BOX) IP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT SUPPORT OPPOSE OPPOSE
COMMITTEE NAME NAME OF TREASURER	P.O. BOX) IP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
CITY STATE Z COMMITTEE NAME	P.O. BOX) IP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT SUPPORT OPPOSE OPPOSE
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO F	P.O. BOX) IP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2020

CALIFORNIA 460

FORM

CALIFORNIA 460

FORM

FORM

I.D. NUMBER

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ken Broadway for City Council 2020 1388741 Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 12.546.66 12.546.66 1/1 through 6/30 7/1 to Date 5.000.00 5.000.00 20. Contributions 17.546.66 17.546.66 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 329.71 329.71 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 17,876.37 17.876.37 Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 5.857.20 5.857.20 **Candidates** 0.00 0.00 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 5.857.20 5,857,20 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 329.71 329.71 (mm/dd/yy) 6.186.91 6.186.91 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ **Current Cash Statement** 149.34 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 17.546.66 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 5,857.20 amounts in Column A may 11.838.80 be negative figures that should be subtracted from If this is a termination statement. Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 0.00 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 0.00 FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 4

Statement covers period

				from July 1, 2020		FC	RM 400
				through Septemb	er 22, 2020	Page	if of 6
NAME OF FILER Ken Broadw	vay for City Council 2020					1.D. NUI 138874	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
8/22/2020	John and Shirley Carter	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00		
8/23/2020	Trevor Vass	☑ IND □ COM □ OTH □ PTY □ SCC	Systems Engineer, Sacramento County Office of Education	100.00	100.00		
8/24/2020	Committee for Home Onweshihp North State BIA	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00		
9/1/2020	Friends of Rachelle Price for Rocklin School Board	□ IND COM □ OTH □ PTY □ SCC		200.00	200.00		
9/01/2020	Michael Kramer	☑ IND □ COM □ OTH	Treasurer, Pacific Ethanol, Inc	200.00	200.00		

SUBTOTAL \$ 1,600.00

□ PTY □ SCC

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period

from July 1, 2020

through September 22, 2020

I.D. NUMBER

1388741

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ken Broadway for City Council 2020

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

MBR member communications RAD radio airtime and production costs campaign paraphernalia/misc. campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CTB 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 fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting)
LIT campaign literature and mailings PRT print ads

sional services (legal, accounting)

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 PAI
Placer County Elections	FIL	Filing Fee	550.00
Costco	POS	Stamps	164.50
Save Prop 13 #598040	LIT	Slates	1022.60

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

SUBTOTAL \$ 1,737.10

Schedule E Summary

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Schedule I	Ε	
(Continuat	ion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

SCH	EDUL	EE(CONT.)
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Statement covers period

CALIFORNIA July 1, 2020 **FORM** from through September 22, 2020 Page SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Ken Broadwya for City Council 2020 1388741

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications campaign consultants MTG meetings and appearances returned contributions contribution (explain nonmonetary)* OFC office expenses 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 polling and survey research staff/spouse travel, lodging, and meals fundraising events POL independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor legal defense PRO professional services (legal, accounting) voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE CODE OR AMOUNT PAID **DESCRIPTION OF PAYMENT** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Expense deleted (amended form submitted - expense not incurred) 0.00

Taxifornia Tax Fighters' Newsletter #1378949 LIT Slates 1.022.60 Expense deleted (amended form submitted - expense not incurred) 0.00 California Public Safety Voter Guide #1298740 LIT Slates 1.022.60 Starbucks **FND** Fundraiser Breakfast 35.90

SUBTOTAL \$ 2,081.10

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

Campaign Statement Cover Page			Date Stamp	california 460 form
,	Statement covers period from July 1, 2020 through September 22, 2020	Date of election if applicable: (Month, Day, Year) November 3, 2020	SEP 2 3 2020	Page 1 of 15 For Official Use Only
I. Type of Recipient Committee: All Committees - Comp		2. Type of Statement:	- Liver juu	<u></u>
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Officeholder, Candidate Controlled Committee	imarily Formed Ballot Measure committee Controlled Sponsored co Complete Part 6) imarily Formed Candidate/ ficeholder Committee co Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain b	t	erly Statement al Odd-Year Report
	NUMBER 88741	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	00/11	NAME OF TREASURER		
Ken Broadway for City Council 2020		Ken Broadway MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DE AREA CODE/PHONE
CITY STATE ZIP CODI MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	E AREA CODE/PHONE	NAME OF ASSISTANT TREASUR Kim Wines MAILING ADDRESS	RER, IF ANY	
CITY STATE ZIP CODI	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
l. Verification				
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjuty under the laws of the State of C			d herein and in the attached sch	edules is true and complete. I
Executed on 9/23/2020	Ву	Signature of Pressurer or Assistan	t Treasurer	
Executed on	BySignature of Control	lling Officeholder, Candidate, State Measure Pr	roponent or Responsible Officer of Sponso	r
Executed on	BySig	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed on	BySig	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	

Recipient Committee

COVER PAGE

Date Stamp

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	_		NAME OF BALLOT MEASURE				
Ken Broadway							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
Rocklin City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling offic	eholder, candi	date, or state n	neasure propo	nent, if any.
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR F	PROPONENT		
Related Committees Not Included in this State	lomonti listamanimus						
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
		7.	Primarily Formed Can	didate/Offic	eholder Cor	nmittee List	names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s) for which this	committee is p	rimarily formed	
	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	3OX)						SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
							SUPPORT
COMMITTEE NAME	I.D. NUMBER						OPPOSE
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE COLU	GHT OR HELD	- OPPOSE
	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUR	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)						1 - 0,1000
CITY STATE ZIP CO	ODE AREA CODE/PHONE		Δ#	ach continuati	on sheets if ne	cessarv	
			A	aon oommaan	on onesto il ile	ooosar y	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from July 1, 2020 FORM through September 22, 2020 Page 3 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ken Broadway for City Council 2020 1388741

Contributions Received		Column A TOTAL THIS PERIOD MATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$	12,546.66	\$	12,546.66	
2. Loans Received Schedule B, Line 3	_	5,000.00		5,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	17,546.66	\$	17,546.66	20. Contributions Received \$ \$
4. Nonmonetary Contributions		329.71		329.71	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	17,876.37	\$	17,876.37	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$		\$	7,902.40	Candidates
7. Loans Made Schedule H, Line 3	_	0.00		0.00	22 Commission Francis distance Modes
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	7,902.40	\$	7,902.40	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	_	0.00		0.00	Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	7,902.40	\$	7,902.40	\$
Current Cash Statement				7	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	149.34	То	calculate Column B,	
13. Cash Receipts		17,546.66	500000000000000000000000000000000000000	l amounts in Column the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4	-	0.00	am	ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	-	7,902.40		our last report. Some ounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	9,793.60	be	negative figures that	
If this is a termination statement, Line 16 must be zero.			pre	vious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file	d for this calendar year, y carry over the amounts	
Cash Equivalents and Outstanding Debts		•		m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0		,	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$_	0			FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-377

www.fppc.ca.gov

Schedule A	Amounts may be rounded		SCHEDULE
Monetary Contributions Received	to whole dollars.	Statement covers period from July 1, 2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through September 22, 2020	Page 4 of 15
NAME OF FILER Ken Broadway for City Council 2020			I.D. NUMBER 1388741

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/17/2020	Friends of Scott Yuill for Rocklin City Council 2180	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	
8/3/2020	Roger Peterson	IND COM OTH PTY SCC	Retired	100.00	100.00	
8/14/2020 and 8/25/2020	Peter Hill	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	750.00	750.00	
8/15/2020	Joe Asaro	IND COM OTH PTY	Synergist V&E Neurology PVU-West at UCB	100.00	100.00	
8/15/20	Rich Vallone	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
			SUBTOTAL	\$ 1,550		

Schedule A Summary

3. Total monetary contributions received this period.

Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	.\$_	10,350.00
Amount received this period – unitemized monetary contributions of less than \$100		2,196.66

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

*Contributor Codes

IND - Individual

12,546.66

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from July 1, 2020		FC	ORM 400	
				through September	er 22, 2020		5 of <u>15</u>	
NAME OF FILER	C Ct. C					1.D. NU		7
Ken Broadwa	y for City Council 2020					13887	1 1	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)	
8/16/2020	Ron Dolinsek	☑IND □COM □OTH □PTY □SCC	Retired	150.00	150,00			
8/17/2020	Dave Rogelstad	☑IND □COM □OTH □PTY □SCC	Pilot, Virgin America	200.00	280.80			
8/19/2020	Brett Storey	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00			
8/17/2020	Doug Felice	☑IND □COM □OTH □PTY □SCC	Analyst, Walmart	100.00	100.00			
8/19/2020	Dan Rodarte	☑IND □COM □OTH □PTY □SCC	Salesperson, Aqualung	200.00	200.00			

SUBTOTAL \$ 750.00

*Contributor Codes IND – Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from July 1, 2020		FO	RM 2	+0U
				through September	er 22, 2020	Page _6		15
NAME OF FILER Ken Broadwa	ay for City Council 2020					1.D. NUN 138874		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELEC TO DA (IF REQU	TE
8/16/2020	Richard and Anita Jenkins	☑IND □COM □OTH □PTY □SCC	Retired	150.00	05.02			
8/16/2020	Kathy and Greg Turner	☑IND □COM □OTH □PTY □SCC	Realtor, Coldwell Banker Realty	150.00	150.00			
8/19/2020	Bill and Susan Halldin	☑ IND □ COM □ OTH □ PTY □ SCC	Manager, Bank of America	250.00	250.00			
8/19/2020	Jerry Lund	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	200.00	200.00			
8/22/2020	LoriLea and Tom Dahl	☑ IND □ COM □ OTH □ PTY □ SCC	Educator, LOL Preschool	100.00	100-00)		
		\$ 850.00		1 == ==				

*Contributor Codes IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 1

Statement covers period

from July 1, 2020

SUBTOTAL \$ 1,600.00

				through September	er 22, 2020	Page _	7 of <u>15</u>
NAME OF FILER						I.D. NU	MBER
Ken Broadwa	ny for City Council 2020					138874	11
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
8/22/2020	John and Shirley Carter	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100-00		
8/23/2020	Trevor and Michele Vass	☑IND □COM □OTH □PTY □SCC	Systems Engineer, Sacramento County Office of Education	100.00	100-0	Ð	
8/24/2020	Committee for Home Ownership North State BIA	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.0	Õ	
9/1/2020	Friends of Rachelle Price for Rocklin School Board	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		200.00	200,00		
9/1/2020	Michael Kramer	☑IND □COM □OTH □PTY	Treasurer, Pacific Ethanol, Inc.	200.00	200,00	>	

*Contributor Codes IND – Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from July 1, 2020		FC	ORM +	OU
NAME OF FILER				through September	er 22, 2020	Page _		
	ay for City Council 2020					138874		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECT TO DATE (IF REQUIR	<u> </u>
9/3/2020	G & H Bains Inc Arco AM/PM	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.0	Ð		
9/3/2020	Dan and Jill Gayaldo	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250,80			
9/3/2020	Paul Ruhkala	☑IND □COM □OTH □PTY □SCC	Owner, Ruhkala Monument Co	200.00	200.00			
9/3/2020	Moniz Family Wines	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		125.00	125.00			
9/3/2020	James Allen	☑IND □COM □OTH □PTY □SCC	EVP, SAFE Credit Union	125.00	125.00			

SUBTOTAL \$ 1,200.00

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 46

Statement covers period

				from July 1, 2020		F	ORM	400
			я.	through September	er 22, 2020	Page _		of <u>15</u>
NAME OF FILER Ken Broadwa	y for City Council 2020				1.D. NUMBER 1388741			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	Т	ELECTION O DATE REQUIRED)
9/3/2020	Greg Janda	☑IND □COM □OTH □PTY □SCC	Controller, Applied Materials Landscape Inc	125.00	125,00			
9/3/2020	Chris and Mike Anderson	☑IND □COM □OTH □PTY □SCC	Retired	100.00	170-80			
9/8/2020	Kalkat Inc ARCO AMPM	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250,00			
9/10/2020	Nicole Tooley	IND COM OTH PTY SCC	Owner, Tooley Oil	100.00	100.00	>		
9/14/2020	Re-Elect Robert Wegandt for Supervisor	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100.00			
		\$ 675.00						

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

				from July 1, 2020		FC	ORM 4	טט
NAME OF FILER				through September	er 22, 2020	Page _	IMBER	
Ken Broadwa	y for City Council 2020					13887	41	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CALENDAR Y	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		ON ED)
9/15/2020	PCAR California Real Estate PAC (CREPAC)	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		3,500.00	3,500,00			
9/15/2020	Diana and Dave Ruslin	☑ IND □ COM □ OTH □ PTY □ SCC	Consultant, Home Depot	125.00	125,00			
9/19/2020	Twiana Armstrong Bryant	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Owner, It's Personal Enterprises	100.00	180,00	,		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 3,725.00		West S		

*Contributor Codes IND – Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SUBTOTALS \$ 5,000.00 \$ 0 \$ 5,000.00 \$ 0

(May be a negative number)

Schedule B Summary

2. Loans paid or forgiven this period......\$

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

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

†Contributor Codes

IND - Individual

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

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

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

Schedule C Amounts may be rounded to whole dollars.									SCHEDULE (
Nonmo	netary Contributions Received		to whole dollars.			atement covers p	period	CALIF	ORNIA 460
					from	July 1, 2020		FO	RM TOO
SEE INSTRUC	CTIONS ON REVERSE				throu	gh <u>September 2</u>	2, 2020	Page 12	of 15
NAME OF FILE	ER							I.D. NUM	BER
Ken Broads	way for City Council 2020							138874	1
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION (GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEN	DATIVE TO DATE NDAR YEAR 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2020	Friends of Scott Yuill for Rocklin City Co	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		Food for fundra	aiser	329.71		329.71	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	329.71			
Schedul	e C Summary						(*	Contributor Co	odes
	received this period – itemized nonmonetal				\$	329.71		ND – Individua OM – Recipie Other ti	
2. Amount	received this period – unitemized nonmone	tary contribut	tions of less than \$100		\$	0	P	OTH – Other (e PTY – Political	e.g., business entity)
	nmonetary contributions received this periones 1 and 2. Enter here and on the Summar		mn A, Lines 4 and 10.)	ТОТА	L \$ _	329.71	_		

		1	SCHEDULE E			
Schedule E	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460			
Payments Made	to whole deliale.	from July 1, 2020				
SEE INSTRUCTIONS ON REVERSE		through September 22, 2020	Page 13 of 15			
NAME OF FILER			I.D. NUMBER			
Ken Broadway for City Council 2020			1388741			

COL	ES: If one of the following codes accurately describes	the	payment, y	ou may enter	the code.	Otherwise,	describe the payment.	
CNS CTB CVC FIL FND IND	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense	MTG OFC PET PHO POL POS PRO	office expens petition circul phone banks polling and s postage, deli	d appearances ses lating		RFD SAL TEL TRC TRS TSF VOT	campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sam	e candidate/sponsor
	NAME AND ADDRESS OF PAYEE					10 0 5 00 00 00		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
Placer County Elections	FIL	Filing Fee	550.00
Costco	POS	Stamps	164.50
Save Prop 13 #598040	LIT	Slates	1022.60

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

SUBTOTAL \$ 1,737.10

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	7,902.40
2. Unitemized payments made this period of under \$100\$	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	7,902.40

Schedule E Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may be to whole do			from	July 1, 2020 September 22, 2020		4 of
Ken Broadway for City Council 2020						1388741	SER
CODES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv	munications I appearance es ating urvey researd very and mes	S	RAD RFD SAL TEL	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration	uction costs d meals and meals s of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID
National Tax Limitation Committee Early Voter Guide #1306386		LIT	Slates				1,022.60
		1	1				al control of the con

National Tax Limitation Committee Early Voter Guide #1306386	LIT	Slates	1,022.60
Taxifornia Tax Fighters' Newsletter #1378949	LIT	Slates	1,022.60
Woman's Voice #1293667	LIT	Slates	1,022.60
Califronia Public Safety Voter Guide #1298740	LIT	Slates	1,022.60
Starbucks	FND	Fundraiser Breakfast	35.90

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

SUBTOTAL \$ 4,126.30

Schedule E	
(Continuation Sheet)	
Payments Made	

Amounts may be rounded

SCHEDULE E	(CONT.)
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Continuation Sheet) Payments Made	to whole dollars.	whole dollars. Statement covers period July 1, 2020 from					
SEE INSTRUCTIONS ON REVERSE		through September 22, 2020	Page of	_			
IAME OF FILER			I.D. NUMBER				
Ken Broadway for City Council 2020			1388741				

CMP CNS CTB CVC FIL FND IND	ES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR MTG OFC PET PHO	member com meetings and office expens petition circul phone banks polling and si postage, deli	imunications d appearances ses lating urvey research very and mess	n senger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)				CODE C	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID	
COI	S Voter Guide			LIT	Slates			1,061.00

COLS Voici Guide		States	1,001.00
No Party Preference	LIT	Slates	645.00
Bel Air	POS	Stamps	55.00
Californians for Quality Education	LIT	Slates	278.00

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

SUBTOTAL \$ 2,039.00

COVER PAGE **Recipient Committee** Date Stamp **Campaign Statement** CALIFORNIA **Cover Page FORM** of 3 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 01/01/2020 from 06/30/2020 SEE INSTRUCTIONS ON REVERSE through_ 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure ☐ Preelection Statement **Quarterly Statement** O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall O Controlled ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ General Purpose Committee ☐ Amendment (Explain below) O Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Kenneth Broadway Ken Broadway for City Council 2016 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 07/28/2020 Executed on. Date 07/28/2020 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

Date

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

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 3

5.	Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure C	ommittee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Ken Broadway							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION			SUPPORT
	Rocklin City Council							OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP	_	·			-	
				Identify the controlling officel	nolder, candida	ate, or state	measure pro	oponent, if any.
				NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	PONENT		
	Related Committees Not Included in this Stat	ement: List any committees						
	not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
	COMMITTEE NAME	I.D. NUMBER						
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	date/Office	holder Co	mmittee	List names of
		☐ YES ☐ NO		onicenoider(s) or candidate(s)	or waich this c	ommittee is	primarily torn	nea.
	COMMITTIEE ADDRESS STREET ADDRESS (NO P.O. BO	X)		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
								OPPOSE
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	
								SUPPORT OPPOSE
	COMMITTIEE NAME	I.D. NUMBER		MANUE OF OFFICE US. THE ST. C.				
				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
	NAME OF TREASURER	CONTROLLED COMMITTEE?						OPPOSE
	MANUE OF TREASURER	YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO							OPPOSE
	CITY STATE ZIP CO	DE AREA CODE/PHONE		Attor	h continuation	shoote if n	00000001	
				Attac	ii comunuation	i əliyyuş if N	ecessary	

Campaign Disclosure Statement Summary Page

SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page			State	01/01/2020	CALIFORNIA FORM	[^] 460	
EE INSTRUCTIONS ON REVERSE			through_	06/30/2020	Page3	of3	
IAME OF FILER					I.D. NUMBER		
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column CALENDAR Y TOTAL TO D	/EAR		Summary for Candidates th the State Primary and		
. Monetary Contributions	\$0	\$	0		hrough 6/30	7/1 to Date	

4. Nonmonetary Contributions	\$ 0	\$	0	21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	\$ 0 0 0 0	\$ \$	0 0 0 0 0	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 149.34	То	calculate Column B.] \$

13. Cash Receipts Column A, Line 3 above add amounts in Column A to the corresponding 0 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B 0 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 149.34 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ 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

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

20. Contributions

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