Pre 1

Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period	Date of election if applicable:	FILED	Page _1 of _13
	from 1/1/22	(Month, Day, Year)	REGISTRAR OF VOTERS	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 4/23/22	6/7/22	APR 2 8 2022	
1. Type of Recipient Committee: All Committees - Con	aplete Parts 1, 2, 3, and 4	B	Y W XNIS	
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Official Party/Control Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ ficeholder Committee Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Tel Amendment (Explain be	☐ Spe	arterly Statement ecial Odd-Year Report
3. Committee Information I.D.	NUMBER			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	46129	Treasurer(s)		
Courtney Ortega for Supervisor 2022		NAME OF TREASURER Courtney Ortega MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)				
CITY		CITY Yuba City	STATE ZIP CO	DDE AREA CODE/PHONE
Vuha Cita	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	CA 9599	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	530-953-1575	TREASURER	K, IF ANY	
TOTAL STREET OR P.O. BOX	_	MAILING ADDRESS		
CITY STATE ZIP CODE	ADEA CODE TO LO			
	AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS				- ANEA CODE/PHONE
		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and reviewing the certify under penalty of perjury under the laws of the State of Calin Executed on 4-28-22 Date Executed on 4-28-22	nis statement and to the best of my kno fornia that the foregoing is true and cor	wledge the information contained her		edules is true and complete. I
Executed on Date	By			
Executed on	Signature of Controlling	Officeholder, Candidate, State Incasuro , 1990	or Responsible Officer of Sponsor	
Date	BV	ure of Controlling Officeholder, Candidate, State is		
Executed on	By			_
<u> </u>	Signati	ure of Controlling Officeholder, Candidate, State N	Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

	R PAGE - PART 2
CALIFORI FORM	NIA 460
Page _2	of

. Officeholder or Candidate Controlled Comr	nittee			6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				**************************************
Courtney Ortega									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS-	TRICT NUMBER	IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTI	ION	Tr	l support
Sutter County Supervisor District 2									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP			•			
	Yuba City	CA	95991		Identify the controlling office	eholder, candi	idate, or state	measure prop	onent, if any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR I	PROPONENT		
Related Committees Not Included in this St	atement: /	ist anv con	nmittaas						
not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily	formed to	receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBE	R			-				
NAME OF TREASURED	LOGUEDOLL.			7.	Primarily Formed Cand	didate/Offic	eholder Co	mmittee Lis	st names of
NAME OF TREASURER	CONTROLL				officeholder(s) or candidate(s)	for which this	committee is p	orimarily forme	d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	POX)	□ №)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	1
									SUPPORT OPPOSE
CITY STATE ZIP	CODE	AREA COL	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	Поиррода
									SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	₹			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE COLL	GHT OR HELD	U OPPOSE
					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OK HELD	☐ SUPPORT
NAME OF TREASURER	CONTROLL	ED COMMI	TTCCO						☐ OPPOSE
NAME OF TREASURER	T YES	ои П			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.								127	OPPOSE
	,								
CITY STATE ZIP (CODE	AREA COL	DE/PHONE		Atta	ch continuatio	on sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Courtney Ortega for Supervisor 2022 1446129 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 12517 12517 1/1 through 6/30 7/1 to Date 8100 8100 20. Contributions 20617 20617 Received 850 850 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 21467 21467 Made 5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 12549 12549 **Candidates** 0 22. Cumulative Expenditures Made* 12549 12549 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date 850 850 (mm/dd/vv) 13399 13399 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 20617 add amounts in Column A to the corresponding *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. 12549 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 8068 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016))

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

A						SCHEDULE
Contributions Received	to	whole dollars.	Statement cov	ers period	CAL	FORNIA 460
			from <u>1-1-22</u>		F	ORM TOU
DNS ON REVERSE			through <u>4-23-22</u>		Page	4 of 13
					I.D. N	UMBER
tega for Supervisor 2022					14461	29
FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION
CONTRIBUTOR			RECEIVED THIS	CALENDAR Y	EAR	TO DATE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OF BUSINESS)	PERIOD	(JAN. 1 - DEC	. 31)	(IF REQUIRED)
Bijan Parhizgar		Retired	1000	1000		
	□отн					
Yuba City, CA 95993						
Bijan Parhizgar	СОМ	Retired	2000	3000		
	OTH					
Yuba City, CA 95993						
7. 411	☑ IND					
Eric Allen	Сом	Retired	4500	4500		
Eugana OR 07402						
Eugene OR 97402	□scc					
David Caranter Caratan time I	□IND		0.50	250		
Dave Greenetz Construction Inc.	_		250	250		
Vuba City CA 95993	_					
Tuba City, Cit 75775	□scc					
Eric Mallow		Supervisor	100	100		
Bite Manow		•	100	100		
Marysville, CA 95901	□PTY	omon racine				
,	□scc					
		SUBTOTAL \$	7850			
A Summary				(*Cont	ributor C	Codes
eived this period – itemized monetary contributions.		11/	220	IND -	Individu	al
Schedule A subtotals.)		\$\$		COM		ent Committee than PTY or SCC)
					- Other	(e.g., business entity)
eived this period – unitemized monetary contribution	s of less than	\$100\$				al Party Contributor Committee
tary contributions received this period				<u></u>	Official '	Schilladtor Committee
1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1)TOTAL \$ 125	517		FPP	C Form 460 (Jan/2016))
	Contributions Received ENS ON REVERSE tega for Supervisor 2022 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Bijan Parhizgar Yuba City, CA 95993 Bijan Parhizgar Yuba City, CA 95993 Eric Allen Eugene OR 97402 Dave Greenetz Construction Inc. Yuba City, CA 95993 Eric Mallow Marysville, CA 95901 A Summary teived this period — itemized monetary contributions. Schedule A subtotals.)	Contributions Received Etega for Supervisor 2022 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * Bijan Parhizgar Yuba City, CA 95993 Bijan Parhizgar Yuba City, CA 95993 Eric Allen Eugene OR 97402 Dave Greenetz Construction Inc. Yuba City, CA 95993 Eric Mallow Marysville, CA 95901 COM OTH PTY SCC A Summary reived this period – itemized monetary contributions of less than early contributions received this period.	Contributions Received DNS ON REVERSE tega for Supervisor 2022 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1D, NUMBER) FAN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-SHAND AND	Contributions Received to whole dollars. Statement cover from 1-1-22 through 4-23-22 tega for Supervisor 2022 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Bijan Parhizgar Yuba City, CA 95993 Bijan Parhizgar Yuba City, CA 95993 Bric Allen Eugene OR 97402 Dave Greenetz Construction Inc. Yuba City, CA 95993 Cric Mallow Marysville, CA 95901 Supervisor Union Pacific SUBTOTAL \$ 7850 Supervisor Union Pacific SubTOTAL \$ 7850	Contributions Received to whole dollars. Statement covers period from 1-1-22	CONTRIBUTIONS RECEIVED THE REGISTRATE ADDRESS AND ZIP CODE OF CONTRIBUTOR OF PERSONNELLS AND CONTRIBUTOR OF PERSONNELLS AND ZIP CODE OF CODE O

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHE	DULE.	A (C	TNC
		\neg	JIVI.

NAME OF FILE Courtney (R Ortega for Supervisor 2022			from <u>1-1-22</u> through <u>4-23-22</u>		CALIFORN FORM Page 5 I.D. NUMBER	
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	CUMULATIVE TO CALENDAR Y		R ELECTION
3/19/22	Piper McKee Marysville, CA 95901	ØIND □COM □OTH □PTY □SCC	Retired	PERIOD 100	(JAN. 1 - DEC.	1	REQUIRED)
3/19/22	Diane Jaeger Yuba City, CA 95991	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100	100		
4/10/22 ———————————————————————————————————	Donna Wohlberg Browns Valley, CA 95918	☑IND □COM □OTH □PTY □SCC	Retired	150	150		
/10/22	Healing Arts Physical Therapy Yuba City, CA 95993	□IND □COM ØOTH □PTY □SCC		250	250		
/11/22	Kathy Caldwell Yuba City, CA 95991	☑ IND	Owner Caldwell Countertops	1450	1450		

*Contributor Codes

IND - Individual COM - Recipient Committee

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	ourtney Ortega for Supervisor 2022	to whole do	to whole dollars. State from $\frac{1-1}{2}$			CALIF FC	⁴ 460	The state of the s	
				through <u>4-23-22</u>		Page_	5	of	Ī
NAME OF FILER						I.D. NUI	MBER		1
Courtney Or	tega for Supervisor 2022					144612	29		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER	ELECTION	

THE RESERVE AND ADDRESS OF THE PARTY OF THE	The second secon	-		-		
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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/18/22	Carla Virga	☑ IND □ COM □ OTH	Retired	500	500	
-	Yuba City, CA 95993	□ PTY □ SCC				
4/18/22	Kent Ramirez	☑IND □COM □OTH	self-employed Kent Ramirez Contracting	100	100	
18	Concord, CA 94521	□PTY □scc				
4/23/22	Rachel Gill	☑ IND □ COM □ OTH	Nurse Adventist Rideout	120	120	
	Yuba city, CA 95991	□PTY □SCC				
3/11/22	Lou Binninger	☑IND □ COM □ OTH	Retired	200	200	
18.	Marysville, CA 95901	□PTY □SCC				
3/13/22	Dave Gill	☑IND □ COM □ OTH	self-employed Dave Gill Contracting	100	100	
	Yuba city, CA 95991	□PTY □SCC	Dave om Contracting			
			SUBTOTAL \$	1020		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from <u>1-1-22</u>

NAME OF FILER Courtney Or	TE CONTRIBUTOR CODE * FULL NAME, STREET ADDRESS AND ZIP CODE OF CODE * (IF COMTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 2 A&E Aroborists Tree Care IND COM FOUND COM CO			through <u>4-23-22</u>		Page . I.D. NI 14461	UMBER
DATE RECEIVED	CONTRIBUTOR	4	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
3/13/22	8	☐ COM ☑ OTH ☐ PTY		100	100		
	Ξ	□COM □OTH □PTY					~
		□COM □OTH □PTY					
95	8	□IND □COM □OTH □PTY			ts.		
		□сом □отн					
			SUBTOTAL \$	100	建制制度		

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

Onlandela D. Deut 4	Am	ounts may be ro	unded				SCHE	DULE B - PAR
Schedule B – Part 1 Loans Received		to whole dollar	s.		Statement cov	ers period	CALIFORN	11A 460
					from <u>1-1-22</u>		FORM	
SEE INSTRUCTIONS ON REVERSE					through <u>4-23-22</u>		Page 8	of_13
NAME OF FILER							I.D. NUMBER	
Courtney Ortega for Supervisor 2022							1446129	
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	N BALANCE AT	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIO TO DATE
Courtney Ortega				PAID \$_0	s 8100	0%	s_8100	s 8100
Yuba City, CA 95991			2122	FORGIVEN				PER ELECTION
☑ IND □ COM □ OTH □ PTY □ SCC		s	\$	s_0	12/31/201 DATE DUE	\$ <u>0</u>	3/8/22 DATE INCURRED	\$ <u>8100</u>
				PAID				CALENDAR YEA
1				\$	s	%	s	\$
				☐ FORGIVEN		RATE		PER ELECTION
□ IND □ COM □ OTH □ PTY □ SCC		s	s	\$	DATE DUE	s	DATE INCURRED	\$
				PAID				CALENDAR YEA
8				\$	\$	%	s	s
ş.				FORGIVEN		RATE		PER ELECTION
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	s	UBTOTALS \$	8100 \$	0	\$ 8100	\$ 0		
Schedule B Summary						(Enter (e) on Sch	nedule E, Line 3)	
. Loans received this period				\$ 810	00			
(Total Column (b) plus unitemized loans	s of less than \$100.)		•••••••					
. Loans paid or forgiven this period		••••••		\$ <u>0</u>			†Contributor Codes IND – Individual	
(Total Column (c) plus loans under \$100	0 paid or forgiven.)						COM - Perinient Co	nmmittee

8100

(May be a negative number)

*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

COM - Recipient Committee

(other than PTY or SCC)

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

Schedul			Amounts may be rounded to whole dollars.						SCHEDULE
Nonmon	etary Contributions Received		to whole dollars.			Statement covers	period —	CALIF FO	ORNIA 160
SEE INSTRUCT	TIONS ON REVERSE				thre	ough 4-23-22		Page 9	of13
Courtney O	ह rtega for Supervisor 2022		s /					I.D. NUM 144612	BER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE R YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
Ni .		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
	, e	☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach addit	tional information on appropriately labeled (continuation :	sheets.	SUBTO	TAL \$				
1. Amount re (Include a	C Summary eceived this period – itemized nonmonetary II Schedule C subtotals.)				0	50	- IND - COM	(other tha	t Committee an PTY or SCC) g., business entity)
3. Total nonn	monetary contributions received this period s 1 and 2. Enter here and on the Summary				Q	50	scc	- Small Co	ntributor Committee

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Courtney Ortega for Supervisor 2022	unts ma to whole	ny be rounde e dollars.	d		Statement covers period from 1-1-22 through 4-23-22	Page	SCHEDU IFORNIA 46 FORM of 13
CODES: If one of the following codes accurately describes the pay CMP campaign paraphernalia/misc. CNS campaign consultants Contribution (explain nonmonetary)* CVC CVC CVC CVC CVC CVC CVC CVC CVC C	ce experition circuine bank ing and stage, del	nd appearand nses ulating s survey resea	ces	: - - 1	rise, describe the payment. RAD radio airtime and production of returned contributions SAL campaign workers' salaries t.v. or cable airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and production of the campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and staff/spouse travel, lodging, and staff/spouse travel, lodging, are transfer between committees of voter registration VEB information technology costs (i	I.D. N 1446 costs ction cos meals ad meals of the sar	UMBER 5129 ts
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR			. Horriot, t	-mail)
Smart Marketing				DESCRI	PTION OF PAYMENT		AMOUNT PAID
Tuba City, CA 95993 Sams Club			CNS, CMP				9500
ruba City, CA 95993			event supplies				177
Iome Depot	+						-
Yuba City, CA 95993			stakes				280
ayments that are contributions or independent expenditures must also be summarized on	Schedu	le D					
chedule E Summary		ю <i>D</i> ,			SUBTO	TAL \$	9957
Itemized payments made this period. (Include all Schedule E subtotals.) Unitemized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount from Schedule B, Include the period of Lines 1, 2, and 3. Enter here and Include the period of Lines 1, 2, and 3.						_ 112	
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and	on the	Summary	Page, Column	A, Line	6.) TOTAL	\$ \$1254	19

Schedule E (Continuation Sheet) Payments Made	Amounts may b to whole do			Statement covers period from 1-1-22 through 4-23-22	CALIFORNI FORM	OULE E (CON 4 460 of 13
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Courtney Ortega for Supervisor 2022					i.d. NUMBER 1446129	_ or
CODES: If one of the following codes accurately descriced 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 campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses lating urvey researd very and mes	s	therwise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at TRS staff/spouse travel, lodging, transfer between committee VOT voter registration WEB information technology cost	n costs duction costs nd meals and meals es of the same cand	didate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AM	MOUNT PAID
Territorial Dispatch , Marysville, CA 95901		PRT			133	0

(II SOMMITTEL ALOS ENTENTIAL NOMBER)	Contract of the Contract of th	
Territorial Dispatch , Marysville, CA 95901	PRT	1330
Outfront Media Sacramento, CA 95833	PRT	1150

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

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	CALIFORNIA ACO
from <u>1-1-22</u>	california 460 form
through <u>4-23-22</u>	Page 12 of 13

I.D. NUMBER

1446129

SEE INSTRUCTIONS ON REVERS	Ξ
----------------------------	---

NAME OF FILER

Courtney Ortega for Supervisor 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Smart Marketing

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 PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration
LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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

	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Signworx	Olivehurst, CA 95961		signs	2667
Political Data Inc	Norwalk, CA 90650		voter data	800
4Imprint	Oshkosh WI 54901	СМР		1428
Premier Print & M	ail West Sacramento, CA 95691	LIT		1058

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 5953

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

Schedule G Payments Made by an Agent or Indep Contractor (on Behalf of This Commi		Statement covers period from 1-1-22	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through_4-23-22	Page 13 of 13
NAME OF FILER			I.D. NUMBER
Courtney Ortega for Supervisor 2022			1446129
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Smart Marketing			
CODES: If one of the following codes accurately	describes the payment, you may enter the code. O	therwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	

CODES: If one of the following codes accurately describe	es the payment, you may enter the code.	Otherwise, describ	be 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 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 airt RFD returned SAL campaign TEL t.v. or cal TRC candidate TRS staff/spou TSF transfer b VOT voter regi	ime and production costs contributions n workers' salaries ble airtime and production costs e travel, lodging, and meals use travel, lodging, and meals between committees of the same candidate/sponsor

^{*} 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
Facebook Menlo Park		boosted posts	420

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 420

^{*} 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.