D 111-10-111			COVER PAGE
Recipient Committee Campaign Statement		Date Stamp	CALIFORNIA 460
Cover Page			
	Statement covers period from 01/01/2022	Date of election if applicable: 0 1 2022 (Month, Day, Year)	Page 1 of 5 For Official Use Only
	II OIII		
SEE INSTRUCTIONS ON REVERSE	through <u>06/30/2022</u>		
1. Type of Recipient Committee: All Committees - Co	emplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)		Quarterly Statement Special Odd-Year Report
	D. NUMBER 388707	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) JOE PATTERSON FOR ROCKLIN CITY COUNCIL	. 2020	NAME OF TREASURER K. COLEEN MORRIS, SUTTER BUTTES BUSIN	IESS SERVICES
		MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZI	P CODE AREA CODE/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	x	MAILING ADDRESS	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY STATE Z	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
JOE@JOEPATTERSONCOM			
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of	- /	nowledge the information contained herein and in the attached	schedules is true and complete. I
Executed on 6/28/2022 Executed on Date	Signature of Control	f Transurar or Assistant Transurar Ifing Officeholder, Candidate, State Measure Proponent or Responsible Officer of S	ponsor
Executed onDate	BySig	gnature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed onDate	"By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate, State Measure Proponent	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	NIA 460
Page 2	of 5

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				1
JOE PATTERSON							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
ROCKLING CITY COUNCIL							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling officer	older, candid	ate, or state	measure propo	onent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PI	ROPONENT		
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. I	FANY
COMMITTEE NAME	I.D. NUMBER						
		7	Primarily Formed Candi	data/Office	holder Co	mmittae //-	4 46
NAME OF TREASURER	CONTROLLED COMMITTEE?	/.	officeholder(s) or candidate(s) i	or which this	committee is	primarily formed	t names of i.
	☐ YES ☐ NO			*************	OFFICE COL	JGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			ANDIDATE	055105.001	JGHT OR HELD	OPPOSE
			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOC	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES NO						OPPOSE
	<i>-</i> //						
CITY STATE ZIP CO	DE AREA CODE/PHONE		Attac	h continuatio	n sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{01/01/2022}{}$	CALIFORNIA 460
through <u>06/30/2022</u>	Page 3 of 5
	I.D. NUMBER
	1000707

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

IOE DATTEDSONI EOD DOCKLINI CITY COLINICIL 2020

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

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020	1388707		
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 0.00	Column B CALENDAR YEAR TOTAL TO DATE 0.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Loans Received	\$\frac{0.00}{0.00} \\ \frac{0.00}{0.00} \\ \\$	\$\frac{0.00}{0.00} \$\frac{0.00}{0.00} \$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$\frac{7769.67}{0.00}\$ \$\frac{7769.67}{0.00}\$ \$\frac{0.00}{7769.67}\$ \$\$	\$\frac{7769.67}{0.00}\$ \$\frac{7769.67}{0.00}\$ \frac{0.00}{7769.67}\$ \$\frac{7769.67}{7769.67}\$	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	\$\frac{7769.67}{0.00} \frac{0.00}{7769.67} \\$\frac{0.00}{0.00}	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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts		any).	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees			Amounts may b to whole do		Statement covers from 01/01/2022		CALIFORNIA 460 FORM	
	TONS ON REVERSE				through <u>06/30/2022</u>		Page	of
JOE PATTE	RSON FOR ROCKLIN CI	TY COUNCIL 2020					1.D. NUM	
DATE	MEASURE NUMBER OF	, OFFICE, AND DISTRICT, OR LETTER AND JURISDICTION, COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - E	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
01/24/2022	JOE PATTERSON FO	R STATE ASSEMBLY 2022	Monetary Contribution Nonmonetary Contribution Independent	TRANSFER BALANCE TO STATE ASSEMBLY ACCOUNT	7200.00	7488.67		7488.67
06/30/2022		Oppose R STATE ASSEMBLY 2022	Expenditure Monetary Contribution Nonmonetary Contribution Independent	TRANSFER BALANCE TO STATE ASSEMBLY ACCOUNT	288.67	7488.67		7488.67
	✓ Support	☐ Oppose ☐ Oppose	Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure					
				SUBTOTAL	\$ 7488.67			
	D Summary	endent expenditures made	this period. (Includ	de all Schedule D subtotals.)			\$	7488.67

Schedule E Payments Made

Amounts may be rounded to whole dollars.

1388707

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

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 MTG meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating 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

IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) VOT voter registration

PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAIL
JOE PATTERSON FOR STATE ASSEMBLY 2022	TSF	TRANSFER BALANCE TO STATE ASSEMBLY ACCOUNT	7488.67
SUTTER BUTTES BUSINESS SERVICES	PRO	TREASURY SERVICES	205.00

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

SUBTOTAL \$ 7693.67

Schedule E Summary

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM 400
Page 2 of 6

5. Officeholder or Candidate Controlled Committee 6. Primarily Formed Ballot Measure Committee								
1	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEAS	SURE			
	JOE PATTERSON							
ō	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICA	ABLE)	BALLOT NO. OR LETTE	R JURISDICTI	ON	Пп	SUPPORT
]	ROCKLIN CITY COUNCIL						-	OPPOSE
F	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE	ZIP	Identify the controlling	g officeholder, candi	date, or state measu	re propo	nent, if any.
				NAME OF OFFICEHOLD	ER, CANDIDATE, OR F	PROPONENT		
-	Related Committees Not Included in this Sta not included in this statement that are controlled by you of contributions or make expenditures on behalf of your cand	are primarily formed to		OFFICE SOUGHT OR HI	ELD	DISTR	ICT NO. IF	ANY
7	COMMITTEE NAME	I.D. NUMBER						
1	NAME OF TREASURER	CONTROLLED COMMI	ITTEE?	. Primarily Formed officeholder(s) or cand	Candidate/Offic idate(s) for which this	eholder Commit committee is primaril	tee List ly formed.	names of
7	COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO)	NAME OF OFFICEHOLD	ER OR CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT
=	CITY STATE ZIP C	-	DE/PHONE	NAME OF OFFICEHOLD	ER OR CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE
(COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLD	ER OR CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED COMMIT		NAME OF OFFICEHOLD	ER OR CANDIDATE	OFFICE SOUGHT O	RHELD	SUPPORT OPPOSE
	CITY STATE ZIP C	CODE AREA COL	DE/PHONE		Attach continuati	on sheets if necessa	ry	•

Campaign Disclosure Statement Summary Page

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from 07/01/2021 **FORM** through _____12/31/2021 Page 3 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020 1388707 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE General Elections 10.00 10.00 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 10.00 10.00 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0.00 0.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 10.00 10.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 625.53 1301.87 6. Payments Made...... Schedule E, Line 4 Candidates 0.00 0.00 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 625.53 1301.87 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 0.00 0.00 (mm/dd/yy) 1301.87 625.53 **Current Cash Statement** 8385.20 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 10.00 add amounts in Column A to the corresponding 0.00 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 625.53 of your last report. Some amounts in Column A may 7769.67 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 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

Schedule A Monetary Contributions Received		Amoun to	ts may be rounded whole dollars.	Statement covers period CALLEGENIA A			
Worletary	Contributions Neceived			from 07/01/2021 through 12/31/2021		FORM 460	
SEE INSTRUCTIO	NS ON REVERSE						
NAME OF FILER JOE PATTERS	SON FOR ROCKLIN CITY COUNCIL 2020					1.D. NI 13887	UMBER 07
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC				i ^a	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH					

SUBTOTAL \$ 0,00

PTY SCC

Schedule A Summary

- Amount received this period itemized monetary contributions.

 (Include all Schedule A subtotals.)

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

 10.00

*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

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees	Amounts may be to whole do	llars.	Statement covers period from $\frac{07/01/2021}{\text{through}} \frac{12/31/2021}{\text{through}}$			CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			tnrougn		Page	of		
JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020					138870			
NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE 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)		
AVEY-SAN JUAN UNIFIED SCHOOL DISTRICT TRUSTEE 2022 Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		100.00	100.00		100.00		
☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent							
Support Oppose	Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure							
		SUBTOTAL \$	100.00					
Schedule D Summary 1. Itemized contributions and independent expenditures made 2. Unitemized contributions and independent expenditures made	this period. (Included this period of the	de all Schedule D subtotals.)			\$\$	100.00		
2. Unitemized contributions and independent expenditures made3. Total contributions and independent expenditures made this						100.00		

x 1 2 2				
Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2021	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2021</u>	Page of	
NAME OF FILER			I.D. NUMBER	
JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020			1388707	
CODES: If one of the following codes accurately des	cribes the payment, you may enter the code. C	Otherwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense	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)	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod Candidate travel, lodging, ar TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration	duction costs id meals	

PRT

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

print ads

campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
AVEY-SAN JUAN UNIFIED SCHOOL DISTRICT TRUSTEE 2022	СТВ	CONTRIBUTION IN SUPPORT	100.00
FACEBOOK	WEB	SOCIAL MEDIA ADVERTISING 11/3/21 TO 11/27/21 3 ADS, 19,080 IMPRESSIONS	198.44
WHITNEY RANCH CHARITABLE FOUNDATION	CVC	CIVIC DONATION	250.00

FPPC Form 460 (Jan/2016))

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

SUBTOTAL \$ 548.44

WEB information technology costs (internet, e-mail)

Recipient Committee Date Stamp CALIFORNIA **Campaign Statement FORM Cover Page** Page 1 Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only from 1/1/2021 through $\underline{6/30/2021}$ SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☑ Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure **Quarterly Statement** State Candidate Election Committee Semi-annual Statement Committee Special Odd-Year Report O Recall **Termination Statement** O Controlled (Also file a Form 410 Termination) (Also Complete Part 5) O 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) 1388707 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020 K. COLEEN MORRIS, SUTTER BUTTES BUSINESS SERVICES MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE CITY STATE STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY CITY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS STATE CITY STATE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct Executed on Signature of Treasurer or Assistant Treasurer Date Executed on . Signature of Controlling Office helder, 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

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNI FORM	A 460
Page 2	of <u>4</u>

Officeholder or Candidate Contro	lled Committee		6.	Primarily Fo	rmed Ballot	Measure (Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE			_	NAME OF BALLO	T MEASURE				
JOE PATTERSON									
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	TON AND DISTRICT NUI	MBER IF APPLICABLE)		BALLOT NO. OR	LETTER	JURISDICTIO	ON		SUPPORT
ROCKLIN CITY COUNCIL								1.7	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY	STATE ZIP	 I	Identify the con	ntrolling officeh	older, candid	late, or state	measure prop	onent, if any.
				NAME OF OFFIC	EHOLDER, CAN	DIDATE, OR P	ROPONENT		
Related Committees Not Included not included in this statement that are contributions or make expenditures on behaviors.	olled by you or are prin			OFFICE SOUGH	T OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NU	IMBER	_						
NAME OF TREASURER	CONT	ROLLED COMMITTEE?	_ 7	. Primarily Fo	rmed Candi	date/Office	eholder Co	ommittee L	st names of
THE STATE OF THE PROPERTY OF T				omcenoider(s) d	or candidate(s) i	or which this	commutee is	primarily form	3 a.
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)		_	NAME OF OFFIC	EHOLDER OR C	ANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT
CITY ST	TATE ZIP CODE	AREA CODE/PHO	DNE	NAME OF OFFIC	EHOLDER OR C	ANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NU	IMBER		NAME OF OFFIC	EHOLDER OR C	ANDIDATE	OFFICE SO	UGHT OR HELD	
NAME OF TREASURER	CONT	ROLLED COMMITTEE?	_	NAME OF OFFIC	EHOLDER OR C	ANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)								☐ OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page		from $\frac{1/1/2021}{}$	FORM 460
SEE INSTRUCTIONS ON REVERSE		through $\frac{6/30/2021}{}$	Page <u>3</u> of <u>4</u>
NAME OF FILER			I.D. NUMBER
JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020			1388707
	the state of the s		

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$	\$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$	20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$\frac{676.34}{0.00}\$ \$\frac{676.34}{0.00}\$ \frac{0.00}{0.00}\$	\$\frac{676.34}{0.00}\$ \$\frac{676.34}{0.00}\$ \frac{0.00}{0.00}\$ \$\frac{676.34}{676.34}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$\frac{9061.54}{0.00} \frac{0.00}{676.34} \$\frac{8385.20}\$ \$\frac{0.00}{0.00}	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

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020	Amounts may b to whole de			Statement of through $\frac{1/1/2021}{6/30/2}$		CALIFO FOR Page 4 I.D. NUMI 138870	OF 4
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events 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 PRO professional	munications d appearances ses lating urvey research very and mess	a Senger services	RAD radio airtim RFD returned co SAL campaign v TEL t.v. or cable TRC candidate t TRS staff/spous TSF transfer be VOT voter regist	ne and production contributions workers' salaries e airtime and productionely, lodging, and e travel, lodging, ar tween committees	ction costs meals nd meals of the same	e candidate/sponsor mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	PR DE	SCRIPTION OF PAYME	ENT		AMOUNT PAID
ROCKLIN PUBLIC SAFETY FOUNDATION		CVC	DONATION				500.00

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

SUBTOTAL \$ 500.00

SCII	euule	ullli	nary

COVER PAGE

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ball	ot Measure	Committee	9	
NAME OF OFFICEHOLDER OR CANDIDATE JOE PATTERSON			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION ROCKLIN CITY COUNCIL	AAND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	STREET) CITY STATE ZIP		Identify the controlling office	Aught 1 to Ballion by		e measure propo	nent, if any.
Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf of	d by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. 11	ANY
						L.	
	I.D. NUMBER	7.	Primarily Formed Can	ididate/Offic	eholder C	ommittee List	names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)	s) for which this	s committee is	ommittee List primarily formed	☐ SUPPORT
CITY STATE	CONTROLLED COMMITTEE? YES NO S (NO P.O. BOX) E ZIP CODE AREA CODE/PHONE	7.	officeholder(s) or candidate(s	s) for which this	OFFICE SO	primarily formed	1=
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES	CONTROLLED COMMITTEE? S (NO P.O. BOX)	7.	NAME OF OFFICEHOLDER OF	S) for which this R CANDIDATE R CANDIDATE	OFFICE SO	primarily formed	SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars. SUMMARY PAGE

from 10/18/2020	FORM 460
through_12/31/2020	Page 3 of 8
	I.D. NUMBER
	1388707

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020 Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 2689.00 39267.00 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received Schedule B. Line 3 20. Contributions 2689.00 39267.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 0.00 0.00 4. Nonmonetary Contributions...... Schedule C. Line 3 21. Expenditures 2689.00 39267.00 Made **Expenditures Made Expenditure Limit Summary for State** 8293.44 39471.29 6. Payments Made Schedule E, Line 4 Candidates 0.00 0.00 22. Cumulative Expenditures Made* 8293.44 39471.29 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (if Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 0.00 0.00 (mm/dd/yy) 8293.44 39471.29 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 Current Cash Statement 12033.50 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 2689.00 13. Cash Receipts Column A. Line 3 above add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 2632.48 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 8293.44 15. Cash Payments Column A, Line 8 above amounts in Column A may 9061.54 be negative figures that 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 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 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 10/18/2020	CALIFORNIA 460
through 12/31/2020	Page 4 of
	I.D. NUMBER 1388707

NAME OF FILER JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

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)
SUTTER RETAIL DEVELOPMENT INC	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		500.00	500.00	500.00
DON NOVEY	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTORNEY, NOVEY LAW GROUP	250.00	250.00	250.00
CALIFORNIA APARTMENT ASSOC PAC	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00
FRIENDS OF SCOTT YUILL FOR ROCKLIN CITY COUNCIL 2014	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00
AUSTIN MATTISON	ØIND □COM □OTH □PTY □SCC	SERVICE ENGINEER, CUMMINS, INC	500,00	500.00	500.00
	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) SUTTER RETAIL DEVELOPMENT INC DON NOVEY CALIFORNIA APARTMENT ASSOC PAC FRIENDS OF SCOTT YUILL FOR ROCKLIN CITY COUNCIL 2014	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) SUTTER RETAIL DEVELOPMENT INC IND COM OTH PTY SCC DON NOVEY CALIFORNIA APARTMENT ASSOC PAC FRIENDS OF SCOTT YUILL FOR ROCKLIN CITY COUNCIL 2014 AUSTIN MATTISON CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC AUSTIN MATTISON	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) SUTTER RETAIL DEVELOPMENT INC IND COM FOTH PTY SCC CALIFORNIA APARTMENT ASSOC PAC FRIENDS OF SCOTT YUILL FOR ROCKLIN CITY COUNCIL 2014 AUSTIN MATTISON CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (IF SELP-EMPLOYED, ENTER NAME) OF BUSINESS OCCUPATION AND EMPLOYER (IF SELP-EMPLOYED, ENTER NAME) OCCUPATION AND EMPLOYER (IF SELP-EMPLOYED, ENTER NAME) OCCUPATION AND EMPLOYER (IF SELP-EMPLOYER, EMPLOYER) OCCUPATION AND EMPLOYER (IF SELP-EMPLOYER) OCCUPATION OF THE SELP OF THE	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) SUTTER RETAIL DEVELOPMENT INC SUTTER RETAIL DEVELOPMENT INC IND ON NOVEY DON NOVEY CALIFORNIA APARTMENT ASSOC PAC FRIENDS OF SCOTT YUILL FOR ROCKLIN CITY COUNCIL 2014 AUSTIN MATTISON CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) PERIOD SOC. RECEIVED THIS PERIOD ATTORNEY, NOVEY LAW GROUP SOC. AUSTIN MATTISON COM OTH	CONTRIBUTOR CODE * CO

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 $\frac{139,00}{100}$

2550.00

3. Total monetary contributions received this period. *Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/18/2020	CALIFORNIA 460
through 12/31/2020	Page _5 of _8
	I.D. NUMBER

NAME OF FILER

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

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)
ROCKLIN AREA CHAMBER OF COMMERCE PAC	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		200.00	200.00	200.00
TERENCE MCHALE	IND COM OTH PTY	ADVOCATE, MARKETPLACE COMMUNICATIONS	100.00	100.00	100.00
USA PROPERTIES FUNDS, INC	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00
	□IND □COM □OTH □PTY □SCC				
	☐IND ☐COM ☐OTH ☐PTY ☐SCC				
	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) ROCKLIN AREA CHAMBER OF COMMERCE PAC TERENCE MCHALE	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER) ROCKLIN AREA CHAMBER OF COMMERCE PAC IND OTH PTY SCC TERENCE MCHALE USA PROPERTIES FUNDS, INC IND COM OTH PTY SCC IND COM OTH PTY SCC	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) ROCKLIN AREA CHAMBER OF COMMERCE PAC IND	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) ROCKLIN AREA CHAMBER OF COMMERCE PAC ROCKLIN AREA CHAMBER OF COMMERCE PAC TERENCE MCHALE TOOM TOTH THE MARKETPLACE COMMUNICATIONS TOOM TOTH THE MARKETPLACE TOOM TOTH THE MARKETPLACE TOOM TOTH THE MARKETPLACE TOOM TOTH THE MARKETPLACE TOOM TOOM TOTH THE MARKETPLACE TOOM TOOM TOTH THE MARKETPLACE TOOM TO	CONTRIBUTOR CODE CODE CODE CONTRIBUTOR CODE CODE CODE CODE CODE CODE CODE CODE

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule E	
Payments Made	

campaign literature and mailings

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA FORM 10/18/2020 through 12/31/2020 Page I.D. NUMBER 1388707

SEE INSTRUCTIONS ON REVERSE NAME OF FILER JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications radio airtime and production costs returned contributions campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating t.v. or cable airtime and production costs CVC civic donations PET candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND TSF LEG legal defense

professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) PRT print ads

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	AMOUNT PAIL	
POLITICAL DATA INC	POL	DATA LISTS	279.03
AUTOMATE MAILING	LIT/ POS	MAILER WITH POSTAGE	2213.99
IPS PRINTING INC	ĹĬŢ	PRINTING	1269.00

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

SUBTOTAL \$ 3762.02

Schedule E Summary

8064.86 Itemized payments made this period. (Include all Schedule E subtotals.) 228.58 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).)......\$

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period 10/18/2020 from	CALIFORNIA 460
through 12/31/2020	Page of
	I.D. NUMBER
	1388707

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JOE PATTERSON FOR ROCKLIN 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. 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 TEL t.v. or cable airtime and production costs PET petition circulating FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor IND postage, delivery and messenger services TSF legal defense professional services (legal, accounting) VOT voter registration LEG 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
FACEBOOK	WEB	SOCIAL MEDIA	2277.49
RUMBLEUP/POLITICAL SOCIAL MEDIA, LLC	POL	TEXT MESSAGE CAMPAIGN	1239.00
SUTTER BUTTES BUSINESS SERVICES	PRO	TREASURY SERVICES	286.35
WHITNEY RANCH CHARITABLE FOUNDATION	cvc	CIVIC DONATION	500.00

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

SUBTOTAL \$ 4302.84

Schedule I			
Miscellaneous	Increases	to	Cash

Amounts may be rounded to whole dollars.

SCHEDULE I Statement covers period CALIFORNIA FORM from 10/18/2020 through 12/31/2020 of 8 Page 8

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SEE	INDIK	CHOILD	UN	REVERSE	

NAME OF FILER

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

I.D. NUMBER 1388707

The transfer of the transfer o						
FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH				
KENNETH A BROADWAY FOR CITY COUNCIL 2020	REIMBURSEMENT FOR MAILER COSTS	1316.24				
FRIENDS OF GREG JANDA FOR ROCKLIN CITY COUNCIL 2020	REIMBURSEMENT FOR MAILER COSTS	1316.24				
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER) KENNETH A BROADWAY FOR CITY COUNCIL 2020	(IF COMMITTEE, ALSO ENTER LD. NUMBER) KENNETH A BROADWAY FOR CITY COUNCIL 2020 REIMBURSEMENT FOR MAILER COSTS				

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2632.48

0	CI	le	u	u	E	4	0	uı	111	*	a	y
	14				-1			-				- 1

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) $^{0.00}$

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the 2632.48 Summary Page, Line 14.)

FPPC Form 460 (Jan/2016))

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

					COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date :		FORM 460
		Statement covers period from 9/20/2020	Date of election if applicable: 1 2 2 20 (Month, Day, Year)	20 Pa	ge 1 of For Official Use Only
SEE INSTRUCTIONS ON REVERSE		through 10/17/2020	11/3/2020 By		
1. Type of Recipient Committee: All Comm	nittees – Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee		Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Quarterly S	Statement dd-Year Report
3. Committee Information	1000	D. NUMBER 388707	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO CO	OMMITTEE)		NAME OF TREASURER		
JOE PATTERSON FOR ROCKLIN CITY	COUNC	IL 2020	K. COLEEN MORRIS, SUTTER BUTT	ES BUSINESS SER	RVICES
			MAILING ADDRESS	0	
STREET ADDRESS (NO P.O. BOX)	_		CITY	STATE ZIP CODE	AREA CODE/PHONE
. 1					
CITY STATE	ZIP CC	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	OP PO BO		MAILING ADDRESS		
MALING ADDRESS (IF DIFFERENT) NO. AND STREET	OK P.O. BO.	^	WAILING ADDRESS		
CITY STATE	ZIP CC	DDE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
		1100	Committee of the commit		
OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification					
	and reviewi	ing this statement and to the best of my	knowledge the Information contained herein and in the	he attached schedule	es is true and complete. I
certify under penalty of perjury under the laws of t	he State of	California that the foresome is true and	correct.		
Executed on 10/19/2020	_	Ву	Signature of Treasurer or Assistant Treasurer		
Executed on 10/27/2020		4	Signature of Hossiner of Assistant Hossiner		
Date		Signature of Cor	trolling Officeholder, Candidate, State Measure Proponent or Responsi	ble Officer of Sponsor	
Executed onDate	_	Ву	Signature of Controlling Officeholder, Candidate, State Measure Propo	nent	
Executed on		Ву	Signature of Controlling Officeholder, Candidate, State Measure Propo	nent	
Date			Signature of Controlling Officerfolder, Candidate, State Measure Propo	illetin	EDDC Form 460 /lon/2016\\

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

www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

= - 5	COVER	PAG	E-PART 2
CALI	FORM	IA .	160
F	ORM		+OU
-	SAMA.	-	
Page .	2	of	15
Page.	2	of	10

fficeholder or Candidate Controlled Committee			Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
JOE PATTERSON							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABL	E)	BALLOT NO. OR LETTER	JURISDICTI	ON	Ds	UPPORT
ROCKLIN CITY COUNCIL			The state of the s				PPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY STATE	ZIP	Identify the controlling office	eholder, candi	date, or state measu	re propon	ent, if any.
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR I	PROPONENT		
Related Committees Not Included in not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to red		OFFICE SOUGHT OR HELD		DISTR	ICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER		-				
NAME OF TREASURER	CONTROLLED COMMITTE	7.	. Primarily Formed Can officeholder(s) or candidate(s	didate/Offic s) for which this	eholder Commits committee is primaril	tee List i ly formed.	names of
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT
CITY STATE	ZIP CODE AREA CODE/	PHONE	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTE	E?	NAME OF OFFICEHOLDER OF	RCANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)						El Oli COL
CITY STATE	ZIP CODE AREA CODE/	PHONE	Att	tach continuati	ion sheets if necessa	ırv	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from 9/20/2020 through 10/17/2020 Page 3 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020 1388707

JOET AT TEMBOR FOR ROCKERY CITT COCKCIE 2020				1300/07
Contributions Received 1. Monetary Contributions	\$ Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) 18054.00 -2900.00 15154.00 0.00 15154.00	\$ \$	Column B CALENDAR YEAR TOTAL TO DATE 36578.00 0.00 36578.00 0.00 36578.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$
Expenditures Made Schedule E, Line 4 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 20288.33 0.00 20288.33 0.00 0.00 20288.33	\$ \$	31177.85 0.00 31177.85 0.00 0.00 31177.85	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 10443.43 15154.00 6724.40 20288.33 12033.50 0.00	ac A an of an be sh pr thi	calculate Column B, id amounts in Column to the corresponding mounts from Column B your last report. Some mounts in Column A may a negative figures that could be subtracted from evious period amounts. If is is the first report being ad for this calendar year, ally carry over the amounts om Lines 2, 7, and 9 (if my).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0.00			FPPC Form 460 (Jan/20: FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period CALIFORNIA from 9/20/2020 **FORM** through 10/17/2020 Page 4 I.D. NUMBER 1388707

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

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 ELECTION TO DATE (IF REQUIRED)
9/20/2020	MATTHEW DAVID	IND COM OTH PTY	COO, JUUL	1000.00	1000.00	1000.00
9/21/2020	CALIFORNIA REAL ESTATE PAC, FPPC #890106	□IND □COM □OTH □PTY □SCC		3500.00	3500.00	3500.00
9/22/2020	TEENA BUDD	IND COM OTH PTY	REALTOR, TEENA BUDD	100.00	100.00	100.00
9/22/2020	LABORERS LOCAL 185 PAC, FPPC #870122	□IND COM □OTH □PTY □SCC		1000.00	1000.00	1000.00
9/23/2020	SCOTT SCHUHWERK/SYNERGY BUSINESS MANAGEMENT, LLC	ZIND COM OTH PTY SCC	MANAGER, SYNERGY BUSINESS MANAGEMENT, LLC	200.00	200.00	200.00
	•		SUBTOTAL	¢ 5000 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\$

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 18054.00

17700.00

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

*Contributor Codes IND - Individual

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars. SCHEDULE A (CONT.)

Statement covers period from 9/20/2020	FORM 460
through 10/17/2020	Page 5 of 15
	I.D. NUMBER 1388707

NAME OF FILER

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CODE RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME) PERIOD (JAN, 1 - DEC, 31) (IF REQUIRED) IND. 9/24/2020 DENNIS LOPER PRESIDENT, CAPITOL 200.00 200.00 200.00 □сом STRATEGIES GROUP □ OTH □PTY □ scc **IND** 9/24/2020 MEL ASSAGAI/CALIFORNIA POLICY LOBBYIST, CALIFORNIA 100.00 100.00 100.00 ☐ COM SOLUTIONS, LLC POLICY SOLUTIONS, LLC □ OTH □ PTY □ scc IND 9/24/2020 JEFF SCHNOEBELEN FINANCIAL ADVISOR. 350.00 350.00 350.00 □сом RFS WEALTH □ OTH □ PTY □ scc □ IND 150.00 9/24/2020 MIKE MURRAY FOR SUPERVISOR 2020 150.00 150.00 **☑** COM FPPC #1421007 Потн □ PTY □scc. ☐ IND 9/28/2020 COMMITTEE FOR HOME OWNERSHIP IF THE 5000.00 6000.00 6000.00 COM COM NORTH STATE BUILDING ASSOC ID#782240 □ OTH □ PTY SCC

SUBTOTAL \$ 5800.00

*Con	trib	utor	Cod	es
INIT	100	Att. A.	derest	

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars. SCHEDULE A (CONT.)

Statement covers period from 9/20/2020	CALIFORNIA 460
through 10/17/2020	Page 6 of 15
	I.D. NUMBER

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020 1388707 FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CODE RECEIVED PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME) □ IND 9/30/2020 LINCOLN CLUB OF NORTHERN CALIFORNIA 500.00 500.00 500.00 COM PAC ID#820082 □отн □ PTY □ scc M IND ATTORNEY, FALK & 10/3/2020 KEITH SHARP 500.00 500.00 500.00 □ COM SHARP □ OTH □ PTY □ scc ☐ IND 10/3/2020 KINGS CASINO MANAGEMENT CORP. 500.00 500.00 500.00 Осом OTH. □ PTY □ scc IND. 10/7/2020 LYNNE KINST OWNER, DURAN KINST 100.00 100.00 100.00 □ сом STRATEGIES □ OTH □ PTY □ scc IND 10/7/2020 **CONRAD FRAUSTO** FIREFIGHTER, CITY OF 150.00 150.00 150.00 □сом SACRAMENTO □ OTH □ PTY □scc

SUBTOTAL \$ 1750.00

*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 9/20/2020	CALIFORNIA 460
through 10/17/2020	Page 7 of 15
	I.D. NUMBER

NAME OF FILER

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

CUMULATIVE TO DATE

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 ELECTION TO DATE (IF REQUIRED)
10/8/2020	UNITED AUBURN INDIAN COMMUNITY OF THE AUBURN RANCHERIA, ID #1246083	□ IND IZ COM □ OTH □ PTY □ SCC		2500.00	2500.00	2500.00
10/8/2020	CELEBRITY CASINOS, INC	OTH SCC		500.00	500.00	500.00
10/8/2020	LAUNCHNET, INC	□IND □COM ØOTH □PTY □SCC		100.00	100.00	100.00
10 7/2020	DAVID DURESKY	IND COM OTH PTY SCC	IT ANALYST, LOS RIOS COMMUNITY COLLEGE	100.00	100.00	100.00
10/9/2020	PHILLIPS LAND LAW, INC	□IND □COM ØOTH □PTY □SCC		250.00	250.00	250.00

SUBTOTAL \$ 3450.00

*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

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 9/20/2020	CALIFORNIA 460
through 10/17/2020	Page 8 of 15
	I.D. NUMBER 1388707

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020 FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CODE * RECEIVED PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME) (JAN. 1 - DEC. 31) (IF REQUIRED) DIND **BONNIE GORE FOR SUPERVISOR 2020** 10/10/2020 150.00 150.00 150.00 COM FPPC 1397968 □отн □ PTY □ scc DIND 10/13/2020 CRESLEIGH HOMES CORP 750.00 750.00 750.00 □сом **₩** OTH □ PTY □ scc ☐ IND □сом □ OTH □ PTY □ scc ☐ IND □сом □ OTH □ PTY □ scc □ IND □сом □ OTH ☐ PTY □ scc **SUBTOTAL \$ 900.00**

*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

edule B - Part 1 Amounts may be rounded to whole dollars.						CALIFORNIA 460		
L 2020				through <u>10/17/20</u>	020	Page 9 I.D. NUMBER 1388707	of <u>15</u>	
UPATION AND EMPLOYER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE	
	\$ 2900.00	s_0.00	\$ 2900.00 \$ 2900.00 \$ FORGIVEN \$ 0.00	\$ 0.00 12/31/21 DATE DUE	0.00 % RATE \$ 0.00	\$_1500.00 9/16/16 DATE INCURRED	\$ 0.00 PER ELECTION \$ 0.00	
	2-		PAID S FORGIVEN	s	RATE %	5	\$ PER ELECTION	
	s	s	PAID S FORGIVEN \$	3	RATE \$	\$	\$ PER ELECTION	
	SUBTOTALS \$	0.00	\$ 2900.00		1 - 7			
	NER, PROVIDENT ATEGIES	AN INDIVIDUAL, ENTER CUPATION AND EMPLOYER SALANCE BEGINNING THIS PERIOD NER, PROVIDENT ATEGIES \$ \$	AN INDIVIDUAL, ENTER CUPATION AND EMPLOYER SELF-EMPLOYED, ENTER NAME OF BUSINESS) NER, PROVIDENT ATEGIES \$	IL 2020 AN INDIVIDUAL, ENTER CUPATION AND EMPLOYER BALANCE BEGINNING THIS PERIOD NER, PROVIDENT ATEGIES 2900.00 \$ 0.00 PAID FORGIVEN S FORGIVEN FORGIVEN FORGIVEN FORGIVEN FORGIVEN FORGIVEN FORGIVEN S FORGIVEN S	IL 2020 AN INDIVIDUAL, ENTER UPATION AND EMPLOYER BALANCE BEGINNING THIS PERIOD NER, PROVIDENT ATEGIES AMOUNT PAID S PERIOD AMOUNT PAID S PERIOD AMOUNT PAID S PAID S 2900.00 S 0.00 FORGIVEN THIS PERIOD S 0.00 DATE DUE THOUGH 10/17/20 AMOUNT PAID S PAID S 2900.00 S 0.00 DATE DUE TO STANDING BALANCE AT CLOSE OF THIS PERIOD AMOUNT PAID S PAID S 0.00 DATE DUE TO STANDING BALANCE AT CLOSE OF THIS PERIOD AMOUNT PAID S PAID S 0.00 DATE DUE TO STANDING BALANCE AT CLOSE OF THIS PERIOD AMOUNT PAID S 0.00 DATE DUE TO STANDING BALANCE AT CLOSE OF THIS PERIOD AMOUNT PAID S 0.00 DATE DUE TO STANDING BALANCE AT CLOSE OF THIS PERIOD AMOUNT PAID S 0.00 DATE DUE DATE DUE DATE DUE	IL 2020 IL 2020 IL 2020 Column C	True 10/17/2020 FORM	

(May be a negative number)

-2900.00

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

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.)

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be rounded to whole dollars.			rs period	CALIFORNIA 460		
	TIONS ON REVERSE			through 10/17/202	0	Page 1	o_ of_/5_	
NAME OF FILE	R RSON FOR ROCKLIN CITY COUNCIL 2020					1.D. NUM 138870		
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)	
9/28/2020	FRIENDS OF JULIE LEAVENS HUPP FOR ROCKLIN SCHOOL BOARD 2020, FPPC 1430587 Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		150.00	250.00		250.00	
9/28/2020	FRIENDS OF TIFFANY SAATHOFF FOR ROCKLIN SCHOOL BOARD 2020, FPPC 1430449 Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		150.00	150.00		150.00	
10/16/2020	FRIENDS OF RACHELLE PRICE FOR ROCKLIN SCHOOL BOARD 2020, FPPC 1425071 Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		250.00	250,00		250.00	

Schedule D Summary

Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$ 550.00°	
Unitemized contributions and independent expenditures made this period of under \$100	\$ 0.00	
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Surr	nmary Page.) TOTAL \$ 550.00	

Schedule E	
Payments I	Vlade

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA **FORM** 9/20/2020 through 10/17/2020 Page 11 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020 1388707

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals PHO FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF legal defense professional services (legal, accounting) VOT voter registration LEG PRO campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) FRIENDS OF JULIE LEAVENS HUPP FOR ROCKLIN SCHOOL BOARD 2020, CTB 150.00

FPPC 1430587 FRIENDS OF TIFFANY SAATHOFF FOR ROCKLIN SCHOOL BOARD 2020, CTB 150.00 FPPC 1430449 FRIENDS OF RACHELLE PRICE FOR ROCKLIN SCHOOL BOARD 2020, FPPC CTB 250.00 1425071

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

SUBTOTAL \$ 550.00

Schedule E Summary

20040.91 Itemized payments made this period. (Include all Schedule E subtotals.) 247.42 2. Unitemized payments made this period of under \$100..... 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period 9/20/2020 from	CALIFORNIA 460		
through <u>10/17/2020</u>	Page 12 of 15		
	I.D. NUMBER		
	1388707		

NAME OF FILER

JOE PATTERSON FOR ROCKLIN 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. RAD radio airtime and production costs MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs CVC civic donations petition circulating PET FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals fundraising events polling and survey research FND POL postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor POS TSF IND

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)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
LIT	DESIGN FOR CAMPAIGN LITERATURE	892.50
POL	CAMPAIGN DATA	435.83
WEB SOCIAL MEDIA		1026.38
LIT MAILERS		10982.34
LIT	PRINTING SERVICES	4479.00
	POL. WEB	POL CAMPAIGN DATA WEB SOCIAL MEDIA LIT MAILERS

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

SUBTOTAL \$ 17816.05

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded

SCHEDULE E (CONT.)

Continuation Sheet) Payments Made	to whole dollars.	Statement covers period 9/20/2020 from	FORM 460	
EE INSTRUCTIONS ON REVERSE		through 10/17/2020	Page 13 of 15	
AME OF FILER OE PATTERSON FOR ROCKLIN CITY COUNCIL 2020		1	I.D. NUMBER 1388707	
ODES: If one of the following codes populately des	salbon the nationant way may enter the a	ada Othanidas dasadha tha saissaid		

CMP campaign paraphernalia/misc. 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		es R S TI TCh TI ssenger services TS pal, accounting) V	AD radio airtime and production co FD returned contributions AL campaign workers' salaries EL t.v. or cable airtime and product RC candidate travel, lodging, and n staff/spouse travel, lodging, and transfer between committees of voter registration TEB information technology costs (in	ction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID	
ZAMO CREATIVE		LIT	DESIGN FOR CAMP	AIGN LITERATURE	286.25
CI PETED DI PETEC DI ICINITEC CEDITICE		DDO	O LA PROLETA MARTINA	imu.	200.00

SUTTER BUTTES BUSINESS SERVICES	PRO	CAMPAIGN TREASURY	390.00
SIGNWORX	СМР	SIGNS	882.78
FEDEX OFFICE	LIT	PRINTING SERVICES	115.83

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

Schedule I			
Miscellaneous	Increases	to	Cash

Amounts may be rounded to whole dollars.

SCHEDULE I Statement covers period CALIFORNIA from 9/20/2020 **FORM** through 10/17/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

I.D. NUMBER 1388707

OLIMITAL	OCITION NOCKERT CITT COCITOE 2020		2000101
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/3/2020	KENNETH A BROADWAY FOR CITY COUNCIL 2020, FPPC 1388741	REIMBURSEMENT FOR MAILER COSTS	558.29
10/3/2020	FRIENDS OF TIFFANY SAATHOFF FOR ROCKLIN SCHOOL BOARD	REIMBURSEMENT FOR MAILER COSTS	558.29
10/7/2020	FRIENDS OF RACHELLE PRICE FOR ROCKLIN SCHOOL BOARD 2020, FPPC 1425071	REIMBURSEMENT FOR MAILER COSTS	558.29
10/7/2020	FRIENDS OF JULIE LEAVENS HUPP FOR ROCKLIN SCHOOL BOARD 2020, FPPC 1430587	REIMBURSEMENT FOR MAILER COSTS	558.29
10/16/2020	FRIENDS OF GREG JANDA FOR ROCKLIN CITY COUNCIL 2020, FPPC 1386250	REIMBURSEMENT FOR MAILER COSTS	1344.88

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 3578.04

Schedule I Summary

- 1. Itemized increases to cash this period.\$
- 2. Unitemized increases to cash of under \$100 this period.\$
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

SEE PAGE 15 FOR TOTALS

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

www.fppc.ca.gov

Schedule Miscellan	eous Increases to Cash to whole		Statement covers period from 9/20/2020	CALIFORNIA 460
SEE INSTRUCTION	ONS ON REVERSE		through 10/17/2020	Page 15 of 15
NAME OF FILER	SON FOR ROCKLIN CITY COUNCIL 2020			I.D. NUMBER 1388707
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/16/2020	KENNETH A BROADWAY FOR CITY COUNCIL 2020, FPPC 1388741	REIMBURSE	MENT FOR MAILER COSTS	786.59
10/16/2020	FRIENDS OF TIFFANY SAATHOFF FOR ROCKLIN SCHOOL BOARD 2020, FPPC 1430449	REIMBURSEMENT FOR MAILER COSTS		786.59
10/16/2020	FRIENDS OF RACHELLE PRICE FOR ROCKLIN SCHOOL BOARD 2020, FPPC 1425071	REIMBURSEMENT FOR MAILER COSTS		786.59
10/16/2020	FRIENDS OF JULIE LEAVENS HUPP FOR ROCKLIN SCHOOL BOARD 2020, FPPC 1430587	REIMBURSE	EMENT FOR MAILER COSTS	786.59
Schedule	itional information on appropriately labeled continuation sheets. Summary		1.77	AL\$ 3146.36
	creases to cash this period.		2.22	-
	increases to cash of under \$100 this periodinterest received this period on loans made to others. (Schedule H, Colu			7

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

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

6724.40

Recipie	ent	Cor	nm	ittee
Campa				
Cover	_			

Executed on .

Page 1 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only from 7/1/2020 11/3/2020 through 9/19/2020 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report Termination Statement O Recall Controlled Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) 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) 1388707 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER JOE PATTERSON FOR ROCLIN CITY COUNCIL 2020 K. COLEEN MORRIS, SUTTER BUTTES BUSINESS SERVICES MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE CITY AREA CODE/PHONE AREA CODE/PHONE CITY STATE ZIP CODE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS AREA CODE/PHONE CITY ZIP CODE STATE ZIP CODE AREA CODE/PHONE STATE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of penjury under the laws of the State of California that the foregoing is true and sorred. 12020 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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

COVER PAGE

CALIFORNIA FORM

Date Stamp

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM
Page 2 of 26

Officeholder or Candidate Controlled Committee			Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
JOE PATTERSON							
OFFICE SOUGHT OR HELD (INCLUDE LOCA	ATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
ROCKLIN CITY COUNCIL							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A	ND STREET) CITY STATE ZIP		Identify the controlling offic	eholder, candi	date, or state	measure propo	nent, if any.
			NAME OF OFFICEHOLDER, C	ANDIDATE, 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. II	FANY
COMMITTEE NAME	I.D. NUMBER					1	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offic s) for which this	eholder Co committee is	ommittee List primarily formed	names of
COMMITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
	STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOL	JGHT OR HELD	☐ SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)				-		LI DPPUSE
CITY	STATE ZIP CODE AREA CODE/PHONE			r sections			
Set to	THE LIFTONE ANENOUSEFHONE		Att	ach continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 460 7/1/2020 from. Page 3 of 26 I.D. NUMBER

through _9/19/2020 SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1388707 JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

Contributions Received 1. Monetary Contributions	\$	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) 18224.00 0.00 18224.00 0.00 18224.00	\$ \$	Column B CALENDAR YEAR TOTAL TO DATE 18524.00 2900.00 21424.00 0.00 21424.00		in Both the Selections 1/1 throughtons ad \$	ary for Candidates State Primary and igh 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	\$	10696.02 0.00 10696.02 0.00 0.00 10696.02	\$ \$	10889.52 0.00 10889.52 0.00 0.00 10889.52	Candidate 22	es . Cumulative	mmary for State Expenditures Made* untary Expenditure Limit) Total to Date
2. Beginning Cash Balance		2915.45 18224.00 0.00 10696.02 10443.43	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,	*Amounts in this section may be different from amo reported in Column B.			
17. LOAN GUARANTEES RECEIVED	\$ \$	0.00	fro	ly carry over the amounts in Lines 2, 7, and 9 (if y).	FPPC	Advice: advice	FPPC Form 460 (Jan/20) @fppc.ca.gov (866/275-37

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 7/1/2020	CALIFORNIA 460			
through 9/19/2020	Page 4 of 24			
	I.D. NUMBER 1388707			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.0, NUMBER)	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)
LINETTE QUARANTA	IND COM	REALTOR, LINETTE QUARANTA	200.00	200.00	200.00
TREVOR CAULDER	IND COM	CFO, MERRITT LANE RANCH	100.00	100.00	100.00
MATTHEW BOWDISH	☑IND □COM □OTH □PTY □SCC	PHYSICIAN, SACRAMENTO ENT	100.00	100.00	100.00
TIM MCKERCHER	IND COM	RETAIL SALES MANAGER, NESTLE WATERS	100.00	100.00	100.00
COMMITTEE FOR HOME OWNERSHIP OF THE NORTH STATE BUILDING ASSOC ID#782240	□IND ☑COM □OTH □PTY		1000.00	1000.00	1000.00
the same of the last of the la	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NAMBER) LINETTE QUARANTA TREVOR CAULDER MATTHEW BOWDISH TIM MCKERCHER COMMITTEE FOR HOME OWNERSHIP OF THE	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO. NUMBER) LINEFTE QUARANTA COM OTH PTY SCC TREVOR CAULDER MATTHEW BOWDISH TIM MCKERCHER COM OTH PTY SCC TIM MCKERCHER COM OTH PTY SCC TIM MCKERCHER COM OTH PTY SCC TIM D COM OTH PTY SCC	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO, NUMBER) CODE * CO	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE * COD	CONTRIBUTOR (0F COMMITTEE, ALSO ENTER LD. NAMBER) CODE * (0F COMMITTEE, ALSO ENTER LD. NAMBER) CODE * (0F COMMITTEE, ALSO ENTER LD. NAMBER) CODE * (0F COMMITTEE QUARANTA (1ND COM

Schedule A Summary	Sc	he	du	le	A	Su	mn	nan
--------------------	----	----	----	----	---	----	----	-----

2. Amount received this period – uniternized monetary contributions of less than \$100\$ 574.00

 *Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/2020	CALIFORNIA 460
through 9/19/2020	Page 5 of 26
	1.D. NUMBER 1388707

CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
ROGER PETERSON	OTH SCC	RETIRED	100.00	100.00	100.00
STEVE KAUFHOLD	☑IND □ COM □ OTH □ PTY □ SCC	ATTORNEY, KAUFHOLD, GASKIN, GALLAGHER	500.00	500.00	500.00
GEORGIA GODFREY	☑IND □COM □OTH □PTY □SCC	OWNER, FORESIGHT STRATEGIES	100.00	100.00	100.00
AUDREY PERRY MARTIN	DIND COM OTH SCC	ATTORNEY, BMH LAW	150.00	150.00	150.00
OBIE SCOTT	IND COM	GENERAL MANAGER, TROY GREENWAY INSURANCE AGENCY	100.00	100.00	100.00
	ROGER PETERSON STEVE KAUFHOLD GEORGIA GODFREY AUDREY PERRY MARTIN	ROGER PETERSON ROGER PETERSON ONTH PTY SCC STEVE KAUFHOLD GEORGIA GODFREY GEORGIA GODFREY AUDREY PERRY MARTIN OBIE SCCT OBIE SCCTT OBIE SCCTT OTH PTY SCC IND COM OTH PTY SCC	GEORGIA GODFREY AUDREY PERRY MARTIN CODE (IF SELF-EMPLOYED, ENTER NAME) RETIRED RETIRED RETIRED ATTORNEY, KAUFHOLD, GASKIN, GALLAGHER OWNER, FORESIGHT STRATEGIES ATTORNEY, BMH LAW OTH PTY SCC ATTORNEY, BMH LAW OTH PTY SCC ATTORNEY, BMH LAW OTH PTY SCC OBIE SCOTT GENERAL MANAGER, TROY GREENWAY INSURANCE AGENCY	GEORGIA GODFREY GEORGIA GODFREY AUDREY PERRY MARTIN CODE GENERAL MANAGER, TROY GREENWAY IND COM OTH PTY SCC ATTORNEY, KAUFHOLD, GASKIN, GALLAGHER OWNER, FORESIGHT STRATEGIES 100.00 ATTORNEY, BMH LAW 150.00 GENERAL MANAGER, TROY GREENWAY INSURANCE AGENCY	CODE

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NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/2020	CALIFORNIA 460
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	1.D. NUMBER 1388707

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/8/2020	BILL NIECE	☑IND □COM □OTH □PTY □SCC	BROKER, LYON REAL ESTATE	500.00	500.00	500.00
8/8/2020	RYAN HENSHAW	☑IND □COM □OTH □PTY □SCC	INSURANCE AGENT, HENSHAW INSURANCE AGENCY	500.00	500.00	500.00
8/9/2020	KETTH DIEDERICH	OTH SCC	CEO, THE GATHERING INN	100.00	100.00	100.00
8/9/2020	BRADEN MOULTON	ØIND □COM □OTH □PTY □SCC	CONSULTANT, BRADEN MOULTON	100.00	100.00	100.00
8/10/2020	CHRIS GRANGER	IND COM OTH PTY SCC	STAFF, US DEPT OF HOUSING & URBAN DEVELOPMENT	100.00	100.00	100.00

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SCHEDULE A (CONT.)

Statement cover	CALIFORNIA 460
through 9/19/2020	Page 7 of 26
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JOE PATTE	RSON FOR ROCKLIN CITY COUNCIL 2020				13	88707
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
8/10/2020	ELIZABETH HANSELL	☑IND □COM □OTH □PTY □SCC	CONSULTANT, ELIZABETH HANSELL	500,00	500.00	500.00
8/10/2020	JON SCOTT	☑IND □COM □OTH □PTY □SCC	OWNER, CASINO CHICO	100.00	100.00	100.00
8/11/2020	CHRIS WIEGMAN	☑IND □COM □OTH □PTY □SCC	CEO, GROUP ONE	250.00	250.00	250.00
8/12/2020	DERECK COUNTER	☑IND □COM □OTH □PTY □SCC	PROGRAM DIRECTOR, QUEST DIAGNOSTICS	100.00	100.00	100.00
8/14/2020	GREG ZANE	IND COM OTH PTY	FINANCIAL ADVISOR, WGG WEALTH PARTNERS	100.00	100.00	100.00
			SUBTOTAL			

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NAME OF FILER

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SCHEDULE A (CONT.)

Statement covers period from 7/1/2020	CALIFORNIA 460
through 9/19/2020	Page 8 of 26
	1.D. NUMBER 1388707

RSON FOR ROCKLIN CITY COUNCIL 2020				130	8707
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)	TE PER ELECTION TO DATE (IF REQUIRED)
DARRELL MIERS	ZIND COM OTH PTY	MANAGER, ARISE LLC	250.00	250.00	250.00
JEREMY SIMMONS	☑ IND □ COM □ OTH □ PTY □ SCC	ATTORNEY, YOUNG, MINNEY & CORR LLP	250.00	250.00	250.00
GALLAGHER FOR ASSEMBLY 2020 FPPC #1414703	□IND □COM □OTH ☑PTY □SCC		500.00	500.00	500.00
GARY SAMSON	IND COM OTH PTY	PSYCHIATRIST, SAMSON PSYCHIATRY INC	100.00	100.00	100.00
CURTIS GRIMA	IND COM	CHIEF OF STAFF, CA STATE ASSEMBLY	100.00	100.00	100.00
	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DARRELL MIERS JEREMY SIMMONS GALLAGHER FOR ASSEMBLY 2020 FPPC #1414703 GARY SAMSON	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DARRELL MIERS DARRELL MIERS JEREMY SIMMONS JEREMY SIMMONS GALLAGHER FOR ASSEMBLY 2020 FPPC #1414703 GARY SAMSON GARY SAMSON CURTIS GRIMA CONTRIBUTOR CODE * CONTRIBUTOR CODE * CONTRIBUTOR COM GOTH GOTH GOTH GOTH GOTH GOTH GOTH GOTH	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE. ALSO ENTER I.D. NUMBER) DARRELL MIERS DARRELL MIERS DIND COM OTH PTY SCC GALLAGHER FOR ASSEMBLY 2020 FPPC #1414703 GARY SAMSON CURTIS GRIMA CONTRIBUTOR COCUPATION AND EMPLOYER OCCUPATION	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR GOE * GOE OF GOE O	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR (JAN. 1 - DEC. 31) DARRELL MIERS IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER RECEIVED THIS PERIOD (JAN. 1 - DEC. 31) DARRELL MIERS

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JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

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SCHEDULE A (CONT.)

Statement covers period from 7/1/2020	FORM 460
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	I.D. NUMBER 1388707

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO, 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 ELECTION TO DATE (IF REQUIRED)
8/21/2020	JEFFREY GRENZ	IND COM OTH PTY SCC	OWNER, JEFFREY GRENZ CONSTRUCTION	100.00	100.00	100.00
8/21/2020	LUCY VAN HORN	IND COM OTH PTY SCC	OWNER, STUDIO 65 DANCE COMPANY	100.00	100.00	100.00
8/21/2020	KYLE KIRKLAND	IND COM OTH SCC	EXECUTIVE, CLUB ONE CASINO INC	500.00	500.00	500.00
8/21/2020	AARON RODRIGUES	IND COM OTH PTY SCC	REALTOR, COLDWELL BANKER C&C PROPERTIES	100.00	100.00	100.00
8/21/2020	EDDIE MEDEIROS	IND COM OTH SCC	BROKER, EDDIE MEDEIROS INSURANCE AGENCY INC	250.00	250.00	250.00
		1 LISCC	SUBTOTAL	\$ 1050.00		

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JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/2020	CALIFORNIA 460
through 9/19/2020	Page 10 of 26
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SS AND ZIP CODE OF TOR CONTRIBUTOR CODE 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)
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100.00	100.00	100.00
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100.00	100.00	100.00
☑ IND □ COM □ OTH □ PTY □ SCC	DIRECTOR OF COMPLIANCE, FIU	100.00	100.00	100.00
☑ IND □ COM □ OTH □ PTY □ SCC	COMMUNICATIONS, APPLE INC	100.00	100.00	100.00
☑ IND □ COM □ OTH □ PTY	VP CLIENT SERVICES, CAPRELO	100.00	100.00	100.00
	TOR CONTRIBUTOR CODE IND COM OTH PTY SCC IND COM OTH PTY SCC	CONTRIBUTOR CODE CODE COUPATION AND EMPLOYER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME) RETIRED RETIRED RETIRED RETIRED RETIRED DIRECTOR OF COMPLIANCE, FIU IND COM OTH PTY SCC IND COM OTH PTY COM COM COM OTH COM OTH PTY COM	CONTRIBUTOR CODE* OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME) PERIOD OTH OTH OTH OTH OTH OTH OTH OTH OTH OT	CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR (JAN. 1 - DEC. 31)

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JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

NAME OF FILER

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SCHEDULE A (CONT.)

from 7/1/2020	FORM 460
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	I.D. NUMBER 1388707

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	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)
8/23/2020	KELLY DAVENPORT	☑IND □COM □OTH □PTY □SCC	OPERATIONS MANAGER, KEYSOURCE SYSTEMS	100.00	100.00	100.00
8/23/2020	JASON KERBY	☑ IND □ COM □ OTH □ PTY □ SCC	ENGINEERING MANAGER, INTEL	500.00	500.00	500.00
8/23/2020	JUDY LLOYD	☑IND □COM □OTH □PTY □SCC	PRESIDENT, ALTAMONT STRATEGIES	100.00	100.00	100.00
8/23/2020	JEFFREY BARKER	IND COM OTH PTY SCC	WRITER, JEFFREY BARKER	100.00	100.00	100.00
8/23/2020	ROGER NIELLO	ØIND □COM □OTH □PTY □SCC	AUTO DEALER, THE NEILLO COMPANY	500.00	500.00	500.00
			SUBTOTAL	\$ 1300.00		

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NAME OF FILER

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SCHEDULE A (CONT.)

	Statement covers period from 7/1/2020	CALIFORNIA 460
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/23/2020	NICHOLAS KOSINSKI	IND COM	DIRECTOR, EPIQ	100.00	100.00	100.00
8/24/2020	KATERINA TAVOULARIS	ØIND □COM □OTH □PTY □SCC	OWNER, TAVOULARIS PROJECTS	100.00	100.00	100.00
8/24/2020	JAY LANG	COM OTH PTY SCC	ENROLLED AGENT, CRAMER & ASSOCIATES	100.00	100.00	100.00
8/24/2020	CHERYL KANTHAL	DIND COM OTH PTY	RETIRED	100.00	100.00	100.00
8/26/2020	GEORGE ANDREWS	IND COM	AIDE, CA STATE ASSEMBLY	100.00	100.00	100.00

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NAME OF FILER

Amounts may be rounded to whole dollars. SCHEDULE A (CONT.)

Statement covers period from 7/1/2020	CALIFORNIA 460
through 9/19/2020	Page 13 of 26
	I.D. NUMBER 1388707

DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO DATE CALENDAR YEAR	PER ELECTION TO DATE
RECEIVED	(IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE	(IF SELF-EMPLOYED, ENTER NAME)	PERIOD	(JAN. 1 - DEC. 31)	(IF REQUIRED)
8/26/2020	TED MILLER	IND COM OTH PTY SCC	PUBLIC RELATIONS, TED MILLER GROUP LLC	100.00	100.00	100.00
8/27/2020	LIZ STEVENS	IND COM OTH PTY	UNEMPLOLYED	100.00	100.00	100.00
8/27/2020	GREGORY TURNER	IND COM OTH PTY	OWNER, TURNER LAW	150.00	150.00	150.00
8/29/2020	PHIL READER	IND COM OTH PTY SCC	MANAGER, GEORGE REED CONSTRUCTION	250.00	250.00	250.00
8/31/2020	MARIEJOYCE	IND COM OTH SCC	ASSISTANT TO CHIEF, CITY OF SAN DIEGO	100.00	100.00	100.00

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NAME OF FILER

Amounts may be rounded to whole dollars. SCHEDULE A (CONT.)

Statement covers period from 7/1/2020	FORM 460
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	i.d. number 1388707

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, 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 ELECTION TO DATE (IF REQUIRED)
8/31/2020	FRANK CALAMIA	☑IND □COM □OTH □PTY □SCC	OWNER, MARINA CLUB	500.00	500.00	500.00
8/31/2020	LAUREN MILTON	IND COM OTH PTY SCC	DEPUTY SHERIFF, SACRAMENTO COUNTY	100.00	100.00	100.00
9/1/2020	NICHOLAS BIRTCIL	IND COM OTH PTY SCC	CEO, OPSC	100.00	100.00	100.00
9/2/2020	MATT REXROAD	OTH SCC	CONSULTANT, MERIDIAN PACIFIC	100.00	100.00	100.00
9/3/2020	BRYAN SHROYER	IND COM OTH PTY	LEGILATIVE STAFF, CA STATE ASSEMBLY	100.00	100.00	100.00

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SCHEDULE A (CONT.)

Statement covers period from 7/1/2020	CALIFORNIA 460
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JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER (.O. 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)
COURTNEY MCDANIEL	IND COM OTH PTY SCC	UNEMPLOYED	150.00	150.00	150.00
CHRISTINA TREVOR	☑ IND □ COM □ OTH □ PTY □ SCC	OWNER, ARTICHOKE BASILLE PIZZA	500.00	500.00	500.00
MARTIN GARRICK	IND COM OTH PTY	REAL ESTATE INVESTOR, MARTIN GARRICK	300.00	300.00	300.00
KNIGHTED VENTURES LLC, FPPC#1391919 ROY CHOI - GENERAL PARTNER	IND COM OTH PTY SCC	GENERAL PARTNER, KNIGHTED VENTURES LLC	2000.00	2000.00	2000.00
PAUL RUHKALA	IND COM OTH PTY	OWNER, RUHKALA GRANITE & MARBLE CO INC	200.00	200.00	200.00
	CONTRIBUTOR ()F COMMITTEE, ALSO ENTER LO. NUMBER) COURTNEY MCDANIEL CHRISTINA TREVOR MARTIN GARRICK KNIGHTED VENTURES LLC, FPPC#1391919 ROY CHOI - GENERAL PARTNER	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) COURTNEY MCDANIEL COURTNEY MCDANIEL IND COM OTH PTY SCC CHRISTINA TREVOR CHRISTINA TREVOR CHRISTINA TREVOR CHRISTINA TREVOR CHRISTINA TREVOR COM OTH PTY SCC MARTIN GARRICK IND COM OTH PTY SCC KNIGHTED VENTURES LLC, FPPC#1391919 ROY CHOI - GENERAL PARTNER PAUL RUHKALA PAUL RUHKALA COM OTH PTY	CONTRIBUTOR OF COMMITTEE, ALSO ENTER LD. NUMBER) COURTNEY MCDANIEL COURTNEY MCDANIEL COURTNEY MCDANIEL COM OTH PTY SCC CHRISTINA TREVOR CHRISTINA TREVOR CHRISTINA TREVOR CHRISTINA TREVOR CHRISTINA TREVOR COM OTH PTY SCC MARTIN GARRICK MARTIN GARRICK MIND COM OTH INVESTOR, MARTIN GARRICK COM OTH PTY GARRICK KNIGHTED VENTURES LLC, FPPC#1391919 ROY CHOI - GENERAL PARTNER PAUL RUHKALA PAUL RUHKALA CONTRIBUTOR COOP (F SCIPATION AND EMPLOYER OCCUPATION OCCUPATI	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO. NUMBER) COURTNEY MCDANIEL COURTNEY MCDANIEL COM COM COM COM COM COM COM CO	CONTRIBUTOR GF COMMITTEE, ALSO ENTER LO. NUMBER) COURTNEY MCDANIEL COUNTNEY MCDANIEL COUNTNEY MCDANIEL COURTNEY MCDANIEL COUNTNEY MARTICHOKE BASILLE PIZZA COURTNEY MARTICHOKE BASILLE PIZZA SOU.00 SOU.00 SOU.00 COUNTNEY MCDANIEL CALENDARY YEAR (JAN. 1 - DEC. 31) 150.00 150.00 150.00 150.00 SOU.00 SOU.00 COUNTNEY MARTINE CALENDARY YEAR (JAN. 1 - DEC. 31) TOOLOGH COM COM COM COM COM COM COM COM COM CO

*Contributor Codes

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NAME OF FILER

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SCHEDULE A (CONT.)

Statement covers period from 7/1/2020	CALIFORNIA 460
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	1.D. NUMBER 1388707

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER UF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/2020	G&H BAINS, INC	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00
9/10/2020	KALKAT, INC	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		250.00	250.00	250.00
9/11/2020	JEFF SUMMERS	DIND COM OTH PTY SCC	HUMAN RESOURCES, KDCO	100.00	100.00	100.00
9/12/2020	AMEN REAL ESTATE	□IND □COM ØOTH □PTY □SCC		250.00	250.00	250,00
9/12/2020	JOSH WOOD	DIND COM	PUBLIC AFFAIRS, WOOD COMMUNICATIONS	1000.00	1000.00	1000.00

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

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole dollars.	Statement covers period from 7/1/2020	CALIFORNIA 460
			through 9/19/2020	Page 17 of 26.
NAME OF FILER JOE PATTE	RSON FOR ROCKLIN CITY COUNCIL 2020			I.D. NUMBER 1388707
	#### ##### ###########################		Tarana I amana I amana ama	AND STREET

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14/2020	PROSIO COMMUNICATIONS, INC	□IND □COM ☑OTH □PTY □SCC		150.00	150.00	150.00
9/16/2020	KYLE RODGERS	☑ IND □ COM □ OTH □ PTY □ SCC	PEACE OFFICER, STATE OF CALIFORNIA	100.00	100.00	100.00
9/17/2020	L.E. GAMING, INC	□IND □COM ØOTH □PTY □SCC		500.00	500.00	500,00
9/18/2020	BRYAN ZANOLI	IND COM OTH PTY SCC	IT CONSULTING, ENTISYS SOLUTIONS	100.00	100.00	100.00
9/19/2020	PAUL PARMLEY	IND COM OTH PTY SCC	COMMUNICATIONS, ACCENTURE	500.00	500.00	500.00

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Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		ntributions Received to whole dollars.		Statement covers period from 7/1/2020		CALIFORNIA 460	
				through 9/19/2020		Page 18 of 710	
							UMBER 707
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
9/19/2020	KATHY CURTIS	IND COM OTH PTY	RETIRED	100.00	100.00		100.00
		□ IND □ COM □ OTH □ PTY □ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		□ IND □ COM □ OTH □ PTY □ SCC					
		□ IND □ COM □ OTH					

SUBTOTAL \$ 100.00

☐ PTY □scc

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Schedule	B - Part 1	
Loans Re	ceived	

** If required.

Amounts may be rounded

SCHEDULE B - PART 1

Loans Received	to whole dollars.				from 7/1/2020	ers periou	FORM 460		
SEE INSTRUCTIONS ON REVERSE					through 9/19/202	20	Page 19	of 26	
NAME OF FILER							I.D. NUMBER		
JOE PATTERSON FOR ROCKLIN CITY CO	UNCIL 2020						1388707		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
JOE PATTERSON	Owner, Provident Strategies			9 PAID \$ 0.00	s 2900.00	0.00 %	\$_1500.00	s 0.00	
		2900.00	0.00	FORGIVEN s 0.00	12/31/21	s 0.00	9/16/16	PER ELECTION** s 0.00	
TO IND COM OTH PTY SCC		•		*	DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
				\$	\$	RATE	\$	5	
				FORGIVEN		MAILE		PER ELECTION**	
				\$	-	\$		\$	
TO IND COM OTH PTY SCC		•		☐ PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR	
								CALENDAR TEAR	
				\$	\$	RATE	\$	\$	
				FORGIVEN				PER ELECTION**	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
	1	SUBTOTALS S	\$ 0.00	\$ 0.00	\$ 2900.00	\$ 0.00			
Oak data D.O.						(Enter (e) on Sche	dule E, Line 3)		
Schedule B Summary				c 0.0	0				
Loans received this period (Total Column (b) plus uniternized loar Loans paid or forgiven this period	is of less than \$100.)						Contributor Codes		
(Total Column (c) plus loans under \$10 (Include loans paid by a third party tha 3. Net change this period. (Subtract Lin Enter the net here and on the Summar	00 paid or forgiven.) It are also itemized on Sche e 2 from Line 1.)	edule A.)		0.0	0	C	ND – Individual COM – Recipient C (other than DTH – Other (e.g., PTY – Political Par CCC – Small Contr	PTY or SCC) business entity) ty	
				(A)	tay be a negative number)	_			
Canamata familiar as said by another sady also m	unt he asserted as Cabadala A)							

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

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2020 CALIFORNIA 460 FORM through 9/19/2020 Page 20 of 24

NAME OF FILER JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020 1388707 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS TYPE OF PAYMENT CALENDAR YEAR TO DATE DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD OR COMMITTEE (JAN, 1 - DEC, 31) (IF REQUIRED) ✓ Monetary 100.00 100.00 9/14/2020 PETE CONSTANT FOR RJUHSD 100.00 Contribution FPPC: PENDING ☐ Nonmonetary Contribution ☐ Independent Z Support Oppose Expenditure ✓ Monetary 100,00 100.00 100.00 9/16/2020 FRIENDS OF JULIE LEAVENS HUPP FOR Contribution **ROCKLIN SCHOOL BOARD 2020** ☐ Nonmonetary Contribution ☐ Independent Support ☐ Oppose Expenditure ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent □ Support ☐ Oppose Expenditure **SUBTOTAL \$ 200.00**

Schedule D Summary

1. Itemized	contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	200.00
2. Unitemiz	red contributions and independent expenditures made this period of under \$100	0.00
3. Total con	ntributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	200.00

Schedule E Payments Made Amounts may to whole			Statement covers period. 7/1/2020	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through 9/19/2020	Page 21 of 210	
NAME OF FILER JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020			1	I.D. NUMBER 1388707	
IND independent expenditure supporting/opposing others (explain)* POS postage, de	ommunications and appearance asses culating ks survey resea elivery and me	s es	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging,	duction costs and meals and meals so of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DE	ESCRIPTION OF PAYMENT	AMOUNT PAID	
FRIENDS OF JULIE LEAVENS HUPP FOR ROCKLIN SCHOOL BOARD 2020 FPPC#1430857	СТВ	CAMPAIGN CO	ONTRIBUTION - SEE SCHEDULE	ED 100.00	
PETE CONSTANT FOR RJUHSD FPPC: PENDING	СТВ	CAMPAIGN CO	ONTRIBUTION - SEE SCHEDULE	ED 100.00	
STRIPE.COM	OFC	CREDIT CARD	PROCESSING FEES	389.55	
* Payments that are contributions or independent expenditures must also be summarized on Sch	hedule D		SI	JBTOTAL \$ 589.55	

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

10565.50

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars. SCHEDULE E (CONT.)

Statement covers period 7/1/2020 from	CALIFORNIA 460
through 9/19/2020	Page 22 of 26
	I.D. NUMBER 1388707

JOE PATTERSON FOR ROCKLIN 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

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

MBR member communications

MBR member communications

meetings and appearances

OFC office expenses

OFC office expenses

PET petition circulating

TEL t.v. or cable airfilme and production costs

t.v. or cable airfilme and production costs

TRC candidate fravel, lodging, and meals

FND fundraising events

POL polling and survey research

TRS staff

IND independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services

TSF transport

LEG legal defense PRO professional services (legal, accounting) VOT voter reg
LIT campaign literature and mailings PRT print ads WEB informati

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)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
FIL.	CANDIDATE STATEMENT AND VOTER DATA	652.26
LIT	SLATE MAILERS (SEE SCHEDULE G)	5113.00
PRO	TREASURY SERVICES	123.00
LIT	SLATE MAILER	1061.00
WEB	SOCIAL MEDIA ADS	380.69
	PRO LIT	FII. CANDIDATE STATEMENT AND VOTER DATA LIT SLATE MAILERS (SEE SCHEDULE G) PRO TREASURY SERVICES LIT SLATE MAILER

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

SUBTOTAL \$ 7329.95

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period 7/1/2020 from	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through <u>9/19/2020</u>	Page 23 of 26
NAME OF FILER			I.D. NUMBER
JOE PATTERSON FOR ROCKLIN CITY COUNCIL 20	20		1388707

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 TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)* 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 AMOUNT PAID **DESCRIPTION OF PAYMENT** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NO PARTY PREFERENCE VOTER GUIDE, FPPC #1343983 LIT SLATE MAILER 450.00 PLACER COUNTY REPUBLICAN ASSEMBLY, FPPC #1221972 MTG DINNER SPONSOR 100.00 BUDGET WATCHDOGS NEWSLETTER, FPPC #1345115 LIT SLATE MAILER 876.00 CALIFORNIA VOTER GUIDE, FPPC #595004 LIT SLATE MAILER 389.00 CALSAL VOTER GUIDE, FPPC #1368249 LIT SLATE MAILER 376.00

SUBTOTAL \$ 2191.00

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

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Continuation Sheet) Payments Made	to whole dollars.	Statement covers period 7/1/2020 from	FORM 460	
EE INSTRUCTIONS ON REVERSE		through <u>9/19/2920</u>	Page 24 of 26	1
AME OF FILER OE PATTERSON FOR ROCKLIN CITY COUNCIL 2020			1.D. NUMBER 1388707	
ODES. If one of the following codes accumulate describ	one the navment you may enter the	ada Othanuisa dascriba the naumani	-	4

	NAME AND ADDRESS OF PAYEE			CODE OR	DECODIST	ON OF PAYMENT
LIT campaig	gn literature and mailings	PRT	print ads		WEB	information technology costs (internet, e-mail)
LEG legal de	efense			services (legal, accounting)	VOT	
IND indepen	ndent expenditure supporting/opposing others (explain)*	POS	postage, deliv	very and messenger services	TSF	transfer between committees of the same candidate/sponsor
FND fundrais		POL	polling and st	rvey research	TRS	staff/spouse travel, lodging, and meals
FIL candida	ate filing/ballot fees	PHO	phone banks		TRC	candidate travel, lodging, and meals
CVC civic do	enations	PET	petition circul	ating	TEL	t.v, or cable airtime and production costs
CTB contribu	ution (explain nonmonetary)*	OFC	office expens	es	SAL	campaign workers' salaries
CNS campaig	gn consultants	MTG	meetings and	appearances	RFD	returned contributions
CMP campaig	gn paraphemalia/misc.		member com		RAD	the same of the sa
	If one of the following codes accurately describe			그를 되어 보면 있다. 아니라 얼마나 뭐 하게 되었다.		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
ELECTION DIGEST, FPPC #1345303	LIT	SLATE MAILER	455.00

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

SUBTOTAL \$ 455.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G			
Statement covers period from 7/1/2020	CALIFORNIA 460			
through 9/19/2020	Page 25 of 26			
	1.D. NUMBER 1388707			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

LANDSLIDE COMMUNICATIONS

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

CMP campaign paraphemalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

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

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

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 LD. NUMBER)	CODE	CODE OR DESCRIPTION OF PAYMENT				
SAVE PROP 13, FPPC #598040	LIT	SLATE MAILER	1022.60			
TAXIFORNIA TAX FIGHTERS' NEWSLETTER, FPPC #1378949	LIT	SLATE MAILER	1022.60			
WOMAN'S VOICE, FPPC #1293667	LIT	SLATE MAILER	1022.60			
CALIFORNIA PUBLIC SAFETY VOTER GUIDE, FPPC #1298740	LIT	SLATE MAILER	1022.60			

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 4090.40

^{*} 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			SCHEDULE G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 7/1/2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 9/19/2020	Page 26 of 26
NAME OF FILER JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020			1.D. NUMBER 1388707
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
I ANDSTIDE COMMUNICATIONS			

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

CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses PET petition circulating CVC civic donations FIL candidate filing/ballot fees PHO phone banks POL polling and survey research FND fundraising events

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense

PRO professional services (legal, accounting) 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 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)

campaign literature and mailings

LIT

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	CODE OR DESCRIPTION OF PAYMENT				
NATIONAL TAX LIMITATION COMMITTEE EARLY VOTER GUIDE PPC #1306386	LIT	SLATE MAILER	1022.60			

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1022.60

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

^{*} 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.

Recipient Committee Campaign Statement Cover Page		[DE	Date Stamp	CALIFORNIA 460
	Statement covers period from $\frac{1/1/2020}{}$	Date of election if applicable: (Month, Day, Year)	JUL 2 8 2020	Page 1 of 6 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>6/30/2020</u>	11/3/2020	Most	
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose 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 Term Amendment (Explain belo	☐ Sp mination)	arterly Statement ecial Odd-Year Report
3 Linumunee information	.D. NUMBER 1388707	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
JOE PATTERSON FOR ROCKLIN CITY COUNCI	L 2020	K. COLEEN MORRIS, SUT	TER BUTTES BUSINE	SS SERVICES
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	-	741.9	210	CODE AREA CODE/PHONE
		CHY	STATE ZIP	COUP AREA CODE/PHONE
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	C, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	OX .	MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY		
SINIE ZIFO	AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL; FAX / E-MAIL ADDRESS	S	
JOE@JOEPATTERSON.COM				
4. Verification				
I have used all reasonable diligence in preparing and review			erein and in the attached s	chedules is true and complete. I
certify under penalty of perjury under the laws of the State of	f California that the foregoing is tree and	d ornect. \ \		
Executed on 7-27-2026	Ву			
2/2/1/22	-//			
Executed on Date	Signature of Cor	ntrolling Officeholder, Candidate, State Measure Propo	onent or Responsible Officer of Spor	nsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Stat	to Moneyra Proponent	
Executed on	0	organizate of Controlling Officeholder, Candidate, Stat	e weasure Proponent	
Date Date	Ву	Signature of Controlling Officeholder, Candidate, Stat	te Measure Proponent	

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

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COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVE	R PAGE - PART 2
CALIFORM FORM	MA 460
Page 2	_ of <u>6</u>

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Balle	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
JOE PATTERSON							
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	FION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	П	SUPPORT
ROCKLIN CITY COUNCIL							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	ND STREET) CITY STATE ZIP		Identify the controlling offic	eholder, candi	idate, or state me	easure propo	onent, if any.
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR I	PROPONENT		
Related Committees Not Included not included in this statement that are controlled contributions or make expenditures on behavior	d in this Statement: List any committees rolled by you or are primarily formed to receive alf of your candidacy.		OFFICE SOUGHT OR HELD		DI	STRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER		=======================================				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano	didate/Offic) for which this	eholder Comi committee is prin	mittee List marily formed	t names of I.
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
	FATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)						OPPOSE
CITY ST	TATE ZIP CODE AREA CODE/PHONE		Atta	nch continuati	on sheets if nece	essary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{1/1/2020}{6/30/2020}$ CALIFORNIA 460

Page $\frac{3}{6}$ of $\frac{6}{6}$

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SEE INSTRUCTIONS ON REVERSE		through	0/30/2020	Page of		
NAME OF FILER JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020				I.D. NUMBER 1388707		
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{300.00}{0.00}\$ \$\frac{300.00}{0.00}\$ \$\frac{300.00}{300.00}\$	\$\frac{300.00}{2900.00}\$ \$\frac{3200.00}{0.00}\$ \$\frac{3200.00}{3200.00}\$	General Elections 1/1 tf 20. Contributions Received \$ 21. Expenditures Made \$. \$\$		
Expenditures Made 6. Payments Made	\$\frac{193.50}{0.00}\$ \$\frac{193.50}{0.00}\$ \$\frac{0.00}{193.50}\$ \$\$	\$\frac{193.50}{0.00}\$ \$\frac{193.50}{0.00}\$ \$\frac{0.00}{193.50}\$ \$\$ \$\frac{193.50}{0.00}\$		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date		
Current Cash Statement 12. Beginning Cash Balance	\$ 2808.95 300.00 0.00 193.50 2915.45 \$ 0.00 \$ 0.00 \$ 2900.00	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 n reported in Column B.	\$nay be different from amounts		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 2900.00		FPPC Advice: adv	FPPC Form 460 (Jan/2016 ice@fppc.ca.gov (866/275-377		

Schedule A		its may be rounded		SCHEDULE A			
Monetary Contributions Received		to	whole dollars.	Statement covers period from $\frac{1/1/2020}{1}$		california 460	
SEE INSTRUCTI	ONS ON REVERSE			through <u>6/30/202</u>	20	Page	4 of _6
NAME OF FILER JOE PATTE	RSON FOR ROCKLIN CITY COUNCIL 2020						UMBER
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
2/10/2020	TREVOR VASS	☑ IND □ COM □ OTH □ PTY □ SCC	SYSTEMS ENGINEER, SACRAMENTO CO OFFICE OF EDUCATION	100.00	100.00		100.00
2/24/2020	CORY GALASKE	☑ IND □ COM □ OTH □ PTY □ SCC	SALESPERSON, INCOMM	200.00	200.00		200.00
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
~		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL S	\$ 300.00			
1. Amount re (Include al	A Summary ceived this period – itemized monetary contribution Il Schedule A subtotals.)	***************************************	0.0		IND - COM OTH PTY	(other – Other – Politica	ual ient Committee than PTY or SCC) (e.g., business entity)
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	.) TOTAL \$ 300			FPP	C Form 460 (Jan/2016))

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Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.			Statement coverage from $\frac{1/1/2020}{1}$	ers period		NIA 460	
EE INSTRUCTIONS ON REVERSE					through <u>6/30/202</u>	20	Page 5	of <u>6</u>
OE PATTERSON FOR ROCKLIN CITY CO	UNCIL 2020						I.D. NUMBER 1388707	
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	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
JOE PATTERSON I I I I I I I I I I I I I I I I I I	EXECUTIVE DIRECTOR, CA GAMING ASSOCIATION	\$ <u>2900.00</u>	\$_0.00	\$\begin{align*} & \text{PAID} \\ & \text{0.00} \\ & \text{FORGIVEN} \\ & \text{0.00} \end{align*}	\$ 2900.00 12/31/21 DATE DUE	0.00 % RATE	\$ 1500.00 9/16/16 DATE INCURRED	\$ 0.00 PER ELECTION
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID FORGIVEN \$	\$DATE DUE	% RATE	\$ DATE INCURRED	\$PER ELECTION
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$ FORGIVEN	\$DATE DUE	% RATE	\$ DATE INCURRED	\$ PER ELECTION
	S	SUBTOTALS \$	0.00	0.00	\$ 2900.00	\$ 0.00		
Schedule B Summary Loans received this period (Total Column (b) plus unitemized loan				\$ _0.00	0	(Enter (e) on Scheo	Jule E, Line 3)	

(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period......\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (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.

(May be a negative number)

†Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

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

Schedule E Payments Made Amounts mate to whole				Statement covers period from $\frac{1/1/2020}{}$		ORNIA 460
SEE INSTRUCTIONS ON REVERSE				through <u>6/30/2020</u>	Page _	6
NAME OF FILER					I.D. NUN	MBER
JOE PATTERSON FOR ROCKLIN CITY COUNCIL 202	20				13887	07
CODES: If one of the following codes accurately of CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explained by the campaign literature and mailings)	ter the code. Other h senger services I, accounting)	wise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	duction costs nd meals and meals s of the sam	ne candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
SUTTER BUTTES BUSINESS SERVICES		PRO	TREASURY SERV	ICES		123.00
* Payments that are contributions or independent expenditures mu	ust also be summarized on Sche	dule D.		SL	JBTOTAL :	\$ 123.00

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

Schedule E Summary

123.00

Campaign Statement **FORM** Cover Page 1 Page_ Statement covers period Date of election if applicable (Month, Day, Year) For Official Use Only 7/1/2019 from 12/31/2019 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. ☐ Preelection Statement ☑ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Controlled O Recall **Termination Statement** (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1388707 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER K. COLEEN MORRIS, SUTTER BUTTES BUSINESS SERVICES JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE CITY STATE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE VAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS ZIP CODE STATE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS JOE@JOEPATTERSON.COM 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct Executed on Executed on 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

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

www.fppc.ca.gov

COVER PAGE

CALIFORNIA

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controlled Committee NAME OF OFFICEHOLDER OR CANDIDATE		6. Primarily Formed Ballot Measure Committee NAME OF BALLOT MEASURE				
						JOE PATTERSON
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	BALLOT NO, OR LETTER JURISDICTION		SUPPORT OPPOSE	
ROCKLIN CITY COUNCIL		-	_			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP	Identify the controlling offi	iceholder, candida	ate, or state measure pro	ponent, if any.	
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
Andreas in State and						
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	
COMMITTEE NAME	I,D. NUMBER					
		7. Primarily Formed Car	ndidate/Office	holder Committee	ist names of	
NAME OF TREASURER	CONTROLLED COMMITTEE?	officeholder(s) or candidate	(s) for which this c	ommittee is primarily forn	ied.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT DPPOSE	
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HELD		
OMMITTEE NAME (.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HELD		
		NAME OF OFFICEAULDER OF	CANDIDATE	SU SU		
NAME OF TREASURER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	☐ SUPPORT	
					☐ OPPOSE	
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)	_				
CITY	TATE ZIP CODE AREA CODE/PHONE	4		4.4		
	THE CODE THOSE	A	mach continuation	n sheets if necessary		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars. SUMMARY PAGE

Statem from	ent covers period 7/1/2019	CALIFORNIA 460
through	12/31/2019	Page3of8
		I.D. NUMBER 1388707

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020					1388707			
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			
r (reconstruction and reconstruction)	•	3108.00		3108.00	General Elections			
Monetary Contributions	Đ.	(500.00)	D.	2900.00	1/1 through 6/30 7/1 to Date			
3. SUBTOTAL CASH CONTRIBUTIONS	g.	2608.00	\$	3258.00	20. Contributions Received \$\$			
4. Nonmonetary Contributions		0.00		0,00	21. Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVED	\$	2608.00	\$	3258.00	Made \$\$			
Expenditures Made					Expenditure Limit Summary for State			
6, Payments Made Schedule E, Line 4	\$	417.53	\$	525.73	Candidates			
7. Loans Made Schedule H, Line 3	\$.	0.00	6.5	0.00	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
B. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		417.53	\$	525.73	 Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 			
9. Accrued Expenses (Unpaid Bills)		0.00	13	0,00	Date of Election Total to Date			
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE		417.53	\$	525.73	\$			
Current Cash Statement		54:1.55						
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	618.48	To	calculate Column B,				
13. Cash Receipts Column A, Line 3 above		2608.00		amounts in Column	*Amounts in this section may be different from amounts reported in Column B.			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	am	ounts from Column B				
15, Cash Payments Column A, Line 8 above		417.53		our last report. Some ounts in Column A may				
16. ENDING CASH BALANCE	\$	2808.95	2808.95 be negative fi should be sut	negative figures that old be subtracted from vious period amounts, If				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts		0.00	filed	is the first report being for this calendar year, carry over the amounts				
		<u> </u>		n Lines 2, 7, and 9 (if				
18. Cash Equivalents See instructions on reverse	\$							
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	S	2900.00			FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go			

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Staten	nent covers period 7/1/2019	CALIFORNIA 460
through _	12/31/2019	Page 4 of 8
		I.D. NUMBER 1388707

SEE INSTRUCTIONS ON REVERSE NAME OF FILER JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020

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

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 DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2019	HARMEET DHILLON	☑ IND □ COM □ OTH □ PTY □ SCC	ATTORNEY, DHILLON LAW GROUP	100.00	100.00	100.00
9/19/2019	KYLE KIRKLAND	DIND COM OTH PTY SCC	EXECUTIVE, CLUB ONE CASINO	500.00	500.00	
9/19/2019	STEVEN KAUFHOLD	IND COM OTH PTY	ATTORNEY, KAUFHOLD GASKIN LLP	500.00	500.00	500.00
9/20/2019	DARRELL MIERS	IND COM OTH PTY	OWNER, ARISE LLC	100.00	100.00	100.00
9/20/2019	REBEKAH WARREN	IND COM OTH PTY	PUBLIC RELATIONS, ELEVATE PUBLIC AFFAIRS	500.00	500.00	
			SUBTOTAL S	1700.00		
Schedule	A Summary				*Contributor C	odes
	eceived this period – itemized monetary contributions.		5	2750.00	IND — Individu COM — Recipie	ent Committee
	eceived this period – unitemized monetary contribution			358.00		than PTY or SCC) e.g., business entity)
3. Total mon	etary contributions received this period.			2408.00		Contributor Committee

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

3108.00

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	from	ement covers period 7/1/2019	FORM 46			
		through	12/31/2019	Page 5	of8		
NAME OF FILER				I.D. NUMBER			
JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2020				1388707			
	IE ALUMON MOLIA	C PARTED AND	and the same and a	100 200 - 120	, redeadly = 1		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO. 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)
9/23/2019	2019 ELIZABETH HANSELL		CONSULTANT, ELEVATE PUBLIC AFFAIRS	500.00	500.00	500.00
9/24/2019	DAVID FRIED	IND COM OTH PTY	ATTORNEY, DAVID FRIED	100.00	100.00	100.00
9/25/2019	JONATHAN FRIEDBERG	IND COM OTH PTY	EXECUTIVE, OVERLAY GAMING CO	200.00	200.00	200.00
9/26/2019	EDDIE MEDEIROS	IND COM OTH PTY SCC	OWNER, EDDIE MEDEIROS INSURANCE	250.00	250.00	250.00
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL S	1050.00		

*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

Sched	ule	В	-	Par	t 1
Loans	Re	ce	iv	ed	

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

, All			7/1/		CALIFORNIA 460		
				through 12/3	31/2019	Page 6	of 8
						I.D. NUMBER	
COUNCIL 2020						1388707	
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	OR FORGIVEN	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
EXECUTIVE DIRECTOR, CA GAMING ASSOCIATION	s 3400.00	s0.00	\$ 500.00 \$ 500.00 FORGIVEN 0.00	\$ 2900.00 12/31/2021 DATE DUE	0.00 % RATE 0.00	s 1500.00 9/16/2016 DATE INCURRED	\$ 150.00 PER ELECTION**
	\$	\$	PAID FORGIVEN *	\$DATE DUE	RATE \$	SDATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
	\$	\$	PAID FORGIVEN *	\$DATE DUE	RATE	\$DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
	SUBTOTALS \$	0.00	500.00	\$ 2900.00	\$ 0.00		
s of less than \$100.) 00 paid or forgiven.) t are also itemized on Sche	edule A.)			500.00	IN CO	ID – Individual OM – Recipient C (other than TH – Other (e.g., TY – Political Part	ommittee PTY or SCC) business entity)
	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) EXECUTIVE DIRECTOR, CA GAMING ASSOCIATION as of less than \$100.)	COUNCIL 2020 IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) EXECUTIVE DIRECTOR, CA GAMING ASSOCIATION SUBTOTALS SUBTOTALS Subtotals s of less than \$100.)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) EXECUTIVE DIRECTOR, CA GAMING ASSOCIATION \$ 3400.00 \$ 0.00 \$ SUBTOTALS \$	COUNCIL 2020 IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (PSELF-EMPLOYER (MANDO PS BUSINESS)) EXECUTIVE DIRECTOR, CA GAMING ASSOCIATION \$ 3400.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0	To whole dollars. Statement cov from 7/1/1	To whole dollars. Statement covers period from 7/1/2019	To whole dollars. Statement covers period from 7/1/2019 CALIFORN FORM 12/31/2019 Page 6

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

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			through 12/31/	2019	Page	7 of 8	
NAME OF FILER	78371 [73.1] 10 (174.17)					1.D. NUMBI 138870		
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 CALENDA (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
12/3/2019	MIKE MURRAY FOR SUPERVISOR 2020 FPPC 142100	Monetary Contribution Nonmonetary Contribution Independent	CAMPAIGN CONTRIBUTION	100.00		100.00	100.00	
	Support Oppose Support Oppose	Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
		•	SUBTOTA	L \$ 100.00				

Schedule E Payments Made

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE PATTERSON FOR ROCKLIN 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. MBR member communications radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PHO phone banks candidate filing/ballot fees candidate travel, lodging, and meals FIL fundraising events polling and survey research 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 IND POS 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
MIKE MURRAY FOR SUPERVISOR 2020 FPPC 142100	СТВ	CAMPAIGN CONTRIBUTION	100.00
E-FUNDRAISING	OFC	FEES FOR CREDIT CARD DONATIONS	209.53

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 309.53

Schedule E Summary

Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE	Statement covers period 1/1/19 from 6/3019	Date of election if applicable: (Month, Day, Year)	JUL 3 0 2019 . By Me	For Official Use Only		
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:				
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central 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	t Special prmInation)	erly Statement al Odd-Year Report		
3. Committee Information	1.D. NUMBER 1388707	Treasurer(s)				
AMILING APPROAIS OF DISCEPPENTS NO AND OTHERS OF SO, SO,		MAILING ADDRESS TO SELECTION OF ASSISTANT TREASURE MAILING ADDRESS CITY	R, IF ANY STATE ZIP COL	DE AREA CODE/PHONE		
		OPTIONAL: FAX / E-MAIL ADDRES	SS			
4. Verification I have used all reasonable diligence in preparing and revie certify under penalty of perjury under the laws of the State	ewing this statement and to the best of my e of California that the foregoing is true an	y knowledge the information contained	herein and in the attached sche	edules is true and complete,		
Executed on	Ву	Signature of Treasurer or Assistant	Treasurer	-		
Executed onDate	By Signature of Co.	ntrolling Officeholder, Candidate, State Measure Pr	roponent or Responsible Officer of Sponsor			
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	=		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	_		

COVER PAGE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2026

1.D. NUMBER

1388707

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	5	0.00	s	0.00	General Elections				
2. Loans Received		650.00		650.00	1/1 through 6/30 7/1 to Date				
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	650.00	s	650.00	20. Contributions Received \$\$				
4. Nonmonetary Contributions		0.00	*	0.00	21. Expenditures				
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	650.00	\$	650.00	Made \$\$				
Expenditures Made				0.636.1	Expenditure Limit Summary for State				
6. Payments Made Schedule E, Line 4	\$	108.20	\$	108.20	Candidates				
7. Loans Made Schedule H, Line 3		0.00		0.00	The State of the S				
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	108.20	\$	108.20	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)				
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date				
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)				
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10		108.20	\$	108.20					
Current Cash Statement	_		Т		\$				
12. Beginning Cash Balance Previous Summary Page, Line 16	6 \$	76.68	To	calculate Column B.					
13. Cash Receipts Column A, Line 3 above		650.00	ad	d amounts in Column					
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	an	the corresponding ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.				
15. Cash Payments		108.20		your last report. Some nounts in Column A may	reported in Column B.				
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	618.48	be	negative figures that					
If this is a termination statement, Line 16 must be zero.			pr	ould be subtracted from evious period amounts. If					
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	s is the first report being ed for this calendar year, ly carry over the amounts					
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and 9 (if y).					
18. Cash Equivalents See instructions on reverse	9			7.7					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	3400.00			FPPC Form 460 (Jan/201				
			1		FPPC Advice: advice@fppc.ca.gov (866/275-377 www.fppc.ca.go				

Schedule B – Part 1 Loans Received		nounts may be ro to whole dollar			Statement cov	ers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER JOE PATTERSON FOR ROCKLIN CITY	COUNCIL 2016				through 6	/3019	Page4 I.D. NUMBER 1388707	of5
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 PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIV CONTRIBUTIO TO DATE
JOE PATTERSON †☑ IND □ COM □ OTH □ PTY □ SCC	EXECUTIVE DIRECTOR, CA GAMING ASSOCIATION	s 2750.00	\$650.00	\$ 0.00 \$ 0.00 \$ FORGIVEN \$ 0.00	\$ 3400.00 12/31/2021 DATE DUE	0.00 % RATE 0.00	\$ 1500.00 9/6/16 DATE INCURRED	\$ 650.0 PER ELECTIO
† IND COM OTH PTY SCC		s	s	PAID FORGIVEN	\$DATE DUE	% RATE	\$DATE INCURRED	S PER ELECTION
				□ PAID				CALENDAR YE

SUBTOTALS \$

Schedule B Summary

☐ COM ☐ OTH ☐ PTY ☐ SCC

TO IND

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

0.00

RATE

DATE DUE

3400.00 \$

FORGIVEN

0.00 \$

650.00\$

1.	Loans received this period	.\$	650.00
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period	.\$	0.00
	(Total Column (c) plus loans under \$100 paid or forgiven.)		
	(Include loans paid by a third party that are also itemized on Schedule A.)		

†Contributor Codes

DATE INCURRED

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PER ELECTION **

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule E Payments Made

Amounts may be rounded to whole dollars.

		SCHEDULE E
Stateme	ent covers period	CALIFORNIA 160
from	1/1/19	FORM 400
through_	6/3019	Page 5 of 5
		I.D. NUMBER
		1388707

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE PATTERSON FOR ROCKLIN CITY COUNCIL 2016

CMP CNS CTB CVC FIL	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 member con MTG meetings ar OFC office exper PET petition circle PHO phone bank POL polling and POS postage, de	mmunications nd appearances nses ulating	er services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and pro returned contribution campaign workers's t.v. or cable airtime a candidate travel, lode staff/spouse travel, lot transfer between cor voter registration	duction costs s alaries and production costs ging, and meals	
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	r	DESCRIPTION	OF PAYMENT		AMOUNT PAID
_								
							2.00000000	1232
" Pay	ments that are contributions or independent expenditures must also be	e summarized on Sch	nedule D.				SUBTOTAL \$	0.00
Sch	edule E Summary							200
1. Ite	emized payments made this period. (Include all Schedu	le E subtotals.)					\$	0.00
2. U	nitemized payments made this period of under \$100						\$	108.20
3. To	otal interest paid this period on loans. (Enter amount fro	m Schedule B, Pa	art 1, Column (e)).)			\$	0.00
4. To	otal payments made this period. (Add Lines 1, 2, and 3.	Enter here and or	n the Summary	Page, Colum	n A, Line	6.)	TOTAL \$	108.20

CALIFORN Campaign Statement FORM Cover Page Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 7/1/18 from 12/31/18 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall O Controlled **Termination Statement** (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1388707 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Joe Patterson for Rocklin City Council 2016 K. Coleen Morris, Sutter Buttes Business Services MAILING ADDRESS STREET ADDRESS (NO PO BOX) AREA CODE/PHONE STATE ZIP CODE CA 95993 NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS CITY ZIP CODE STATE 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 law and correct. 1/22/19 Executed on ... Date 1/22/19 Executed on. Signature of Controlling Officebolder, Candidale, 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

Recipien

ommittee

COVER PAGE

Date Stamp

Officeholder or Candidate Cont	rolled Committee	6. Primarily Formed B	allot Measure Com	mittee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASUR	E		
Joe Patterson					
OFFICE SOUGHT OR HELD (INCLUDE LOCA	TION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Rocklin City Council					OPPOSE
PAINELE LA PAINT		Identify the controlling of	officeholder, candidate,	or state measure prop	onent, if any.
		NAME OF OFFICEHOLDER,	CANDIDATE, OR PROPON	IENT	
Related Committees Not Includ	ed in this Statement: List any committees				
	ntrolled 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 C officeholder(s) or candida	andidate/Officeho	Ider Committee Li	st names of
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ YES ☐ NO	officenoider(s) of candida	ite(s) for which this com	militee is primarily forme	id.
COMMITTEE ADDRESS STREET AD	DRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER	OR CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER	OR CANDIDATE OF	FICE SOUGHT OR HELD	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICE IOLDER	OR CANDIDATE OF	FIGE COLICUT OF LIFE D	E
		NAME OF OFFICEHOLDER	OR CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO	NAME OF OFFICEHOLDER	OR CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET AD	DRESS (NO P.O. BOX)				☐ OPPOSE
	Turner Katalan Land				
CITY	STATE ZIP CODE AREA CODE/PHONE		Attach continuation si	neets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 7/1/18 from 3 12/31/18 Page_ through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joe Patterson for Rocklin City Council 2018 1388707

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	5	0.00	\$	100.00	General Elections		
2. Loans Received	*	0.00	\$	\$ 2750.00 \$ 2850.00 0.00	1/1 through 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS	\$	0.00	\$		20. Contributions Received \$\$		
4. Nonmonetary Contributions	*	0.00			21. Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED	\$	0,00	\$	2850.00	Made \$\$		
Expenditures Made		- 2.55		-3333	Expenditure Limit Summary for State		
6. Payments Made Schedule E, Line 4	\$	260.17		Candidates			
7. Loans Made Schedule H, Line 3		0.00		0.00	44.00 (40.00)		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	260.17	\$	334.67	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date		
10. Nonmonetary AdjustmentSchedule C, Line 3	3	0.00	0.00	0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	260.17	\$	334.67	\$		
Current Cash Statement		35	Т		\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	336.85	To	calculate Column B.			
13. Cash Receipts Column A, Line 3 above		0,00	ac	ld amounts in Column	*Amounts in this section may be different from amounts reported in Column B.		
14. Miscellaneous Increases to Cash Schedule I, Line 4	4	0.00		to the corresponding nounts from Column B			
15. Cash Payments Column A, Line 8 above		260.17		your last report. Some nounts in Column A may	Topolog III oblaini 2.		
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	76.68	be	negative figures that			
If this is a termination statement, Line 16 must be zero.			pr	ould be subtracted from evious period amounts. If			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	is is the first report being ed for this calendar year, ally carry over the amounts			
Cash Equivalents and Outstanding Debts		0.12	fro	om Lines 2, 7, and 9 (if			
18. Cash Equivalents See instructions on reverse	9						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	5	2750.00			FPPC Form 460 (Jan/20: FPPC Advice: advice@fppc.ca.gov (866/275-37: www.fppc.ca.g		

Schedule B -	Part 1
Loans Receiv	ved

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period

			-	from 7/1	1/18	FORM	" 46U
				through 12	/31/18	Page 4	of 5_
954						I.D. NUMBER	
015 16						1388707	
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	CUMULATIVE CONTRIBUTIONS TO DATE
Executive Director, CA Gaming Association	s_2750.00	\$0.00	□ PAID \$ 0.00 □ FORGIVEN \$ 0.00	\$ 2750.00 12/31/19 DATE DUE	0.00 % RATE 0.00	\$ 1500.00 	\$ 0.00 PER ELECTION** \$ 0.00
	s	\$	PAID \$ FORGIVEN	\$DATE DUE	% RATE	\$DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
	\$	\$	PAID \$FORGIVEN \$	\$DATE DUE		\$DATE INCURRED	SPER ELECTION**
	SUBTOTALS \$	0.00	\$ 0.00	\$ 2750.00	\$ 0.00		
			\$	0.00	(Enter (e) on Schedule E, Line 3)		
00 paid or forgiven.) at are also itemized on Scho	edule A.)		.NET \$	0.00	IN CO	ID – Individual OM – Recipient C (other than TH – Other (e.g., TY – Political Part	Committee PTY or SCC) business entity)
	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Executive Director, CA Gaming Association ans of less than \$100.) 100 paid or forgiven.) at are also itemized on Scheme 2 from Line 1.)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Executive Director, CA Gaming Association \$	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Executive Director, CA Gaming Association \$	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Executive Director, CA Gaming Association Executive Director, CA Gaming Association Substituting the self-employed and the self	Through 12 12 13 14 15 15 15 15 15 15 15	Taning T	Through 12/31/18 Page 4

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

** If required.

	X,		
Schedule E			
Payments Ma	de	9	

Amounts may be rounded to whole dollars.

		SCHEDULE E
State	ment covers period	CALIFORNIA 160
from	7/1/18	FORM 400
through	12/31/18	Page 5 of 5
		I.D. NUMBER
		1388707

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Joe Patterson for Rocklin City Council 2015 1P

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

CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FIL FND fundraising events

> NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

independent expenditure supporting/opposing others (explain)* IND

legal defense LEG

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

postage, delivery and messenger services professional services (legal, accounting)

CODE

OR

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

AMOUNT PAID

260.17

VOT voter registration

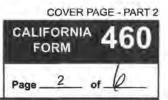
DESCRIPTION OF PAYMENT

WEB information technology costs (internet, e-mail)

Rocklin Area Chamber of Commerce	cvc	civic member	150.00		
* Payments that are contributions or independent expenditures must also be summar	rized on Schedule D.	SUBTOTAL	\$ 150.00		
Schedule E Summary			Taclora .		
1. Itemized payments made this period. (Include all Schedule E sub	totals.)	\$_	150.00		
2. Unitemized payments made this period of under \$100		\$ <u>_</u>	110.17		
8. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)					
맛이 보는 그렇게 하는 이번에 보다면 되어 되어야 되었다. 그런 이번에 되었다면 하나 이번에 되었다면 하는데 되었다.			1000 100		

Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)	GEUVE	For Official Use Only
1. Type of Recipient Committee: All Committees - C ✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ☐ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee O Controlled O Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Ter ☐ Amendment (Explain bel	☐ Sp mination)	arterly Statement ecial Odd-Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Joe Patterson for Rocklin City Council 2016	1388707	Treasurer(s) NAME OF TREASURER K. Coleen Morris, Sutter	Buttes Business Serv	ices
		OPTIONAL: FAX / E-MAIL ADDRESS		CODE AREA CODE/PHONE

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					
Joe Patterson								
OFFICE SOUGHT OR HELD (INCLUDE LOCATI	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION] SUPPORT	
Rocklin City Council						1	OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. ANI	STREET) CITY STATE ZIP.		Identify the controlling offi	ceholder, can	didate, or state	measure prop	onent, if any.	
	11		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT			
	d in this Statement: List any committees		OFFICE SOUGHT OR HELD			DISTRICT NO.	FANV	
contributions or make expenditures on bei			OF FIGE SOSOTI SICILLE			DISTRICT NO.	CONT	
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car	ndidate/Offi	ceholder Co	mmittee Li	st names of	
NAME OF TREASURER			officeholder(s) or candidate	(s) for which th	is committee is	primarily forme	d.	
COMMITTEE ADDRESS STREET ADD	YES NO NO RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
CITY	STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD		
				364334676			SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD		
NAME OF TREASURER	CONTROLLED COMMITTEE?							
	☐ YES ☐ NO					County of the Co	SUPPORT	
						, and , and	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADD	☐ YES ☐ NO							

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 1/1/18 FORM from 6/30/18 3 Page . through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joe Patterson for Roclin City Council 2016 1388707

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	\$	100.00	s	100.00	General Elections			
2. Loans Received		0.00	17	2750.00	1/1 through 6/30 7/1 to Date			
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	S	100.00	s	2850.00	20. Contributions Received \$\$			
4. Nonmonetary Contributions	,	0.00	*	0.00	21. Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	100.00	\$	2850.00	Made \$\$			
Expenditures Made		1. 2.		934	Expenditure Limit Summary for State			
6. Payments Made Schedule E, Line 4	\$	74.50	\$	74.50	Candidates			
7. Loans Made Schedule H, Line 3		0.00		0,00				
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	74.50	\$	74.0	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)			
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date			
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE	\$	74.50	\$	74.50	\$			
Current Cash Statement	-		T		\$			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	311.35	To	calculate Column B,				
13. Cash Receipts		100.00	ad	d amounts in Column				
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		o the corresponding nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.			
15. Cash Payments		74.50		your last report. Some	reported in Column b.			
16. ENDING CASH BALANCE		336,85	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	\$	0.00	file	s is the first report being d for this calendar year, ly carry over the amounts				
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	\$	0.00		m Lines 2, 7, and 9 (if				
19. Outstanding Debts		2750.00			FPPC Form 460 (Jan/201			
			L		FPPC Form 460 (Jan/20) FPPC Advice: advice@fppc.ca.gov (866/275-37) www.fppc.ca.g			

Sche'dule Monetary	e A v Contributions Received		nts may be rounded whole dollars.	Statement co			SCHEDULE
SEE INSTRUCTIONS ON REVERSE				from	1/18	FORM Page 4 of	
NAME OF FILER						I.D. NU 13887	
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
5/7/18	David Fried	☑IND □COM □OTH □PTY □SCC	Attorney, David Fried	100.00	100	0.00	100.00
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY					

Schedule A Summary *Contributor Codes IND - Individual 1. Amount received this period - itemized monetary contributions. 100.00 COM - Recipient Committee (Include all Schedule A subtotals.).....\$ (other than PTY or SCC) 0.00 OTH - Other (e.g., business entity) 2. Amount received this period - unitemized monetary contributions of less than \$100\$ PTY - Political Party SCC - Small Contributor Committee 3. Total monetary contributions received this period. 100.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

SUBTOTAL \$

100.00

SCC IND COM OTH PTY SCC

Schedule	B-Part 1	
Loans Re	ceived	

Amounts may be rounded

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received	to milete delicite.		california 460					
SEE INSTRUCTIONS ON REVERSE					through 6/	30/18	Page 5	of O
NAME OF FILER					an augu		I.D. NUMBER	
Joe Patterson for Roclin City Council 20	16						1388707	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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	(¢) AMOUNT PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Joe Patterson	Executive Director, CA Gaming Association	s_2750.00	s0.00	\$ 0.00	s 2750.00	0.00 % RATE 0.00	\$ 1500.00 9/6/16 DATE INCURRED	\$ 0.00 PER ELECTION** \$ 0.00
[†] □IND □ COM □ OTH □ PTY □ SCC		3	\$	PAID FORGIVEN FORGIVEN	\$		\$DATE INCURRED	\$ PER ELECTION ** \$
[†] □IND □ COM □ OTH □ PTY □ SCC		5	s	□ PAID S □ FORGIVEN S □	\$DATE DUE	% RATE	\$DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
		SUBTOTALS \$	0.00	\$ 0.00	0 \$ 2750.00	\$ 0.00		
Schedule B Summary 1. Loans received this period	ns of less than \$100.) 00 paid or forgiven.) at are also itemized on Scho	edule A.)		\$	0.00	IN CO	TH - Other (e.g., TY - Political Part	ommittee PTY or SCC) business entity)
Enter the net here and on the Summa					May be a negative number)			

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

Schedule Payments	

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from1/1/18	FORM 400
through 6/30/18	Page 6 of
	I.D. NUMBER 1388707

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joe Patterson for Roclin City Council 2016 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 radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research 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 professional services (legal, accounting) 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 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 0.00 Schedule E Summary 0.00 74.50 2. Unitemized payments made this period of under \$100...... 0.00 74.50

COVER PAGE Recipient Committee Date Stamp CALIFORNIA Campaign Statement **FORM** Cover Page Page __1 of 10 JAN 2 3 2018 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only July 1, 2017 from December 31, 2017 11/8/2016 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee ☐ Preelection Statement ☐ Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ Amendment (Explain below) ☐ General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1388707 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) K. Coleen Morris, Sutter Buttes Business Services Joe Patterson for Rocklin City Council 2016 STREET ADDRESS (NO P.O. BOX) MAILING ADDRESS CITY AREA CODE/PHONE CITY ZIP CODE STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Signature of Treasurer or Assistant Treasurer Executed on Signature of Controlling Officeholder, Candidiste, State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Date Executed on By Signature of Controlling Officeholder, Candidate, State Measure Proponent Date

Recipient Committee Campaign Statement Cover Page — Part 2

- 11	COVER PAGE - PART 2
	FORNIA 460
FC	DRM 400
Page_	2 of 6

Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Ball	ot Measure	Committee	9	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Joe Patterson							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
Rocklin City Council						!	_ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling office	ceholder, cand	idate, or state	measure pro	oonent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT		
Related Committees Not Included in this a not included in this statement that are controlled by yo contributions or make expenditures on behalf of your o	u 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 Car officeholder(s) or candidate(ndidate/Offic s) for which thi	ceholder Cos committee is	ommittee L	ist names of ed.
COMMITTEE ADDRESS (NO P.			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	JGHT OR HELD	SUPPOR
CITY STATE Z	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	JGHT OR HELD	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	JGHT OR HELD	SUPPOR
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	UGHT OR HELD	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)						- OFFOSE
CITY STATE Z	IP CODE AREA CODE/PHONE						

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM July 1, 2017 from through __December 31, 2017 Page _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joe Patterson for Rocklin City Council 2016 1388707

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	s	0.00	s	500.00	General Elections
2. Loans Received		0.00		2750.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	s	0.00	s	3250.00	20. Contributions Received \$\$
4. Nonmonetary Contributions	•	200.00		200.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$	200.00	\$	3450.00	Made \$\$
Expenditures Made		The state of		18.40	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	320.75	\$	678.20	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	320.75	\$	678.20	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	\$	320.75	\$	678.20	\$
Current Cash Statement			Г		\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	632.10	To	calculate Column B.	
13, Cash Receipts Column A, Line 3 above		0.00	ad	d amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		o the corresponding nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		320.75		your last report. Some nounts in Column A may	TOPSTON IN COLUMN 2.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	311.35	be	negative figures that ould be subtracted from	
If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED	\$	0.00	thi	evious period amounts. If is is the first report being ad for this calendar year,	
				ly carry over the amounts in Lines 2, 7, and 9 (if	
Cash Equivalents and Outstanding Debts		0.00		у).	
18. Cash Equivalents See instructions on reverse		2750.00			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	2/30.00			FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377

2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Arr	nounts may be ro	unded				SCHE	DULE B - PART
Schedule B – Part 1 Loans Received		to whole dollars		Statement cov from July 1	ers period , 2017	CALIFORNIA /LA		
SEE INSTRUCTIONS ON REVERSE					through Decemi	per 31, 201	Page 4	of 6
NAME OF FILER							I.D. NUMBER	
Joe Patterson for Rocklin City Council 2	016						1388707	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Joe Patterson	Executive Director, CA Gaming Association			PAID S 0.00 FORGIVEN	ş 2750.00	O %	s <u>1500</u>	s 250 PER ELECTION*
TIND □ COM □ OTH □ PTY □ SCC		\$2750	\$0.00	s0.00	12/31/18 DATE DUE	ss	9/6/16 DATE INCURRED	ş
				PAID \$ FORGIVEN	s	RATE %	s	\$ PER ELECTION*
TO IND COM OTH PTY SCC		·\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID S	s	%	\$	CALENDAR YEAR
		\$	\$	☐ FORGIVEN	DATE DUE	\$	DATE INCURRED	PER ELECTION*
IND COM OTH PTY SCC					DATE DUE		DATE INCORRED	
		SUBTOTALS \$	0.00	\$ 0.00	\$ 2750.00			
Schedule B Summary 1. Loans received this period				\$	0,00	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loa 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$1 (Include loans paid by a third party th	ns of less than \$100.) 100 paid or forgiven.) at are also itemized on Sche	edule A.)			0.00	O. B.	Contributor Codes D – Individual DM – Recipient C (other than TH – Other (e.g., TY – Political Part CC – Small Contri	ommittee PTY or SCC) 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)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

(May be a negative number)

	Schedule C Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.		S	tatement covers p		CALIFO	
	TIONS ON REVERSE				thro	ugh December	31, 201	Page	5 of 6
Joe Patte	R erson for Rocklin City Council 2016							1.D. NUMB	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/17	Region Builders PAC FPPC: 1363621	□IND □COM □OTH □PTY □SCC		Annual Dinne	r	200.00	110	200.00	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	200.00			

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$	200.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)TOTAL \$	200.00

*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

2001.02			SCHEDULE I			
Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from July 1, 2017	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through December 31, 201	Page 6	of 6
NAME OF FILER					I.D. NUMBE	R
Joe Patterson for Rocklin City Council 2016					1388707	
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 communion meetings and apper office expenses PET petition circulating PHO phone banks POL polling and survey postage, delivery a professional service PRT print ads	researce and mes	h senger services	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of TRS staff/spouse travel, lodging, and TSF transfer between committees voter registration WEB information technology costs	uction costs d meals and meals of the same o	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	co	DDE (OR DESC	RIPTION OF PAYMENT		AMOUNT PAID
Rocklin Area Chamber of Commerce		cvc	Civic membership			150.00
* Payments that are contributions or independent expenditures must also	be summarized on Schedule	D.		SU	BTOTAL \$	150.00
Schedule E Summary						150.00
1. Itemized payments made this period. (Include all Schedu	lle E subtotals.)				\$	170.75
2. Unitemized payments made this period of under \$100	ainanimininininininima				\$	
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B Part 1	Colum	n (e))		\$	0.00

320.75

NAMES OF A STREET				COVER PAGE
Recipient Committee Campaign Statement Cover Page		10	Date Stamp	FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from January 1, 2017 through June 30, 2017	Date of election if applicable: (Month, Day, Year)	JUL 2 5 2017	For Official Use Only
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Term ☐ Amendment (Explain below	Special C	Statement Odd-Year Report
	D. NUMBER 1388707	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1300707	NAME OF TREASURER		
Joe Patterson for Rocklin City Council 2016		K. Coleen Morris		
ode i atterativitor Nockiiri Oity Couriei 2010		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)				
ā l		CHARLET / ISSISTERS TITLE (COLLETE, II	(Als)	
N THE THE PROPERTY OF THE CONT. O. DOX		MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
optional: fax/e-mail address joe@joepatterson.com	-	OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of	ing this statement and to the best of my	knowledge the information contained he	erein and in the attached schedu	les is true and complete. I
7/12/17				
Executed onQate	Ву	Stimmure of Treesurer or Assistant Tre	asurer	-
Executed on Date	By Signature of Con	rolling Officeholder Carididate, Staff Measure Propor	nent or Responsible Officer of Sponsor	- 1
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State	e Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State	e Measure Proponent	Second manager

Recipient Committee Campaign Statement Cover Page — Part 2

CALI	FORN DRM	IIA Z	160
Page_	2	_ of _	6

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ball				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Joe Patterson							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			BALLOT NO. OR LETTER JURISDICTION		ON		
Rocklin City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO	D. AND STREET) CITY STATE ZIP		Identify the controlling offic	ceholder, cand	idate, or state	e measure propo	onent, if any.
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PI	ROPONENT		
	uded in this Statement: List any committees controlled by you or are primarily formed to receive n behalf of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
COMMITTEE NAME NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	ndidate/Offic s) for which thi	ceholder C	ommittee Lis	at names of
NAME OF TREASURER			Primarily Formed Can officeholder(s) or candidate(s	s) for which thi	s committee is	ommittee Lis s primarily formed UGHT OR HELD	SUPPORT
NAME OF TREASURER COMMITTEE ADDRESS STREET	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX)		officeholder(s) or candidate(s	s) for which thi	s committee is	s primarily formed	st names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s	s) for which thi	OFFICE SO	s primarily formed	SUPPORT
NAME OF TREASURER COMMITTEE ADDRESS STREET	CONTROLLED COMMITTEE? YES NO ADDRESS (NO P.O. BOX)		officeholder(s) or candidate(s	s) for which thi CANDIDATE CANDIDATE	OFFICE SO	s primarily formed	SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM January 1, 2017 from June 30, 2017 Page _ through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joe Patterson for Rocklin City Council 2016 1388707

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	S	500.00	s	500.00	General Elections		
2. Loans Received Schedule B. Line 3		250.00		2750.00	1/1 through 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS	\$	750.00	S	3250.00	20. Contributions Received \$ \$		
4. Nonmonetary Contributions		0.00	*	0.00	21 Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED	\$	750.00	\$	3250.00	Made \$\$		
Expenditures Made				DIA.	Expenditure Limit Summary for State		
6. Payments Made Schedule E, Line 4	\$	357.45	\$	357.45	Candidates		
7. Loans Made Schedule H, Line 3		0.00		0.00			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	357.45	\$	357.45	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date		
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE	5	357.45	S	357.45	\$		
Current Cash Statement		7.00.00	Т		\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	239.55	To	calculate Column B.			
13. Cash Receipts Column A, Line 3 above		750.00	100	d amounts in Column o the corresponding	*Amounts in this section may be different from amounts reported in Column B.		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	am	nounts from Column B			
15. Cash Payments Column A, Line 8 above		357.45		your last report. Some nounts in Column A may			
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$	632.10	be sh	negative figures that ould be subtracted from evious period amounts. If			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	\$ 0.00		s is the first report being d for this calendar year, ly carry over the amounts			
Cash Equivalents and Outstanding Debts	ī	22.22		m Lines 2, 7, and 9 (if			
18. Cash Equivalents See instructions on reverse	\$		1				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	2750.00			FPPC Form 460 (Jan/20: FPPC Advice: advice@fppc.ca.gov (866/275-37: www.fppc.ca.g		

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period January 1, 2017	CALIFORNIA 460
through June 30, 2017	Page4of6
	I.D. NUMBER

NAME OF FILER

Joe Patterson for Rocklin City Council 2016

SEE INSTRUCTIONS ON REVERSE

AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS CALENDAR YEAR TO DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) ☐ IND Sacramento Builders Exchange PAC COM 500.00 500.00 5/25/17 500.00 ID 1355140 □ OTH □ PTY SCC # ☐ IND COM □ OTH ☐ PTY SCC DIND Сом □ OTH PTY SCC ☐ IND ПСОМ □ OTH PTY SCC ☐ IND ПСОМ □ OTH □ PTY SCC

SUBTOTAL \$

Schedule A Summary

*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

	4.0	nounts may be ro	unded				SCHE	DULE B - PART
Schedule B – Part 1 Loans Received	A.	to whole dollar			Statement cov from January	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through June	30, 2017	Page 5 of 6	
NAME OF FILER							I.D. NUMBER	
Joe Patterson for Rocklin City Council 20	016						1388707	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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 PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Joe Patterson	Executive Director, CA Gaming Association			PAID \$ 0.00 FORGIVEN	\$ 2750.00	O %	ş <u>1500</u>	\$ 250.00 PER ELECTION
TIND □ COM □ OTH □ PTY □ SCC		\$ 2500.00	\$_250.00	\$ 0.00	12/31/18 DATE DUE	s0,00	9/6/16 DATE INCURRED	\$ 7250.00
			1-1	PAID \$	\$		s	CALENDAR YEAR
† IND COM OTH PTY SCC		s	s	FORGIVEN \$	DATE DUE	\$	DATE INCURRED	PER ELECTION
				□ PAID	s		5	CALENDAR YEAR
[†] □IND □ COM □ OTH □ PTY □ SCC		8	\$	FORGIVEN \$	DATE DUE	RATE S	DATE INCURRED	PER ELECTION
		SUBTOTALS	\$ 250.00	\$ 0.00	\$ 2750.00	\$ 0.00		
Schedule B Summary 1. Loans received this period	ns of less than \$100.)			\$	250.00	(Enter (e) on Schedule E, Line 3)		
Loans paid or forgiven this period (Total Column (c) plus loans under \$1)				\$	0.00	IN	Contributor Codes ID – Individual OM – Recipient Co	

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

PTY - Political Party

(May be a negative number)

(other than PTY or SCC)

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

SCC - Small Contributor Committee

Schedule E Payments Made	nts Made to whole dollars.		CALIFORNIA 460 FORM Page 6 of 6
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through durie 55, 2017	I.D. NUMBER
Joe Patterson for Rocklin City Council 2016			1388707
CODES: If one of the following codes accurately described and compared to the following codes accurately described and consultants. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey resear POS postage, delivery and me PRO professional services (leg	RAD radio airtime and product returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and pTRC candidate travel, lodging staff/spouse travel, lodging ssenger services TSF transfer between committees.	es production costs , and meals ng, and meals tees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Placer County Republican Party (ID 743461)	СТВ	Contribution to county party.	100.00
Sutter Buttes Business Services	PRO	accounting services	185.45
* Payments that are contributions or independent expenditures must als	so be summarized on Schedule D.		SUBTOTAL \$ 285.48

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 285.45
2. Unitemized payments made this period of under \$100... \$ 72.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).). \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$

Schedule E Summary

CALIFORNIA Campaign Statement FORM Cover Page Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 10/23/2016 from 12/31/2016 11/8/16 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 Committee O State Candidate Election Committee Semi-annual Statement Special Odd-Year Report O Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee Small Contributor Committee (Also Complete Pert 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1388707 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Joe Patterson for Rocklin City Council 2016 K. Coleen Morris, Sutter Buttes Business Services MAILING ADDRESS CITY ZIP CODE AREA CODE/PHON MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CI CITY ZIP CODE AREA CODE/PHONE 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 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

CALIFORNIA 460
FORM 2 of /3

	olled Committee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Joe Patterson							
OFFICE SOUGHT OR HELD (INCLUDE LOCATI	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Rocklin City Council RESIDENTIAL/BUSINESS ADDRESS (NO. ANI	D STREET) CITY STATE ZIP			1			
RESIDEN HAL/BUSINESS ADDRESS (NO. AN	Jarreet) City State 21		Identify the controlling office	eholder, cand	idate, or state me	easure propo	nent, if any.
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PI	ROPONENT		
Polated Committees Not Include	ed in this Statement: List any committees						
	trolled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		D	ISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
		7.	Primarily Formed Can	didate/Offi	ceholder Com	mittae Lie	t names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	**	officeholder(s) or candidate(s) for which thi	s committee is pri	marily formed	l mannes or
						many remove	
and the state of t	☐ YES ☐ NO		NAME OF OFFICE HOLDER OF	CAMDIDATE	Torrior rough	200 March	
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	200 March	SUPPORT OPPOSE
			NAME OF OFFICEHOLDER OR		OFFICE SOUGH	IT OR HELD	SUPPORT DPPOSE
CITY	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
CITY	RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE			CANDIDATE		HT OR HELD	SUPPORT DPPOSE
CITY S	RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME NAME OF TREASURER	RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT 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

Statem	10/23/2016	CALIFORNIA 460
through	12/31/2016	Page 3 of 13
		I.D. NUMBER 1388707

Joe Patterson for Rocklin City Council 2016						1388707			
Contributions Received		Column A TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Running in Both th	mary for Candidates e State Primary and			
1. Monetary Contributions Schedule A, Line 3	9	7354.00		29642.00	General Elections				
2. Loans Received	4	-1500,00	Ψ	2500.00	1/1 th	rough 6/30 7/1 to Date			
3. SUBTOTAL CASH CONTRIBUTIONS	S	5854.00		32142.00	20. Contributions Received \$	è			
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures				
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	5854.00	\$	32142.00	Made \$	s			
Expenditures Made					Expenditure Limit 5	Summary for State			
6. Payments Made Schedule E, Line 4	\$	8968.12	\$	32499.25	Candidates	territ, A.			
7. Loans Made Schedule H, Line 3		0.00		0,00	22 Cumulati	o Eveneditues Madet			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	8968.12	\$	32499,25	(If Subject to	ve Expenditures Made* Voluntary Expenditura Limit)			
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election	Total to Date			
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)				
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$.	8968.12	\$	32499,25		\$			
Current Cash Statement			T			\$			
12. Beginning Cash Balance Previous Summery Page, Line 16	\$	2756.87	To	calculate Column B,					
13. Cash Receipts Column A, Line 3 above		5854.00	ad	d amounts in Column	A second second				
14. Miscellaneous Increases to Cash Schedule I, Line 4		596.80		o the corresponding nounts from Column B	*Amounts in this section r reported in Column B	nay be different from amounts			
15. Cash Payments Column A. Line 8 above		8968.12	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	\$	239.55	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	s	0.00	file	s is the first report being d for this calendar year, ly carry over the amounts					
Cash Equivalents and Outstanding Debts		المتحواف		m Lines 2, 7, and 9 (if					
18. Cash Equivalents See instructions on reverse	\$	0,00	-						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	2500.00			FPPC Advice: adv	FPPC Form 460 (Jan/2016) ice@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	CALIFORNIA 460
from10/23/2016	FORM 400
through12/31/2016	Page 4 of 13
	I.D. NUMBER 1388707

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Joe Patterson for Rocklin City Council 2016

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)
10/24/16	Virginia Patterson	IND COM OTH PTY	retired	200.00	200.00	200.00
10/24/16	Chad Vert	☑IND □COM □OTH □PTY □SCC	Firefighter, Rocklin Fire Dept.	100.00	100.00	100.00
10/25/16	Niece Real Estate, Inc 8 F	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	500,00
10/25/16	Cory Galaske	IND COM OTH PTY	Salesperson, Incomm	100,00	100.00	100.00
10/25/16	Elizabeth Jenson	IND COM OTH PTY	housewife, n/a	100.00	100.00	100.00
			SUBTOTAL \$	1000.00		1 1 1000

Schedule A Summary

- 1. Amount received this period itemized monetary contributions. 7000.00 (Include all Schedule A subtotals.)\$ 354.00 2. Amount received this period - unitemized monetary contributions of less than \$100\$
- 3. Total monetary contributions received this period. 7354.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

*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)

Amounts may be rounded to whole dollars. SCHEDULE A (CONT.)

1	State	ment covers period	CALIFORNIA AGO
	from	10/23/2016	FORM 400
	through_	12/31/2016	_ Page _ 5 _ of _/3_
			I.D. NUMBER

Joe Patterson for Rocklin City Council 2016

NAME OF FILER

25.7						
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)
10/25/16	Natasha Scott	IND COM OTH PTY	Recruiter, ITC Service Group	100.00	100.00	100.00
10/26/16	Jackie Kish	DIND COM OTH PTY SCC	Mgr, RC Boden Insirance	100.00	100.00	100.00
10/26/16	Terence McHale	DIND COM OTH PTY SCC	Advocate, Aaron Read & Assoc	250.00	250.00	250.00
11/1/16	Mike Leblanc	DIND COM OTH PTY SCC	Business Owner, LE Gaming, Inc.	500.00	500.00	500.00
11/2/16	Brenda Quintana	IND COM OTH PTY	self-employed, n/a	250.00	250.00	250.00
			SUBTOTAL S	1200.00	7 - 7 - 4	

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA AGO
from	10/23/2016	FORM 400
through _	12/31/2016	Page 6 of /3
		J.D. NUMBER

NAME OF FILER

Joe Patterson for Rocklin City Council 2016

1388707

oc r ditero	off for Rockill City Council 2010				138870	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/2/16	Trevor Hammond	IND COM OTH PTY	Communications, Planet	100.00	100.00	100.00
11/2/16	Delette Olberg	DIND COM OTH PTY	VP, Tenaska	100.00	100,00	100.00
11/2/16	Matthew David			500.00	500.00	500.00
11/2/16	David Ketchell	DIND COM OTH PTY	Marketing Director, Oak Productions	250.00	250.00	250.00
11/2/16	Benjamin Tragish	IND COM OTH PTY	Attorney, Foley Mansfield	100.00	100.00	100.00
			SUBTOTAL S	1050.00	The Fundament	1 (6) (6) (8)

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party SCC - Small Contributor Committee

Amounts may be rounded to whole dollars. SCHEDULE A (CONT.)

State	ment covers period	CALIFORNIA AGO
from	10/23/2016	FORM 400
through_	12/31/2016	Page 7 of 13
		I.D. NUMBER

NAME OF FILER

Joe Patterson for Rocklin City Council 2016

1388707

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/3/16	Ankur Jain	☑IND □COM □OTH □PTY □SCC	VP Production, Tinder	100.00	100.00	100.00
11/3/16	Arnold Schwarznegger	☑IND □COM □OTH □PTY □SCC	Actor, Oak Productions, Inc.	1000.00	1000.00	1000.00
11/3/16	Steven Kaufhold	IND COM OTH PTY	Owner, Kaufhold Gaskin LLP	250.00	250.00	250.00
11/4/16	Cathleen Stugard	DIND COM	Chief of Staff, UCSF	100.00	100.00	100.00
11/8/16	King's Casino Mgmt Corp	□IND □COM ☑OTH □PTY □SCC		1000,00	1000.00	1000.00
			SUBTOTAL S	2450.00		the state of the state of

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA **FORM**

10/23/2016 12/31/2016

Statement covers period

through

I.D. NUMBER

NAME OF FILER

Joe Patterson for Rocklin City Council 2016

1388707 IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE AMOUNT PER ELECTION CONTRIBUTOR DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) □ IND Laborers Local 185 PAC, ID #870122 COM 500.00 11/22/16 500.00 500.00 □ OTH □ PTY □ scc The Frank Ford Company, Inc. TIND 150.00 ☐ COM 11/28/16 150.00 150.00 PIOTH PTY SCC IND Martin Garrick Investor, self ПСОМ 150,00 12/1/16 150.00 150.00 □ OTH PTY □ scc □ IND Assoc. Builder & Contractors Northern CA PAC 500.00 ☑ COM ID#001212 500.00 500.00 12/19/16 □отн PTY SCC DIND ПСОМ □ OTH ☐ PTY SCC SUBTOTAL \$ 1300.00

*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

	Arr	nounts may be ro	unded				SCHE	DULE B - PART
Schedule B – Part 1 Loans Received	-	to whole dollars			Statement coverage from 10/23	ers period 5/2016	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2016	Page 9	of 13
NAME OF FILER Joe Patterson for Rocklin City Council 20	016						1.D. NUMBER 1388707	
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	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Joe Patterson	Executive Director, CA Gaming Association	s_4000.00	s_3000,00	\$ 4500.00 FORGIVEN \$ 0.00	\$ 2500.00 12/31/17 DATE DUE	0 % RATE	\$ 1500.00 _9/16/16 DATE INCURRED	\$ 7000,00 PER ELECTION \$ 7000,00
T□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID S——— FORGIVEN \$———	\$DATE DUE	RATE %	\$DATE INCURRED	SPER ELECTION
TO IND COM OTH PTY SCC		S	\$	PAID S——— FORGIVEN S———	SDATE DUE	RATE %	SDATE INCURRED	SSSSSSSSSS
		SUBTOTALS \$	3000.00	\$ 4500,00	\$ 2500.00	\$ 0.00	1 7 4	. 18.7

Schedule B Summary

Schedule E, Line 3)

1.	(Total Column (b) plus unitemized loans of less than \$100.)	3000.00
2.	Loans paid or forgiven this period\$	4500.00

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

-1500.00

(May be a negative number)

†Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be rounded to whole dollars.		Statement covers period 10/23/2016 through 12/31/2016	CALIFORNIA 460 FORM Page 10 of 13
Joe Patterson for Rocklin City Council 2016				1388707
CODES: 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	es the payment, you may e MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey resear POS postage, delivery and m PRO professional services (le PRT print ads	s ces arch essenger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	duction costs nd meals and meals as of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Automate Mailing	POS	Mail house posta	age and service	4183.47
IPS Printing	LIT	campaign literati	ıre	1557.00
Facebook :5	WEB	Social Media		1210,85
* Payments that are contributions or independent expenditures must also l	be summarized on Schedule D.		sı	JBTOTAL \$ 6951.32
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedu	ile E subtotals.)			
2. Unitemized payments made this period of under \$100				
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B. Part 1. Colu	nn (e).)		\$ 0.00

8968.12

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars. Statement covers period from 10/23/2016 FORM 460

through 12/31/2016 Page 11 of /3

I.D. NUMBER 1388707

SEE INSTRUCTIONS ON REVERSE

Joe Patterson for Rocklin City Council 2016

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 returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating CVC civic donations PET TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
VoterLink	POL	Voter data files	265.14
Gold Country Media	PRT	Newspaper Ad	195.00
Sutter Buttes Business Services	PRO	accounting services	380.45
Signworx	CMP	Yard Signs	362,71
Zamo Creative	CMP	Graphic Design	200.00
* Payments that are contributions or independent expenditures must also be sumr	narized on Schedule D.	St	JBTOTAL \$ 1403.30

SCHEDULE E	(CONT)
SCHEDULE	LUCINI.

Schedule E	
(Continuati	ion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA FORM 10/23/2016 from 12/31/2016 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joe Patterson for Rocklin City Council 2016 1388707

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs PHO phone banks TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees POL polling and survey research FND fundraising events TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) VOT voter registration legal defense LEG WEB information technology costs (internet, e-mail) LIT 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) food for reception Vanessa Orcutt FND 150.00 E-Fundraising fees for electronic deposit services PRO

317.78

SUBTOTAL \$

467.78

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

Schedule I Miscellaneous Increases to Cash see instructions on reverse		Amounts may be rounded to whole dollars.	Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA 460 FORM 13 of /3
NAME OF FILER	NS ON REVERSE			I.D. NUMBER
Joe Patterso	on for Rocklin City Council 2016			1388707
DATE RECEIVED	FULL NAME AND ADDRESS OF SO (IF COMMITTEE, ALSO ENTER I.D. NUME	OURCE SER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
11/3/16	Dialing Services	refund of dep	posit for auto-dialer	100.00
11/8/16	Conservative Voter Guide Slate Mail FPPC 1336975	refund for sla	ate mailer	496,80
Attach add	 itional information on appropriately labeled continuation	n sheets.	SUBTOTAL	-\$ 596.80
	I Summary		e 596.8	0
	ncreases to cash this periodd increases to cash of under \$100 this period		Ψ	-
	interest received this period on loans made to oth			_
4. Total misc	ellaneous increases to cash this period. (Add Line	맛 보면 모으면 된 그리다는 이번 모양으로 생각하는 것이 없었다면 바다를 하는데 하는데 하는데 하는데 하는데 모든데 되었다면 하는데 하는데 되었다면 하는데 되었다면 되었다면 하는데 되었다면 되었다면 되었다면 하는데 되었다면 되었다면 하는데 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 하는데 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면	TOTAL \$ 596.8	

Recipient Committee Campaign Statement Cover Page		Date Stan	FORM 460
	Statement covers period 9/25/16 10/22/16	Date of election if applicable: (Month, Day, Year) By 11/8/16	Page of For Official Use Only
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 ○ State Candidate Election Committee ○ Recall (Also Complete Pan 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 Termination) ☐ Amendment (Explain below) 	☐ Quarterly Statement ☐ Special Odd-Year Report
O Sponsored O Small Contributor Committee O Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)		
3. Committee Information	I.D. NUMBER 1388707	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	
Joe Patterson for Rocklin City Council 2016		K. Coleen Morris MAILING ADDRESS	
		WAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)			
		NAME OF ASSISTANT TREASURER, IF ANY	
		MAILING ADDRESS	
		CITY STAT	E ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS joe@joepatterson.com		OPTIONAL: FAX / E-MAIL ADDRESS	
4. Verification			
I have used all reasonable diligence in preparing and revie certify under penalty of perjury under the laws of the State	wing this statement and to the best of my of California that the fore soing is true an	knowledge the information contained herein and in the a	attached schedules is true and complete. I
Executed on	Ву	Signature of Treasurer or Assistant Treasurer	
Executed on	By	folling Officeholder, Candidate, State Measure Proponent or Responsible C	officer of Sponsor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	-
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

- 4	COVE	R PAGE - PART 2
CALIF		A 460
FC	DRM	-100
Page _	2	of

Officeholder or Candidate Contr	rolled Committee	6,	Primarily Formed Ball	lot Measure	Committee	е	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Joe Patterson							
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICT	ION		SUPPORT
Rocklin City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY STATE ZIP		Identify the controlling offi	ceholder, cano	lidate, or state	e measure pro	ponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
	ed in this Statement; List any committees strolled by you or are primarily formed to receive shalf of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO	IFANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car	ndidate/Offi	ceholder C	ommittee L	ist names of
	☐ YES ☐ NO		E Carried District				
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADD							OPPOSE
	STATE ZIP CODE AREA CODE/PHONE		-				

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	Statem	ent covers period 9/25/16	FORM 460		
	through	10/22/16	Page 3 of		
Ī		-	I.D. NUMBER		
			1388707		

Joe Patterson for Rocklin City Council 2016					1388707		
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	s	10004.00	\$	22288.00	General Elections		
2. Loans Received, Schedule B, Line 3		2500.00		4000.00	1/1 through 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS	s	12504.00	S	26288.00	20. Contributions Received \$\$		
4. Nonmonetary Contributions		0.00	*	0.00	21. Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED	\$	12504.00	\$	26288.00	Made \$ \$		
Expenditures Made		20,000		- C-20 AV	Expenditure Limit Summary for State		
6. Payments Made, Schedule E, Line 4	\$		\$	23531.13	Candidates		
7. Loans Made Schedule H, Line 3		0.00		0.00			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	10763.89	\$	23531.13	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 Adjustment		0.00		0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE	\$	10763.89	\$	23531.13	/\$		
Current Cash Statement			Г		\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	1016.76	To	calculate Column B,			
13. Cash Receipts Column A, Line 3 above		12504.00	100	d amounts in Column to the corresponding	*Amounts in this section may be different from amounts reported in Column B.		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	an	nounts from Column B			
15. Cash Payments		10763.89		your last report. Some nounts in Column A may			
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$	2756.87	be sh	negative figures that ould be subtracted from evious period amounts. If			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	thi:	s is the first report being ed for this calendar year,			
Cash Equivalents and Outstanding Debts				ly carry over the amounts m Lines 2, 7, and 9 (if v).			
18. Cash Equivalents See Instructions on reverse	\$						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	4000,00			FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3777 www.fppc.ca.go		

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A

Statem from	ent covers period 9/25/16	CALIFORNIA 460
through	10/22/16	Page of
		1.D. NUMBER 1388707

Joe Patterson for Rocklin City Council 2016 AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) OF BUSINESS) DIND California Real Estate PAC - Ca Association of COM 1000.00 Realtors, ID #890106 1000.00 1000.00 9/29/16 □ OTH PTY SCC DIND Nick Kosinski Director, ResCap ПСОМ 140.00 100.00 140.00 9/29/16 Liquidating Trust □ OTH PTY □ scc 2 IND Jerry Long Investor, self-employed □сом 250.00 250.00 250.00 9/29/16 □отн □ PTY □ scc DIND Lincoln Club of Northern CA COM 1000.00 ID# 820082 1000.00 1000.00 10/3/16 □ OTH ☐ PTY SCC IND Eddie Mederios Insurance Agency, Inc. Псом 100.00 100.00 100.00 10/3/16 POTH PTY □ scc

	SUBTOTAL \$	2450.00	The state of the s	
Schedule A Summary			Caratabutas Radas	=

Schedule A Summary

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

*Contributor Codes

IND - Individual

IIAD - IIIGIAIGUS

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statem	ent covers period	CALIFORNIA AGO		
from	9/25/16	FORM 400		
through	10/22/16	_ Page5 of		
		I.D. NUMBER		
		1399707		

Joe Patters	on for Rocklin City Council 2016				138870	7
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/16 Daniel King		DIND COM OTH PTY SCC	Attorney, self-employed	500.00	500.00	500.00
10/3/16	Brandon Martin	DIND COM OTH PTY SCC	Orthodonist, Alexander & Martin Orthodontics	100.00	100.00	100.00
Hillary McKercher 7 F Hillary McKercher 7 F SCC	Hillary McKercher 7 F		Director, Bare Minerals	100.00	100.00	100.00
10/3/16	Kellie Ockrassa	DIND COM OTH PTY SCC	Claims Service Leader, Allstate Insurance	100.00	100.00	100.00
10/3/16	Kristen Schnoebelen	IND COM	Sales, Hewlett Packard	250.00	250.00	250.00
			SUBTOTAL S	1050.00		

*Contributor Codes

IND - Individual

NAME OF FILER

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(other than PTY or SCC)

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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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statem	ent covers period	CALIFORNIA AGO
from	9/25/16	FORM 400
through10/22/16		_ Page6 of
		I.D. NUMBER
		1388707

Joe Patterson for Rocklin City Council 2016

NAME OF FILER

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)
10/3/16	Arthur VanLoon	☑IND □COM □OTH □PTY □SCC	Gen. Mgr., Stones Gambling Hall	250.00	250.00	250,00
10/3/16	Sarah Williams	IND COM OTH PTY	Communicator, self-employed	200.00	200.00	200,00
10/4/16	Kyle Keyser	IND COM OTH PTY	Program Mgr, Rapiscan Systems	100.00	100.00	100.00
10/4/16	Placer Educational PAC	□ IND □ COM □ OTH □ PTY □ SCC		100.00	100.00	100.00
10/5/16	Martin Garrick	DIND COM OTH PTY SCC	Real Estate Investor, self-employed	200.00	200.00	200.00
			SUBTOTAL	250,00		

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SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)

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

SCHEDULE A (CONT.)

	Contributions Received			Statement covers period			RNIA	460
				from	9/25/16	FOR	RM 7 of	700
AME OF FILER	son for Rocklin City Council 2016			unougn		1.D, NUMB		
DATE	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUN	T CUMULATIVE	E TO DATE	PERE	LECTION

ovo i amoro	of for Rockill Oily Sourier 2010				130070	
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)
10/6/16	Conyers Davis	IND COM OTH PTY	Consultant, USC Schwarznegger Institute	100.00	100.00	100.00
10/6/16	Roger Royse	DIND COM OTH PTY SCC	Attorney, Royse Law Firm	500,00	500.00	500.00
10/8/16	Mary Carlson	IND COM OTH PTY	retired	150.00	150.00	150.00
10/8/16	Peter Peterson	IND COM OTH PTY	Academic Admin, Pepperdine U niversity	150.00	150.00	150.00
10/8/16	Sacramento Valley Lincoln Club ID# 1238552	□IND □COM □OTH □PTY □SCC		250.00	250.00	250,00
			SUBTOTAL \$	1150.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party SCC - Small Contributor Committee

Amounts may be rounded

SCHEDULE A (CONT.)

	randults may be rounded		OCHEDOLE II (OCHEN)
Ionetary Contributions Received	to whole dollars.	Statement covers period from 9/25/16	CALIFORNIA 460
		through10/22/16	_ Page8of
AME OF FILER			I.D. NUMBER
Joe Patterson for Rocklin City Council 2016			1388707
A STATE OF THE STA			

	or to reduit only obtained 2010				100070	
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/16	Amanda Blackwood	IND COM OTH PTY	VP of Operations, Kings Casino Mgmt Corp	100.00	100.00	100,00
10/11/16	Cynthia Bryant	IND COM OTH PTY	Executive Director, Ca Republican Party	100.00	100.00	100.00
10/11/16	Peter Constant	DIND COM OTH PTY	Executive Director, RSI	250.00	250.00	250,00
10/11/16	Julie Griffiths	DIND COM OTH PTY	CEO, GOCO Consulting	200.00	200.00	200,00
10/11/16	Brandon Kline	IND COM OTH PTY SCC	Energy Law Fellow, Lewis & Clark College	100.00	100.00	100.00
			SUBTOTAL \$	750.00	1. 1. 1. X 1. X 1. X 1. X 1. X 1. X 1.	W

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party SCC - Small Contributor Committee

Amounts may be rounded		e rounded	SC					
Monetary Contributions Received		to whole d	ollars.	Statement cov	rers period 5/16	CALIF FO	ORNIA Z	160
				through10	/22/16	Page	9 of_	
NAME OF FILER						I.D. NUN	BER	
Joe Patters	son for Rocklin City Council 2016					138870	17	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS	CUMULATIVE CALENDAR	RYEAR	PER ELE	NTE

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)
10/11/16	Paul Parmlev	IND COM OTH PTY	Social Media, Accenture	250.00	250.00	250.00
10/14/16	Kelly Davenport	DIND COM OTH PTY SCC	Retired	100,00	100.00	100.00
10/14/16	Henshaw Insurance Agency	□IND □COM ☑OTH □PTY □SCC		200.00	200.00	200.00
10/14/16	Maria Larsen 1 F	DIND COM OTH PTY SCC	Anormey, Sutter County	100.00	100.00	100.00
10/14/16	Tara Lusk	IND COM OTH PTY	Stay at Home Mom	100.00	100.00	100.00
			SUBTOTAL \$	750.00		

*Contributor Codes

IND - Individual

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

PTY - Political Party SCC - Small Contributor Committee

SCHEDULE A (CONT)

Allibulits may be rounded			e rounded	SCHEDOLE A (CON).)					
lonetary	Contributions Received	to whole dollars.		Statement coverage from 9/2	vers period 5/16	CALIFO	CONTRACTOR OF THE PARTY OF THE	160	
				through10	/22/16	Page1	0 of_		
AME OF FILER						I.D. NUMBER			
Joe Patters	son for Rocklin City Council 2016					1388707			
DATE	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	AMOUNT RECEIVED THIS	CUMULATIVE		PER ELEC	C. C	

soo i alioio	of for Rockin City Council 2010				130070	/
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)
10/14/16	Novey Law Group APC	□IND □COM ☑OTH □PTY □SCC		250.00	250.00	250.00
10/14/16	Daniel Patterson	☑IND □COM □OTH □PTY □SCC	Manager, State of CA	100.00	100.00	100.00
10/14/16	Christie Romano	☑ IND □ COM □ OTH □ PTY □ SCC	Realtor, The Van Horn Group	250,00	250.00	250.00
10/15/16	Russell Johnson	DIND COM OTH PTY SCC	Investor, retired	250.00	250.00	250.00
10/17/16	Capitol Public Affairs	□IND □COM □OTH □PTY □SCC		500.00	500.00	500.00
			SUBTOTAL S	1350.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.
State	ment covers period	CALIFORNIA AGO
from	9/25/16	FORM 400
through_	10/22/16	_ Page11 of
		I.D. NUMBER

NAME OF FILER	
loe Patterson for I	Rocklin City Council 20

1388707

ood i attoro	on for Nockilli City Council 2010				130070	American and a second
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)	
10/17/16	Denise Magnuson	IND COM OTH PTY	Marketing, Advantage MRI	100.00	100.00	100.0
10/17/16	Ronald Vinson	DIND COM OTH PTY SCC	100		100.00	100,00
10/18/16	Laura Dixon	☑IND □COM □OTH □PTY □SCC	Consultant, self-employed	100.00	100.00	100.00
10/19/16	Rebekah Warren	DIND COM OTH PTY SCC	Partner, Dolphin Group 250.		250.00	250.00
9/20/16	TED MILER IN	IND COM OTH PTY	CORPORATE COMMUNICATES	20-50	100.00	100.04
			SUBTOTAL \$	650.00	The state of the s	

*Contributor Codes

IND - Individual

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

PTY - Political Party SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received		nounts may be ro to whole dollars		,	Statement covers period from 9/25/16 CALIFORNIA FORM			IA 460	
SEE INSTRUCTIONS ON REVERSE				t	hrough 10	/22/16	Page 12	of	
NAME OF FILER Joe Patterson for Rocklin City Council 20	116						1.D. NUMBER 1388707		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
Joe Patterson To IND □ COM □ OTH □ PTY □ SCC	Executive Director, CA Gaming Association	s	s_2500.00	\$ 0.00 FORGIVEN 0.00	\$ 4000.00 12/31/16 DATE DUE	0 % RATE	\$_1500.00 9/10/10 DATE INCURRED	\$ 4000.00 PER ELECTION* \$ 4000.00	
TO IND COM OTH PTY SCC		s	\$	PAID FORGIVEN S	\$DATE DUE	RATE %	\$DATE INCURRED	\$ PER ELECTION \$	
				PAID \$ FORGIVEN	s	RATE %	s	\$PER ELECTION	

SUBTOTALS \$

Schedule B Summary

□ COM □ OTH □ PTY □ SCC

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

0.00

1.	Loans received this period	.\$	2500.00
2.	Loans paid or forgiven this period	.\$	0.00
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$	2500.00

DATE DUE

4000.00 \$

0.00 \$

2500.00\$

(May be a negative number)

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

†Contributor Codes IND - Individual

DATE INCURRED

SCC - Small Contributor Committee

*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.

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period CALIFORNIA from9/25/16 FORM		
SEE INSTRUCTIONS ON REVERSE		through10/22/16	Page 13 of	
NAME OF FILER			I.D. NUMBER	
Joe Patterson for Rocklin City Council 2016			1388707	
CODES: If one of the following codes accurately describ	es the payment, you may enter the code. Oth	nerwise, describe the payment.		
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and productio	n costs	
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	7	
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expenses PET petition circulating	SAL campaign workers' salaries TEL t.v. or cable airtime and pro		
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, a		
FND fundraising events	TRS staff/spouse travel, lodging			
IND independent expenditure supporting/opposing others (explain)*	POL polling and survey research POS postage, delivery and messenger services		es 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 cos	ts (internet, e-mail)	

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook	WEB	Social Media Pages	853.04
PS Print	CMP	Stickers	118.56
Conservative Voter Guide	LIT	Slate Mailers - FPPC ID#1336975	496.80

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

UBTOTAL \$ 1468,40

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$_	10,743.33
2. Unitemized payments made this period of under \$100	\$_	20.56
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$_	Ø
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$_	10763.89

Schedule E	
(Continuation Sheet))
Payments Made	

CMP campaign paraphernalia/misc. CNS campaign consultants

CTB contribution (explain nonmonetary)*

Amounts may be rounded to whole dollars.

MBR member communications

OFC office expenses

MTG meetings and appearances

Statement covers period		CALIFORNIA AGO
from	9/25/16	FORM 400
through	10/22/16	Page 14 of
		I.D. NUMBER
		1200707

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joe Patterson for Rocklin City Council 2016 1388707 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CVC civic donations PET FIL candidate filing/ballot fees PHC FND fundraising events POL IND independent expenditure supporting/opposing others (explain)* LEG legal defense PRC	date filing/ballot fees pHO phone banks POL polling and survey research polling and survey research professional services (legal, accounting) POS professional services (legal, accounting)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Sutter Buttes Business Services		accounting services	461.70
The Chef's Table		Fundraiser	303.15
Red Web Campaigns		graphic design/website	750.00
IPS Printing Inc		printing services	2579.00
Voter Link	POL	Voter data files	570.70
* Payments that are contributions or independent expenditures must also be summ	narized on Schedule D.	SUBTOTA	L\$ 4664.55

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

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

CNS campaign consultants

Amounts may be rounded to whole dollars.

MBR member communications

OFC office expenses

MTG meetings and appearances

Statement covers period		CALIFORNIA 460
from	9/25/16	FORM TOU
through _	10/22/16	Page of
		I.D. NUMBER 1388707

RAD radio airtime and production costs

campaign workers' salaries

RFD returned contributions

SAL

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joe Patterson for Rocklin City Council 2016 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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		rvey resear	t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals ssenger services TRS transfer between committees of the same your voter registration WEB information technology costs (internet, e-	d meals and meals s of the same candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID		
De Vere's Irish Pub		FND	Fundraiser	373.92		
Automate Mailing		LIT	mail house postage and service	3535.34		
Dialing Services		РНО	phone bank	231.95		
Mail Chimp		POL	polling/survey	130.00		
E-FUNDRAISING		PRO	FEES FOR ELECTROBIC DEPOSIT SVCS	334.17		
* Payments that are contributions or independent expenditures must also	be summarized on Sche	dule D.	SUBTOTAL	4610.39		

COVER PAGE **Recipient Committee** Date Stamp CALIFORNIA Campaign Statement **FORM** Cover Page 01 17 Page. SEP 2 9 2016 Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 7/1/16 from 9/24/16 11/8/16 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 Preelection Statement Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Controlled O Recall ☐ Termination Statement (Also Complete Pari 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1388707 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER K. Coleen Morris, Sutter Buttes Business Services Joe Patterson for Rocklin City Council 2016 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE CITY 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 porceot. Executed on Stanature of Treasurer or Assistant Treasur 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 Date Executed on . Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM 400
Page 2 of 17

Officeholder or Candidate Controlle	Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Joe Patterson							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTI	ION		SUPPORT
Rocklin City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STI	REET) CITY STATE ZIP		Identify the controlling offi	ceholder, cand	lidate, or state	measure prop	onent, if any.
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PI	ROPONENT		
Related Committees Not Included in not included in this statement that are controlled contributions or make expenditures on behalf of	ed by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	FANY
COMMITTEE NAME	I.D. NUMBER						
		7	Primarily Formed Car	ndidate/Offi	ceholder C	ommittee / i	et names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate	(s) for which thi	ls committee is	primarily forme	d.
	☐ YES ☐ NO		NAME OF OFFICEHOLDER OF	CANDIDATE	TOFFICE SOI	JGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)		TANKE OF OFFICE HOLDS DESCRIPTION	CANDIDATE	OF TIOL BOX	JOHN ON FIELD	SUPPORT OPPOSE
CITY STAT			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOI	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOI	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SO	UGHT OR HELD	☐ SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)						

Campaign Disclosure Statement **Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 7/1/16 from . 9/24/16 I.D. NUMBER

through . SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joe Patterson for Rocklin City Council 2016 1388707

Contributions Received		Column A TOTAL THIS PERIOD		Column B CALENDAR YEAR	Calendar Year Summary for Candidates Running in Both the State Primary and		
Monetary Contributions Schedule A, Line 3		(FROM ATTACHED SCHEDULES)	\$	12284.00	General Elections 1/1 through 6/30 7/1 to Date		
2. Loans Received		1500.00		1500.00	11.00-40.01		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	13784.00	S	13784.00	20. Contributions Received \$\$		
4. Nonmonetary Contributions		0.00		0,00	21 Expenditures		
TOTAL CONTRIBUTIONS RECEIVED	\$	13784.00	\$	13784.00	Made \$\$_		
Expenditures Made					Expenditure Limit Summary for State		
6. Payments Made Schedule E, Line 4	\$	12767.24	\$	12767.24	Candidates		
7. Loans Made Schedule H, Line 3		0.00		0.00	A second second second second		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	12767.24	\$	12767.24	 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 Adjustment		0.00		0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE		12767.24	\$	12767.24	\$		
Current Cash Statement			T				
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	To	calculate Column B,			
13. Cash Receipts Column A, Line 3 above		13784.00	ad	ld amounts in Column			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		to the corresponding nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.		
15, Cash Payments Column A, Line 8 above		12767.24		your last report. Some	reported in Column B.		
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	1016.76		nounts in Column A may negative figures that			
If this is a termination statement, Line 16 must be zero.			pr	ould be subtracted from evious period amounts. If	l'		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	is is the first report being ed for this calendar year, ally carry over the amounts			
Cash Equivalents and Outstanding Debts		1,44	fre	om Lines 2, 7, and 9 (if			
18. Cash Equivalents See instructions on reverse	\$			3			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	1500.00			FPPC Form 460 (Jan/20		
			1		FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.		

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 460

Statement covers period

7/1/16

				from	/24/16	FORM Page 4 of 17
NAME OF FILER	ons on reverse rson for Rocklin City Council 2016			through		Page of [
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 DO CALENDAR YEAR (JAN. 1 - DEC. 31	R TO DATE
8/29/16	Amen Real Estate	□IND □COM ØOTH □PTY □SCC		250,00	250.00	250,00
8/18/16	Kyle Kirkland	IND COM OTH PTY	Executive, Club One Casino	200.00	200.00	200.00
8/19/16	Dhillon Law Group	□IND □COM ☑OTH □PTY □SCC		250,00	250.00	250.00
8/20/16	Meridian Pacific, Inc	□IND □COM ØOTH □PTY □SCC		250,00	250.00	250.00
8/21/16	Martha Ryan	IND COM OTH PTY	self-employed, volunteer	500,00	500.00	500.00
			SUBTOTAL S	1450,00	1 1 1	一
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)	**************		11300.00	IND - Ir COM -	outor Codes individual Recipient Committee (other than PTY or SCC) Other (e.g., business entity)
3. Total mon	eceived this period – unitemized monetary contribution etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			12284.00	PTY-F	Other (e.g., business entry) Political Party Small Contributor Committee

Amounts may be rounded to whole dollars. SCHEDULE A (CONT.)

Statem	ent covers period	CALIFORNIA AGO
from	7/1/16	FORM 400
through	9/24/16	Page 5 of 17
		1.D. NUMBER 1388707

Joe Patterson for Rocklin City Council 2016 IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) MIND Tracey Buck-Walsh Attorney, self-employed ☐ COM 100.00 8/23/16 100.00 100.00 □ OTH **PTY** SCC **IND** David Fried Attorney, self-employed 100.00 ☐ COM 8/26/16 100.00 100.00 □ OTH PTY □ scc IND Jeremy Simmons Attorney, Young, Minney 500.00 ☐ COM 8/26/16 & Corr 500.00 500.00 □ OTH ☐ PTY SCC IND Jason Kerby Manager, Intel Corp □сом 500.00 8/29/16 500.00 500.00 □ OTH PTY □ scc IND. Charles Munger, Jr Physicist, self-employed 1000.00 ☐ COM 8/29/16 1000.00 1000.00 □ OTH ☐ PTY □ SCC - Town SUBTOTAL \$ 2200.00

*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole d

SCHEDULE A (CONT.)

follars.	Statemen	t covers period	CALIFORNIA AGO		
	from	7/1/16	FORM 400		
	through	9/24/16	Page of		
		7 7 7 9	1.D. NUMBER 1388707		

Joe Patterson for Rocklin City Council 2016

NAME OF FILER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/16	Elizabeth Sanford	IND COM	Political Analyst, County of Santa Clara	150.00	150.00	150.00
8/29/16	Katerina Tavoularis	DIND COM OTH PTY SCC	self-employed, Tavoularis Projects	250.00	250.00	250.00
8/29/16	Luis Buhler	IND COM OTH PTY	CFO, Rockledge Assoc.	250.00	250.00	250.00
8/30/16	Phil and Emily Reader	IND COM OTH PTY	PHIL, MGR. GRORGE REED INC. EMILY, MGR. STATEOF CA	200.00	200.00	200.00
8/31/16	Heritage Oak Dental	□IND □COM ☑OTH □PTY □SCC		150.00	150.00	150.00
			SUBTOTAL \$	1000.00	, (*#e/*25 /	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.)

Statement covers period		CALIFORNIA AGO
from	7/1/16	FORM 400
through	9/24/16	Page of
		I.D. NUMBER 1388707

Joe Patterson for Rocklin City Council 2016

NAME OF FILER

4 7 5 1 5 1115	on for resolution only southern 2010				100070	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/16	Jackson Rose Ventures	□IND □COM ☑OTH □PTY □SCC		100.00	100.00	100.00
9/8/16	Eagan New Media	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000,00	1000,00	1000.00
9/12/16	Jeffrey Barker	DIND COM OTH PTY	Writer, Amazon	500.00	500.00	500.00
9/12/16	Cardoza James Binding	□IND □COM □OTH □PTY □SCC		100.00	100.00	100.00
9/12/16	Gary Samson, MD	IND COM OTH PTY	Doctor, self-employed	100.00	100.00	100.00
			SUBTOTAL \$	1800.00	The Francisco	(4.5)(40)

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Joe Patterson for Rocklin City Council 2016

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

to whole dollars.	Statement covers perio	CALIFORNIA AGO
	from7/1/16	FORM 400
	through9/24/16	Page 8 of 17
		I.D. NUMBER
		1388707

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)
9/12/16	Eric Guerra	IND COM OTH PTY	Councilmember, City of Sacramento	250.00	250,00	250.00
9/12/16	John Hamilton	IND COM OTH PTY	Real Estate Investor, self-employed	250.00	250.00	250.00
9/12/16	Kevin Leader	IND COM OTH PTY	Finance, Bechtel Corp	250.00	250.00	250.00
9/12/16	David Mills	☑IND □COM □OTH □PTY □SCC	Manager, Kaiser Permanente	100.00	100.00	100.00
9/12/16	Julie Patterson	IND COM OTH PTY	Customer Svc, American Express	100.00	100.00	100.00
			SUBTOTAL S	950.00	100 100	No. of the last of

*Contributor Codes

IND - Individual

NAME OF FILER

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.)

Statement covers period	CALIFORNIA AGO
from7/1/16	FORM 400
through 9/24/16	Page 9 of 17
	I.D. NUMBER
	1388707

Joe Patterson for Rocklin City Council 2016 IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED CODE * (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) □ IND Quaranta Real Estate Team Псом 500.00 9/12/16 500.00 500.00 **☑** OTH □ PTY □ scc DIND Jim Russell Retired 100.00 □ COM 9/12/16 100.00 100.00 □ OTH □ PTY □ scc DIND Peter Ucovich Director, University of CA 100.00 □сом 9/12/16 100.00 100.00 □ OTH ☐ PTY SCC VIND Audrey Perry Martin Attorney, BMH Law 100.00 Осом 9/13/16 100.00 100.00 □отн □ PTY SCC **IND** Conrad Frausto Firefighter, City of 100.00 COM 9/15/16 100.00 Sacramento 100.00 OTH PTY SCC SUBTOTAL \$ 900.00

*Contributor Codes

IND - Individual

NAME OF FILER

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from 7/1/16	CALIFORNIA 460	
		through9/24/16	Page 10 of 17	
NAME OF FILER			I.D. NUMBER	
Joe Patterson for Rocklin City Council 2016				

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)
9/16/16	Amanda Fulkerson	☑IND □COM □OTH □PTY □SCC	Consultant, self-employed	250,00	250.00	250.00
9/16/16	Georgia Godfrey	IND COM OTH PTY	Chief of Staff, Stanford University	100.00	100.00	100.00
9/16/16	Kevin Jeffries	IND COM	County Supervisor, Riverside County	150.00	150.00	150.00
9/16/16	Marie Joyce	IND COM OTH PTY	Legislative Aide, State of CA	150.00	150.00	150.00
9/20/16	Jessica Mattison	IND COM OTH PTY	Polymer Chemist, ERIKS	100.00	100.00	100.00
			SUBTOTAL \$	750.00	3.86	1 326 163

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

			- 1	from//1/16		FO	FORIW	
				through 9/	24/16	Page	11 of 17	
NAME OF FILER		**********		-		I.D. NUM	BER	
Joe Patters	son for Rocklin City Council 2016					138870	7	
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 YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/21/16	Roy Choi	IND COM OTH PTY	Executive, Knighted	2000.00	2000.	00	2000.00	
9/21/16	Jonathan Friedberg	IND COM OTH PTY	Software Design, Overlay Gaming	150.00	150.0	00	150.00	
9/21/16	Kristen Van Bebber	IND COM OTH PTY SCC	HR Generalist, Skout, Inc.	100.00	100.	00	100.00	
		IND COM OTH PTY SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 2250.00	180		- 155 M - 10	

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

210 01 2 2 2 01	Am	ounts may be ro	unded				SCHEDULE B - PART			
Schedule B – Part 1 Loans Received		to whole dollars			from 7/1/16 CALIFORNIA FORM			^{1A} 460		
SEE INSTRUCTIONS ON REVERSE					through 9/	24/16	Page 12	of 17		
NAME OF FILER					-		I.D. NUMBER			
Joe Patterson for Rocklin City Council 20	116						1388707			
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 PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE		
Joe Patterson	Executive Director, CA Gaming Association	\$0.00	s_1500.00	PAID FORGIVEN S	\$1500.00 		\$ 1500.00 9/16/16 DATE INCURRED	\$ 1500.00 PER ELECTION** \$ 1500.00		
TO IND COM OTH PTY SCC		\$	\$	PAID FORGIVEN S	\$DATE DUE	% RATE	\$DATE INCURRED	\$PER ELECTION **		
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID FORGIVEN	S	RATE	\$DATE INCURRED	\$PER ELECTION**		
		SUBTOTALS \$	1500.00	\$ 0.00	\$ 1500.00	\$ 0.00	714.5	1239		
Schedule B Summary 1. Loans received this period	ns of less than \$100.) 00 paid or forgiven.) at are also itemized on Sche	edule A.)		\$	1500.00 0.00 1500.00	O P	Contributor Codes ID – Individual OM – Recipient C (other than I TH – Other (e.g., I TY – Political Part CC – Small Contri	ommittee PTY or SCC) business entity)		
Enter the net here and on the Summa	ry Fage, Column A, Line 2.			(M	lay se a negative number)					

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

** If required.

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

SCHEDULE B - PART 1

Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA FORM 7/1/16 from 9/24/16 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joe Patterson for Rocklin City Council 2016 1388707

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 returned contributions CNS campaign consultants MTG meetings and appearances campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses petition circulating t.v. or cable airtime and production costs CVC civic donations PHO phone banks candidate travel, lodging, and meals FIL candidate filing/ballot fees FND fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Landslide Communications	LIT	Slates for: Save Prop 13 ID#598040, Small Bus. Action Cmte. Newsletter ID#1322823, Woman's Voice ID#1293667, CA Pub. Safety Viter Guide ID#1298740, NTLC Early Voter Guide ID#1306386	3552.00
California Republican Taxpayers Association, ID#1286135	LIT	Slate Mailer	400.00
Katie Moffitt 1	CMP	Photography for campaign	300.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 4252.00

Schedule E Summary

11886.69 880.55 2. Unitemized payments made this period of under \$100..... 0.00 12767.24

www.fppc.ca.gov

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

	SCHEDOLE E (CONT.
Statement covers perio	CALIFORNIA 160
from7/1/16	FORM 400
through 9/24/16	Page 14 of 17
- Extraction in the second second second	I.D. NUMBER 1388707

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joe Patterson for Rocklin City Council 2016 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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	OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea POS postage, delivery and me PRO professional services (lee	SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee	d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
IPS Printing	LIT	Walking pieces	800.73
Ocean Shore Printing	LIT	Walking pieces	171.36
CALSAL Voter Guide, ID #1368249	LIT	Slate Mailer	568,00
Election Digest, ID #1345303	LIT	Slate Mailer	753.00
COPS Voter Guide, ID#599014	LIT	Slate Mailer	899.00
* Payments that are contributions or independent expenditures must also	be summarized on Schedule D.	SI	JBTOTAL \$ 3192.09

	SCHEDULE	E (CONT.)	
_			i

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

Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORNIA 160
from	7/1/16	FORM 400
through	9/24/16	Page 15 of 17
		I.D. NUMBER 1388707

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Joe Patterson for Rocklin City Council 2016

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

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Placer County Clerk	POL	Voter data files	100.00
Rocklin Area Chamber of Commerce	cvc	Civic Membership	170.00
Budget Watchdogs Newsletter, ID #1345115	LIT	Slate Mailer	1488.00
California Voter Guide, ID #595004	LIT	Slate Mailer	787.00
Signworx	СМР	400 yard signs	1427. 6 0

SUBTOTAL \$

3972.00

Schedule E	Amounts may be rounded	Statement covers period	1000
(Continuation Sheet) Payments Made	to whole dollars.	from	CA
to a management of		9/24/16	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stateme	nt covers period	CALIFORNIA AGO
from	7/1/16	FORM 400
through	9/24/16	Page 16 of 17
	A STATE OF THE STA	I.D. NUMBER

SCHEDULE E (CONT.)

Joe Patterson for Rocklin City Council 2016 1388707 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL POL polling and survey research staff/spouse travel, lodging, and meals FND fundraising events independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration PRT print ads WEB information technology costs (internet, e-mail) campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Placer County Clerk	CMP	Candidate Statement	470.00

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

470.00

SUBTOTAL \$

Schedule	G					
Payments	Made	by an	Agent	or I	ndepend	lent
Contracto	r (on E	Behalf	of This	Co	mmittee)

Amounts may be rounded to whole dollars.

	SCHEDULE G		
Statement covers period 7/1/16	california 460		
through 9/24/16	Page 17 of 17		
through 9/24/16	I.D. NUMBER 1388707		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Joe Patterson for Rocklin City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Landslide Communications

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

ND 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
Landslide Communications	LIT	Slates for: Save Prop 13 ID#598040, Small Bus. Action Cmte. Newsletter ID#1322823, Women's Voice ID#1293667, CA Public Safety Voter Guide ID#1298740, NLTC Early Voter Guide ID#1306386	3552.00
Attach additional information on appropriately labeled continuation s	heets.	TOTAL*	\$ 3552.00

^{*} 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.