

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period	from	10/18/2020	through	12/31/2020
-------------------------	------	------------	---------	------------

Date of election if applicable: (Month, Day, Year)	11/03/2020
-------------------------------------------------------	------------

Date Stamp	FILED
REGISTRAR OF VOTERS	JUL 29 2021
BY	DONNA M. JOHNSTON

CALIFORNIA FORM 460	Page 1 of 18
For Official Use Only	

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- 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)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
THIARA FOR SUPERVISOR 2020

I.D. NUMBER
1423317

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
YUBA CITY CA 95993 (916) 473-4298

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE
GRANITE BAY CA 95746

OPTIONAL: FAX / E-MAIL ADDRESS
DAVID@THEAGENCY.US

Treasurer(s)

NAME OF TREASURER
DAVID BAUER

CITY STATE ZIP CODE AREA CODE/PHONE
GRANITE BAY CA 95746 (916) 473-4298

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 07/15/2021
Date

Executed on 07/15/2021
Date

Executed on _____
Date

Executed on _____
Date

By David Bauer
Signature of Treasurer or Assistant Treasurer

By Donna M. Johnston
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/18/2020
through 12/31/2020

Page 3 of 18
CALIFORNIA FORM 460
I.D. NUMBER 1423317

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
THIARA FOR SUPERVISOR 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 14,950.00	\$ 138,247.00
2. Loans Received	Schedule B, Line 3 0.00	30,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 14,950.00	\$ 168,247.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	1,850.15
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 14,950.00	\$ 170,097.15

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 53,940.80	\$ 217,434.25
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 53,940.80	\$ 217,434.25
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 6,063.22	6,363.22
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	1,850.15
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 60,004.02	\$ 225,647.62

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 39,230.54	
13. Cash Receipts	Column A, Line 3 above 14,950.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 3,262.50	
15. Cash Payments	Column A, Line 8 above 53,940.80	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3,502.24	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 36,363.22

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).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date
20. Contributions Received \$ _____ \$ _____
21. Expenditures Made \$ _____ \$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)
Date of Election (mm/dd/yy) Total to Date
\$ _____ \$ _____

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

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/18/2020
through 12/31/2020

Page 12 of 18

**CALIFORNIA
FORM
460**

I.D. NUMBER
1423317

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
THIARA FOR SUPERVISOR 2020

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

QWP	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	FET	petition circulating	TEL	t.v. or cable airtime and production costs
FL	candidate filing/balot 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	TSE	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ALL PRO ENTERTAINMENT 2449 DELITE DR. YUBA CITY, CA 95993	FND	300.00	0.00	300.00	0.00
SAPPHIRE MARKETING GROUP 1095 STAFFORD WAY #H YUBA CITY, CA 95991	RADIO, MAIL	0.00	6,363.22	0.00	6,363.22

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

SUBTOTALS \$ 300.00\$ 6,363.22\$ 300.00\$ 6,363.22

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 6,363.22
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 300.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 6,063.22
May be a negative number

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 <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
Page <u>14</u> of <u>18</u>	SCHEDULE G
I.D. NUMBER 1423317	

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 THAIRA FOR SUPERVISOR 2020
 NAME OF AGENT OR INDEPENDENT CONTRACTOR
 SAPPHIRE MARKETING GROUP

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- FET 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 tv, or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

* 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
RESULTS RADIO 1479 SANBORN RD. YUBA CITY, CA 95993	RAD			2,991.45
THE PIUS GROUP 866 HARTER PKWY #370 YUBA CITY, CA 95993		LABOR		7,044.16
YS SHOPPER 697 N. PALORA AVE. #D YUBA CITY, CA 95991	PRT			586.50
TOTAL* \$				10,622.11

Attach additional information on appropriately labeled continuation sheets.

* 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.