

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp <b>FILED</b> REGISTRAR OF VOTERS <b>APR 28 2022</b> DONNA M. JOHNSTON <i>[Signature]</i> DEPUTY CLERK	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>21</u>
	For Official Use Only

**Statement covers period**  
from January 1, 2022  
through April 23, 2022

**Date of election if applicable:**  
(Month, Day, Year)  
June 7, 2022 BY \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall <i>(Also Complete Part 5)</i>  General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored <i>(Also Complete Part 6)</i>  <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i>
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**2. Type of Statement:**

<input checked="" type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Quarterly Statement Special Odd-Year Report
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**3. Committee Information**

I.D. NUMBER  
1362796

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Amanda Hopper for Sutter County District Attorney

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
Yuba City CA 95991 5306312033

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
\_\_\_\_\_  
OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
Amanda L. Hopper

MAILING ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
Yuba City CA 95991 5306312033

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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 April 28, 2022  
Date

Executed on April 28, 2022  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
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

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Amanda Hopper

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Sutter County District Attorney

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Yuba City CA 95991

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

  

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>January 1, 2022</u>	<b>CALIFORNIA FORM 460</b>
through <u>April 23, 2022</u>	
Page <u>3</u> of <u>21</u>	I.D. NUMBER <u>1362796</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amanda L. Hopper

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ 43174	\$ 43174
2. Loans Received..... <i>Schedule B, Line 3</i>	4800	4800
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ 47974	\$ 47974
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ 47974	\$ 47974

**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	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ 10284.85	\$ 10284.85
7. Loans Made..... <i>Schedule H, Line 3</i>	0	0
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ 10284.85	\$ 10284.85
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	0	0
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	0	0
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ 10284.85	\$ 10284.85

**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.

**Current Cash Statement**

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ 1033.00
13. Cash Receipts..... <i>Column A, Line 3 above</i>	47974
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	0
15. Cash Payments..... <i>Column A, Line 8 above</i>	10284.85
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 38722.15

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

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).

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ 0
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ 0
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ 0

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>January 1, 2022</u> through <u>April 23, 2022</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER Amanda L. Hopper		I.D. NUMBER 1362796

SEE INSTRUCTIONS ON REVERSE

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)
3-21-22	Robert A Shackelford Jr. Yuba City, Ca 95993-0000	✓ IND COM ✓ OTH PTY SCC	SELF EMPLOYED SHACKELFORD PEST CONTROL	100.00	100.00	
3-28-22	H. Ted Hanson Lincoln, Ca 95648-0342	✓ IND COM OTH PTY SCC	Retired Judge	1000.00	1100.00	
3-30-22	Robert Ripley DDS Yuba City, Ca 95991-	IND COM ✓ OTH PTY SCC		250.00	1350.00	
3-31-22	Janice Kay Emerson Yuba City, Ca 95993-9350	✓ IND COM OTH PTY SCC	Retired Business Owner	200.00	1550.00	
4-4-22	Samara Ranches LLC Yuba City, Ca 95993	IND COM ✓ OTH PTY SCC		4900.00	6450.00	
<b>SUBTOTAL \$ 6450.00</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 43174.00
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 43174.00

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	January 1, 2022	
through	April 23, 2022	Page <u>5</u> of <u>21</u>
NAME OF FILER Amanda L. Hopper		I.D. NUMBER 1362796

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)
4-11-22	EMPIRE FARMING COMPANY LLC YUBA CITY, CA 95992	IND COM ✓ OTH PTY SCC		2500.00	8950.00	
4-12-22	JUDGE FARMS LLC YUBA CITY, CA 95993	IND COM ✓ OTH PTY SCC		500.00	9450.00	
4-12-22	HARINDER S BAINS YUBA CITY, CA 95991	✓ IND COM OTH PTY SCC	IRS AGENT	500.00	9950.00	
4-12-22	RANJIT KHAGURA YUBA CITY, CA 95991	✓ IND COM OTH PTY SCC	REAL ESTATE AGENT	500.00	10450.00	
4-12-22	BAINS BROTHERS ENTERPRISES YUBA CITY, CA 95993	IND COM ✓ OTH PTY SCC		500.00	10950.00	
<b>SUBTOTAL \$ 4500.00</b>						

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 IND – Individual  
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       (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>January 1, 2022</u> through <u>April 23, 2022</u>		<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>21</u>		
NAME OF FILER Amanda L. Hopper		I.D. NUMBER 1362796

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)
4-12-22	J&H Rai Revocable Trust Jasbir Singh Rai TRTEE Harvinder K Rai TRTEE U/A	IND COM ✓ OTH PTY SCC		250.00	11200.00	
4-12-22	Yuba City, Ca 95991-6713 Thaddeus Eubanks Yuba City, Ca 95993	✓ IND COM OTH PTY SCC	Self Employed Potato Potato	500.00	11400.00	
4-23-22	Gurdev S THIARA SATINDER K THIARA YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED THIARA FARMERS	1000.00	12400.00	
4-23-22	JAGJIT SINGH POWAR YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED DEVELOPER	1000.00	13400.00	
4-23-22	TARA BHANGAL HARJINDFR RHANGAL YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	TRUCK DRIVER LEGION TRANSPORT	200.00	13600.00	
<b>SUBTOTAL \$ 2650.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	January 1, 2022	
through	April 23, 2022	Page 7 of 21
NAME OF FILER		I.D. NUMBER
Amanda L. Hopper		1362796

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)
4-23-22	PAUL S SUNER PARVINDER K SUNER  YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED NORTHWEST TRUCKING	500.00	14100.00	
4-23-22	GURCHARAN SINGH RANDHAWA  YUBA CITY, CA	✓ IND COM OTH PTY SCC	DISPATCHER SINGH CARRIER	500.00	14300.00	
4-23-22	RANBIR CHEEMA AMRICK SINGH CHEEMA  YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED SHELL GAS STATION	200.00	14500.00	
4-23-22	GURSHARN K KOONER PARMINDER S KOONER  YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED TRUCK DRIVER	250.00	14750.00	
4-23-22	DALVIR S BAINS, SHIVRAJ BAINS, ROBIN BAINS RAMNINDER BAINS  YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED BAINS FARMING	200.00	14950.00	
<b>SUBTOTAL \$</b>				<b>1350.00</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	January 1, 2022	
through	April 23, 2022	Page 8 of 21
NAME OF FILER		I.D. NUMBER
Amanda L. Hopper		1362796

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)
4-23-22	GURDARSHAN SINGH GURDIP KAUR  CLEARLAKE, CA 95422	✓ IND COM OTH PTY SCC	SELF EMPLOYED TIME TO SHOP	500.00	15450.00	
4-23-22	JASKARAN SINGH SANGHA  YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED SANGHA TRUCK REPAIR	500.00	15700.00	
4-23-22	GURVINDER S DOSANJH PARAMJEET K DOSANJH  YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED BRAND DOSANJH LLC	200.00	15900.00	
4-23-22	BALWINDER DHAMI DALBIR DHAMI  YUBA CITY, CA 95991	✓ IND COM OTH PTY SCC	SELF EMPLOYED DHAMI MARKER	200.00	16100.00	
4-23-22	CHARNKAMAL S TAMBER JAGTAR SINGH. HARMINDER KAUR  YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	STUDENT	300.00	16400.00	
<b>SUBTOTAL \$ 1450.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>January 1, 2022</u> through <u>April 23, 2022</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER Amanda L. Hopper		I.D. NUMBER 1362796

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)
4-22-22	BILLS MARKET YUBA CITY, CA 95993	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		500.00	16900.00	
4-23-22	SURJIT SINGH YUBA CITY, CA 95993	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	SELF EMPLOYED SURJIT TRUCKING	500.00	17100.00	
4-23-22	KASHMIR S CHEEMA SUKHVINDER CHEEMA LIVE OAK, CA 95953	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	SELF EMPLOYED CHEEMA FARMS	200.00	17300.00	
4-20-22	JAGDEEP OHRI FOLSOM, CA 95630	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	SELF EMPLOYED OHRI FARMS	500.00	17800.00	
4-23-22	KULWANT S JOHL JASPAL K JOHL YUBA CITY, CA 95992	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	SELF EMPLOYED JOHL FARMS	500.00	18300.00	
<b>SUBTOTAL \$ 1900.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	January 1, 2022	
through	April 23, 2022	Page 10 of 21
NAME OF FILER Amanda L. Hopper		I.D. NUMBER 1362796

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)
4-23-22	RAVI GONDAL RENO, NV 89506	✓ IND COM OTH PTY SCC	SELF EMPLOYED LITTLE STOP LIQUOR	500.00	18800.00	
4-24-22	SAHIB SINGH PREACHER YUBA CITY, CA 95993	✓ IND COM ✓ OTH PTY SCC	PREACHER TIERRA BUENA TEMPLE	500.00	20000.00	
4-23-22	NATHAN DIAL SARATOGA SPRINGS, UT 84045	✓ IND COM OTH PTY SCC	ELECTRICIAN TTR ELECTRIC	100.00	20100.00	
4-23-22	RAVINDER S SAHOTA RANJEET K SAHOTA YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	MANAGER RICHARD R WILBUR SHOP	200.00	20300.00	
4-23-22	KULDEEP SINGH YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED SUTTER BUTTES TRANSPORT	500.00	20800.00	
<b>SUBTOTAL \$ 1500.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>January 1, 2022</u> through <u>April 23, 2022</u>		<b>CALIFORNIA FORM 460</b>
Page <u>11</u> of <u>21</u>		
NAME OF FILER Amanda L. Hopper		I.D. NUMBER 1362796

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)
4-22-22	MANJIT DHILLON YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	LOAN OFFICER PRIME LENDING	250.00	21050.00	
4-25-22	SUKHDEV S DHILLON BALJINDER K DHILLON YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	ENGINEER CA STATE	500.00	21149.00	
4-23-22	FIVE STAR PROPERTIES INC YUBA CITY, CA 95993	IND COM ✓ OTH PTY SCC		500.00	21649.00	
4-23-22	SUNDIP K SANGHA YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED ROUND TABLE PIZZA	500.00	22149.00	
4-23-22	NCHHATTAR S DULAI YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	RETIRED	200.00	22349.00	
<b>SUBTOTAL \$ 1549.00</b>						

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PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	January 1, 2022	
through	April 23, 2022	Page 12 of 21
NAME OF FILER Amanda L. Hopper		I.D. NUMBER 1362796

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)
4-23-22	KAMALJIT DHILLON MAHA DHILLON  YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	MACHINE OPERATOR SUNSWEET GROWER	500.00	22849.00	
4-23-22	HARDEEP BARIANA KULWINDER KAUR  YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	TRUCK DRIVER LEGION TRANSPORT	500.00	22949.00	
4-23-22	SATNAM TATLA  YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	RETIRED BUSINESS OWNER	150.00	23099.00	
4-23-22	KULDIP SINGH SANDHU SUKHVIR K SANDHU  YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	TRUCK DRIVER LEGION TRANSPORT	300.00	23399.00	
4-23-22	AMARJIT AUJLA GURDIP AUJLA  YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	RETIRED TEACHER	100.00	23499.00	
<b>SUBTOTAL \$ 1150.00</b>						

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(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>January 1, 2022</u> through <u>April 23, 2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>13</u> of <u>21</u>

NAME OF FILER Amanda L. Hopper	I.D. NUMBER 1362796
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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)
4-22-22	DEBORAH L TABER YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	RETIRED	25.00	23524.00	
4-23-22	AMRIK SINGH SALINDER KAUR YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED UNIQUE TRANSPORT	500.00	24624.00	
4-23-22	GURNINDER KAUR YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED KANG TRANSPORT	1000.00	25624.00	
4-22-22	WILLIAM PEREZ YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	RETIRED	25.00	25649.00	
4-24-22	PRITAM SINGH YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	RETIRED	200.00	25849.00	
<b>SUBTOTAL \$ 2350.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	January 1, 2022	
through	April 23, 2022	Page 14 of 21
NAME OF FILER Amanda L. Hopper		I.D. NUMBER 1362796

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)
4-23-22	JOGA S THIARA YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	RETIRED BUSINESS OWNER	500.00	26349.00	
4-23-22	HARSHARAN BAINS GURPRIT BAINS YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED OWNER RETIREMENT HOME	500.00	26549.00	
4-23-22	HARINDER S BAINS SUKHPAL BAINS YUBA CITY, CA 95993	IND COM OTH PTY SCC	SELF EMPLOYED FARMER	200.00	26749.00	
4-23-22	RASHPAL PUREWAL PIRTPAL PUREWAL YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	MACHINE OPERATOR SUNSWEET GROWERS	250.00	26999.00	
4-23-22	PAKHAR SINGH BAINS JASWINDER SINGH BAINS PARTNERSHIP YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	RETIRED FARMER	200.00	27199.00	
<b>SUBTOTAL \$ 1350.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	January 1, 2022	
through	April 23, 2022	Page 15 of 21

NAME OF FILER Amanda L. Hopper	I.D. NUMBER 1362796
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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)
4-23-22	GURPAL BASI YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED PRIDE STAFF	250.00	27449.00	
4-23-22	NAGINDER S BAINS YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	FARMER BAINS FARM	500.00	27674.00	
4-23-22	SPRINT CARRIERS YUBA CITY, CA 95993	IND COM ✓ OTH PTY SCC		500.00	28174.00	
4-23-22	ALIEN TRANSPORT LLC YUBA CITY, CA 95991	IND COM ✓ OTH PTY SCC		100.00	28274.00	
4-20-22	DELUXE TRANSPORT LLC YUBA CITY, CA 95993	IND COM ✓ OTH PTY SCC		1000.00	29274.00	
<b>SUBTOTAL \$ 2075.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>January 1, 2022</u> through <u>April 23, 2022</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER Amanda L. Hopper		I.D. NUMBER 1362796

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)
4-21-22	THIARA BROS EXPRESS INC YUBA CITY, CA 95993	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		1000.00	30274.00	
4-20-22	PTL TRANSPORT INC YUBA CITY, CA 95993	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		500.00	31274.00	
4-10-22	TERRY CHIMA AG SERVICES YUBA CITY, CA 95991	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		2000.00	33274.00	
4-1-22	REHAAN TRUCKING LLC YUBA CITY, CA 95991	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		1000.00	34274.00	
4-4-22	DIAMOND ELITE LABOR SERVICES INC YUBA CITY, CA 95991	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		2500.00	36774.00	
<b>SUBTOTAL \$ 7500.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	January 1, 2022	
through	April 23, 2022	Page 17 of 21
NAME OF FILER		I.D. NUMBER
Amanda L. Hopper		1362796

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)
4-23-22	BOLT CARRIERS INC YUBA CITY, CA 95993	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		500.00	37274.00	
4-23-22	ELITE TRANSPORT GROUP INC YUBA CITY, CA 95993	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		500.00	37524.00	
2-23-22	LA MERCHANDISE YC INC YUBA CITY, CA 95991	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		500.00	38024.00	
4-23-22	KTS REALTY INC PRESTIGE REALTY YUBA CITY, CA 95993	IND COM <input checked="" type="checkbox"/> OTH PTY SCC		250.00	38274.00	
4-23-22	JASWANT SINGH SAPRAI LIVE OAK, CA 95953	<input checked="" type="checkbox"/> IND COM OTH PTY SCC	SELF EMPLOYED SUPER POWER MART	200.00	38474.00	
<b>SUBTOTAL \$ 1700.00</b>						

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>January 1, 2022</u>		<b>CALIFORNIA FORM 460</b>
through <u>April 23, 2022</u>		
		Page <u>18</u> of <u>21</u>
NAME OF FILER <u>Amanda L. Hopper</u>		I.D. NUMBER <u>1362796</u>

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)
4-23-22	NORCAL FARMS LIVE OAK CA 95953	IND COM ✓ OTH PTY SCC		200.00	38674.00	
4-13-22	NEW SUTLEJ TRANSPORT INC YUBA CITY, CA 95991	IND COM ✓ OTH PTY SCC		500.00	40674.00	
4-23-22	NAT FREIGHT INC YUBA CITY, CA 95992	IND COM ✓ OTH PTY SCC		300.00	40974.00	
4-4-22	BLANCA O PARRA CASTILLO YUBA CITY, CA 95991	✓ IND COM OTH PTY SCC	FARM LABOR	150.00	41124.00	
4-22-22	ONKAR SINGH YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED TRUCKING CO.	500.00	41624.00	

**SUBTOTAL \$ 3150.00**

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>January 1, 2022</u>		<b>CALIFORNIA FORM 460</b>
through <u>April 23, 2022</u>		
		Page <u>19</u> of <u>21</u>
NAME OF FILER <u>Amanda L. Hopper</u>		I.D. NUMBER <u>1362796</u>

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)
4-4-22	PRECISION FREIGHT INC YUBA CITY, CA 95993	IND COM ✓ OTH PTY SCC		300.00	41924.00	
4-7-22	JOSE SOLORZANO YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED WELDER	500.00	42324.00	
4-10-22	NAJMA BIBI GORSI LIVE OAK CA 95953	✓ IND COM OTH PTY SCC	SELF EMPLOYED TRUCKING TMT	250.00	42574.00	
4-4-22	MOIZZA BATOOL GORSI YUBA CITY, CA 95993	✓ IND COM OTH PTY SCC	SELF EMPLOYED SERVE MAX FARM LABOR CONTRACTOR	600.00	43174.00	
		IND COM OTH PTY SCC				

**SUBTOTAL \$ 1550.00**

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**Schedule B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period		<b>CALIFORNIA 460 FORM</b>
from	January 1, 2022	
through	April 23, 2022	Page 20 of 21
I.D. NUMBER		1362796

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amanda L. Hopper

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 CONTRIBUTIONS TO DATE
				PAID	FORGIVEN				
Amanda L. Hopper Yuba City, CA 95991 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter County District Atty Yuba City, CA 95991	\$ 0	\$ 4800.00	\$ 0	\$ 0	\$ 4800.00 6/7/2022 DATE DUE	0 % RATE	\$ 4800.00 DATE INCURRED	CALENDAR YEAR \$ 4800.00 PER ELECTION** \$ 4800.00
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b>								\$ _____	\$ _____

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

**Schedule B Summary**

- Loans received this period ..... \$ 4800  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** \$ 4800  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

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\*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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	January 1, 2022	
through	April 23, 2022	Page 21 of 21
NAME OF FILER		I.D. NUMBER
Amanda L. Hopper		1362796

SEE INSTRUCTIONS ON REVERSE

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lacey Carney Design & Photography Yuba City, CA 95991	CMP	Corrugated Plastic Campaign Signs and Wire Stakes	970.00
Signworx Olivehurst, CA 95961	CMP	Campaign Signs	4392.85
Landslide Communications Laguna Niguel, CA 92677	PRT	Slate Mailers	4830.00

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	10,192.85
2. Unitemized payments made this period of under \$100.....	\$	92.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$</b>	10,284.85