

**Recipient Committee  
Campaign Statement  
Cover Page**

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**CALIFORNIA FORM 460**

Page 1 of 11

For Official Use Only

Statement covers period  
from Jan. 1, 2016  
through June 30, 2016

Date of election if applicable:  
(Month, Day, Year) Nov. 8, 2016

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  
*(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)  
Misfiled appended donations for June
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1383723

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Jay Humphrey for City Council 2016

STREET ADDRESS (NO P.O. BOX)

1620 Sandalwood St.

| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE     |
|-------------------|-----------|--------------|---------------------|
| <u>Costa Mesa</u> | <u>CA</u> | <u>92626</u> | <u>714-751-6552</u> |

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

P.O. Box 1325

| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE     |
|-------------------|-----------|--------------|---------------------|
| <u>Costa Mesa</u> | <u>CA</u> | <u>92626</u> | <u>714-751-6552</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Andrya Powers

MAILING ADDRESS

1620 Sandalwood St.

| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE     |
|-------------------|-----------|--------------|---------------------|
| <u>Costa Mesa</u> | <u>CA</u> | <u>92626</u> | <u>714-751-6552</u> |

NAME OF ASSISTANT TREASURER, IF ANY

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 8/17/2016  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 8/17/2016  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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  
 Jay Humphrey  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 Member, Costa Mesa City Council  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
 1620 Sandalwood St. Costa Mesa CA 92626

**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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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

**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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from Jan. 1, 2016  
through June 30, 2016

CALIFORNIA  
FORM **460**

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I.D. NUMBER  
1383723

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jay Humphrey for City Council 2016

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | 1215.00  | 1215.00                                    |
| 2. Loans Received..... Schedule B, Line 3            | 5000.00  | 5000.00                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | 6215.00  | 6215.00                                    |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | 6215.00  | 6215.00                                    |

## 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 \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

## Expenditures Made

|  |         |         |
|--|---------|---------|
| 6. Payments Made..... Schedule E, Line 4                   | 1026.36 | 1026.36 |
| 7. Loans Made..... Schedule H, Line 3                      | 0.00    | 0.00    |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | 1026.36 | 1026.36 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0.00    | 0.00    |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | 0.00    | 0.00    |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | 1026.36 | 1026.36 |

## 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..... Previous Summary Page, Line 16             | 0.00    |
| 13. Cash Receipts..... Column A, Line 3 above                              | 6215.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | 0.00    |
| 15. Cash Payments..... Column A, Line 8 above                              | 1026.36 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | 5188.36 |

*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).

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

## LOAN GUARANTEES RECEIVED

|  |      |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | 0.00 |
|--|------|

## Cash Equivalents and Outstanding Debts

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

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

CALIFORNIA **460**  
FORM

Statement covers period  
from Jan. 1, 2016  
through June 30, 2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jay Humphrey for City Council 2016

I.D. NUMBER

1383723

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 3/4/2016           | Marion McMillian<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired, None  | \$100.00                    | \$100.00  |                                    |
| 6/9/2016           | Sheila Koff<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired, None  | \$100.00                    | \$100.00  |                                    |
| 6/30/2016          | Karen Humphrey<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired, None  | \$1,000.00                  | \$1,000.00  |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | 100.00                      |   |                                    |

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ \$1,200.00
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ \$15.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....**TOTAL \$** \$1,215.00

\*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 B - Part 1**  
**Loans Received**

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

Jay Humphrey for City Council 2016

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| IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC                                     | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD *  | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|---|-----------------------------|--|---|---------------------------|-------------------------|----------------------------------|
|  |   |   |   |                             |  |   |                           |                         |                                  |
| Retired, None  | John V. Humphrey, III<br>[REDACTED]   | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | \$ 0.00                                   | \$ 5,000.00                 | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 5,000.00                                 | 0 %                       | \$ 5,000.00             | \$ 5,000.00                      |
|  |   | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            | \$  | \$                          | <input type="checkbox"/> PAID \$<br><input type="checkbox"/> FORGIVEN \$           | \$  | %                         | \$                      | \$                               |
|  |   | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            | \$  | \$                          | <input type="checkbox"/> PAID \$<br><input type="checkbox"/> FORGIVEN \$           | \$  | %                         | \$                      | \$                               |
|  |   |   | <b>SUBTOTALS \$</b>                       | <b>5,000.00 \$</b>          | <b>0.00 \$</b>   | <b>0.00 \$</b>                              | <b>0.00</b>               | <b>0.00</b>             | <b>0.00</b>                      |

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

**Schedule B Summary**

- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 5,000.00
- 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.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 5,000.00  
 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.



# Schedule C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

Statement covers period  
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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Jay Humphrey for City Council 2016

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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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
| <b>SUBTOTAL \$</b> |  |  |  |                                  | 0.00                      |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

## Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) .....\$ 0.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ 0.00
- 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 \$** 0.00

\*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 E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

CALIFORNIA  
FORM  
**460**

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**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT          | AMOUNT PAID   |
|---|------|----|---------------------------------|---------------|
| Shea Huffman<br>[REDACTED]  | CNS  |    | Consulting on Facebook activity | \$100.00      |
| Shea Huffman<br>[REDACTED]  | CNS  |    | Consulting on Facebook activity | \$100.00      |
| JT Printing<br>PO Box 6971<br>Buena Park, CA 90622                  | Lit  |    | Printing of Remit Envelopes     | \$350.00      |
| <b>SUBTOTAL \$</b>  |      |    |                                 | <b>550.00</b> |

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

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 965.81
- Unitemized payments made this period of under \$100..... \$ 60.55
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e))..... \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ 1026.36**







# Schedule H Loans Made to Others\*

Amounts may be rounded  
to whole dollars.

SCHEDULE H

## CALIFORNIA FORM 460

Statement covers period  
from Jan. 1, 2016  
through June 30, 2016

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I.D. NUMBER  
1383723

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD*                                      | (d) OUTSTANDING BALANCE CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE                            |
|---|---|---|-------------------------------|--|--|-----------------------|-----------------------------|---|
|   |   | \$ _____                                      | \$ _____                      | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN | \$ _____<br>DATE DUE                         | _____ %<br>RATE       | \$ _____<br>DATE INCURRED   | \$ _____<br>PER ELECTION**<br>\$ _____<br>DATE INCURRED |
|   |   | \$ _____                                      | \$ _____                      | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN | \$ _____<br>DATE DUE                         | _____ %<br>RATE       | \$ _____<br>DATE INCURRED   | \$ _____<br>PER ELECTION**<br>\$ _____<br>DATE INCURRED |
| <b>SUBTOTALS</b>  |   | <b>\$ _____</b>                               | <b>\$ _____</b>               | <b>\$ _____</b>  | <b>\$ _____</b>                              | <b>\$ _____</b>       | <b>\$ _____</b>             | <b>\$ _____</b>   |

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

### Schedule H Summary

- Loans made this period..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans..... \$ 0.00  
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)..... **NET \$ 0.00**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\*If Required

