Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED TY CLERK	CALIFORNIA 460
	Statement covers period	Date of election if applicable: (Month, Day, Year)	JAN -8 PM 4:	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2018	11/06/2018	OF COSTA MES	ā
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5)  ☐ General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Uso Complete Part 6)  rimarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	<ul> <li>□ Preelection Statement</li> <li>☑ Semi-annual Statement</li> <li>☑ Termination Statement</li> <li>(Also file a Form 410 Term</li> <li>□ Amendment (Explain belo</li> </ul>	nination)	Quarterly Statement Special Odd-Year Report
3. Committee information	NUMBER 406016	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Trahan for City Council 2018		NAME OF TREASURER  Lysa Ray  MAILING ADDRESS  3843 S Bristol St #604		
STREET ADDRESS (NO P.O. BOX) 2000 Newport Blvd		CITY Santa Ana		ZIP CODE AREA CODE/PHONE 92704 714-540-2295
CITY STATE ZIP COI Costa Mesa CA 92627		NAME OF ASSISTANT TREASURER, I	FANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX C/O Lysa Ray 3843 S Bristol St #604		MAILING ADDRESS		
CITY STATE ZIP COI Santa Ana CA 92704		CITY	STATE Z	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS trahanforcitycouncil2018@gmail.com		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on	California that the foregoing is true and  By  By  Signature of Confr	COTTECT.  Signature of Treasurer or Assistant Tre  folling Officeholder, Candidate, State Measure Propor	nent or Responsible Officer of	
Executed on	Bv	Signature of Controlling Officeholder, Candidate, State		

COVER PAGE

## Recipient Committee Campaign Statement Cover Page — Part 2

CALIF		460
Page _	2 0	ıf <u>17</u>

Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballo	ot Measure Committe	е
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	······································	-
Rebecca Trahan				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABI	LE)	BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE
City Council Member, City of Costa Mesa District 5				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE  955 W 19th D216 Costa Mesa CA 92627	ZIP	Identify the controlling office	eholder, candidate, or stat	e measure proponent, if any.
300 VV 10th B210		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPONENT	
Related Committees Not Included in this Statement: List any continuities in this statement that are controlled by you or are primarily formed to contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY
COMMITTEE NAME I.D. NUMBER			<del>-</del>	
	_	Data and the France of Com-	1: 1 - 4 - 10ff; - a b - 1 d - a 0	
NAME OF TREASURER CONTROLLED COMM	ITTEE?	<ul> <li>Primarily Formed Cand officeholder(s) or candidate(s)</li> </ul>		
☐ YES ☐ N	0			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SO	DUGHT OR HELD SUPPO
CITY STATE ZIP CODE AREA CO	DDE/PHONE	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SO	DUGHT OR HELD SUPPOI
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SO	DUGHT OR HELD SUPPO
NAME OF TREASURER CONTROLLED COMM		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SO	OUGHT OR HELD SUPPO
☐ YES ☐ NICOMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	0			☐ OPPOS
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				
CITY STATE ZIP CODE AREA CO	DDE/PHONE	A 44-	ach continuation sheets if	nacassan/
		Atta	เบก บบกแกนสถบก รกษะเร ก	necessary

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 160

	from	10/21/2018	FORM	400
SEE INSTRUCTIONS ON REVERSE	through _	12/31/2018	Page3	of17
NAME OF FILER			I.D. NUMBER	
Trahan for City Council 2018			1406016	
		0 1 1 1/ 0		

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$ 3650.00	General Elections
2. Loans Received	0.00	550.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0.00	\$ 4200.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions	0.00	3622.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$0.00	\$	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	\$4004.87	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	22 Computation Former difference Modes
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$0.00	\$4004.87	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00	0.00	Date of Election Total to Date
10. Nonmonetary Adjustment	0.00	3622.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$0.00	\$ 7626.87	\$
Current Cash Statement		1	
12. Beginning Cash Balance Previous Summary Page, Line 16		To calculate Column B,	
13. Cash Receipts Column A, Line 3 above	0.00	add amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	A to the corresponding amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	0.00	of your last report. Some amounts in Column A may	, i
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$195.13	be negative figures that should be subtracted from	
If this is a termination statement, Line 16 must be zero.	_	previous period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	<ul> <li>this is the first report being filed for this calendar year, only carry over the amounts</li> </ul>	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$0.00	any).	
19. Outstanding Debts	0.00		FPPC Form 460 (Jan/2016)
700 Ente 2 i Ente 3 il Column D above	¥		FPPC Form 480 (Jany 2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)
			www.fppc.ca.gov

<b>Schedule</b>	: A		ts may be rounded			SCHEDULE		
	Contributions Received	to	whole dollars.	Statement cov	ers period /2018	CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through12/3	31/2018	Page	e4 of17	
NAME OF FILER	,					I.D. NU	JMBER	
Trahan for	r City Council 2018					14060	016	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$				
Schedule A	A Summary				*Con	tributor (	Codes	
	eceived this period – itemized monetary contributions.		\$	0.00			ual vient Committee r than PTY or SCC)	
•	eceived this period – unitemized monetary contribution			0.00		- Other	(e.g., business entity)	
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			0.00		– Politica – Small	al Party Contributor Committee	

## Schedule A (Continuation Sheet) Monetary Contributions Received Amounts may be rounded to whole dollars. Statement covers period from 10/21/2018 through 12/31/2018

CALIFORNIA FORM	460

SCHEDULE A (CONT.)

I.D. NUMBER

1406016

Trahan for City Council 2018

NAME OF FILER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL \$	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 B – Part 1	Am	ounts may be rou		Г	Statement cov	ers period		dole b - PART I
Loans Received		to whole dollars	5.			/2018	CALIFORN FORM	<sup>IIA</sup> 460
					Irom			
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2018	Page 6	of
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·				I.D. NUMBER	
Trahan for City Council 2018							1406016	
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 PAI OR FORGIVE THIS PERIOL	N. I CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID  \$ FORGIVEN	s	% RATE	\$	\$PER ELECTION**
†   IND   COM   OTH   PTY   SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
†   IND		ss subtotals	ss 0.00	PAID  S FORGIVEN  PAID  PAID  FORGIVEN  S O.0	DATE DUE  DATE DUE  DATE DUE  0 \$ 0.00	(Enter (e) on		CALENDAR YEAR  S PER ELECTION**  CALENDAR YEAR  S PER ELECTION**  S S
Schedule B Summary				•		Schedule E, Line 3)	)	
Loans received this period  (Total Column (b) plus unitemized loar		•••••		\$	0.00			
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgiven.) t are also itemized on Sche	edule A.)			0.00	IN C	Contributor Codes  ND – Individual  COM – Recipient C (other than  TH – Other (e.g.,  TY – Political Parl  CC – Small Contr	Committee PTY or SCC) business entity) ty
<ol><li>Net change this period. (Subtract Lin Enter the net here and on the Summa</li></ol>		•••••	••••••		(May be a negative number)	٥	CC – Small Contr	
*Amounts forgiven or paid by another party also m	aust be reported on Schedule A.	٦					FPPC For	m 460 (Jan/2016

\*\* If required.

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

LENDER

DATE

SUBTOTAL \$

□ PTY
□ SCC

☐ IND

□отн

□ PTY
□ SCC

CALENDAR YEAR

PER ELECTION

(IF REQUIRED)

Enter on Summary Page, Line 17 only.

0.00

Schedule	C		Amounts may be rounded						SCHEDULE
	tary Contributions Received		to whole dollars.		8	Statement covers p			ORNIA 460
					fron	10/21/20	18	FO	RM IOO
SEE INSTRUCTIO	NS ON REVERSE				thro	ugh12/31/2	018	Page	8 of <u>17</u>
NAME OF FILER								I.D. NUME	BER
Trahan for 0	City Council 2018	48						140601	6
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	DA CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		IND COM OTH PTY SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	TAL S	\$			
Sabadula <i>i</i>	C Summary		-						
1. Amount re	ceived this period – itemized nonmonetar I Schedule C subtotals.)				\$ _	0.00	IND		l nt Committee
•	ceived this period – unitemized nonmone					0.00	отн	l – Òther (e	nan PTY or SCC) .g., business entity)
	nonetary contributions received this period							- Political I - Small Co	Party ontributor Committee
	1 and 2. Enter here and on the Summan		nn A. Lines 4 and 10.)	TOTA	L\$	0.00			

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole dolla		Statement covers	018	CALIFORNIA 460		
	ONS ON REVERSE			through12/31/			9 of 17	
NAME OF FILER  Trahan for (	City Council 2018					.D. NUMBI		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
	□ Support □ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	. \$				
	D Summary contributions and independent expenditures made	e this period. (Include	all Schedule D subtotals	s.)		\$	0.00	
	d contributions and independent expenditures m						0.00	

0.00

Summary Supporti	ation Sheet) y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be to whole doll		Statement covers period  from10/21/2018  through12/31/2018		SCHEDULE D (CO  CALIFORNIA 46  FORM  Page 10 of 17		
	City Council 2018					140601		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - [	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose							
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure						
			SUBTOTAL	\$ 0.00			a de la companya de	

Schedule E Payments Made		Amounts may be rounded to whole dollars.			10/21/2018	FO	
SEE INSTRUCTIONS ON REVERSE				throug	<sub>Jh</sub> 12/31/2018	Page _	
NAME OF FILER						I.D. NUM	
Trahan for City Council 2018						140601	6
CODES: If one of the following codes accurately described 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 com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s	munications d appearance es lating urvey resear very and me	es ch essenger services	RAD ra RFD ra SAL co TEL t. TRC co TRS si TSF tr VOT vo	scribe the payme adio airtime and produ- eturned contributions ampaign workers' sala v. or cable airtime and andidate travel, lodgir taff/spouse travel, lod ansfer between commoter registration oformation technology	action costs aries d production costs g, and meals ging, and meals nittees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION C	DF PAYMENT		AMOUNT PAID
···							
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.				SUBTOTAL \$	0.00
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)			•••••		\$	0.00
2. Unitemized payments made this period of under \$100							0.00
3. Total interest paid this period on loans. (Enter amount from							0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. I							0.00

Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do		Statement covers period from 10/21/2018	SCHEDULE E (CONT.  CALIFORNIA 460  FORM	
SEE INSTRUCTIONS ON REVERSE			through12/31/2018	Page of	
NAME OF FILER  Trahan for City Council 2018				1.D. NUMBER 1406016	
CODES: If one of the following codes accurately described 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 circul PHO phone banks POL polling and su POS postage, deliv	munications I appearances es ating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging,	duction costs and meals and meals s of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	JK	DESCRIPTION OF PATIMENT		AWOUNT FAID
				İ	
Annual description of the second seco					
	]				
				+	
	<u> </u>	<u> </u>			

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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.				
			through12/3	31/2018	Page 13 of 17
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER					I.D. NUMBER
Trahan for City Council 2018	_				1406016
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	nces nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production cost butions kers' salaries time and production el, lodging, and me avel, lodging, and en committees of to on	on costs eals meals the same candidate/sponsor
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 PAI THIS PERIO (ALSO REPORT O	D BALANCE AT CLOSE
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$ :	\$	\$
Schedule F Summary					
<ol> <li>Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)</li> </ol>	schedule F, Column (b) su accrued expenses under :	btotals for \$100.)	INC	JRRED TOTAL	LS \$
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)</li></ol>	edule F, Column (c) subto	tals for payments on			0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and	1			
					may be a negative number

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Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

	,
Statement covers period from 10/21/2018	CALIFORNIA 460
through12/31/2018	Page 14 of 17
	I.D. NUMBER
	1406016

TSF

Trahan for City Council 2018

NAME OF FILER

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

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants MTG meetings and appearances OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals TRS FND fundraising events POL polling and survey research transfer between committees of the same candidate/sponsor

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

WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

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

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
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	SUBTOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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 from10/21/2018	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE		through12/31/2018	Page 15 of 17		
NAME OF FILER			I.D. NUMBER		
Trahan for City Council 2018			1406016		
NAME OF AGENT OR INDEPENDENT CONTRACTOR  CODES: If one of the following codes accurately describes the	normant you may onter the code (	Othonuica describe the nayment			
•	• • •		oosto.		
CMP campaign paraphernalia/misc. MBf CNS campaign consultants MTC	R member communications G meetings and appearances	RAD radio airtime and production c RFD returned contributions	osis		
CTB contribution (explain nonmonetary)*  OFC	•	SAL campaign workers' salaries			
CVC civic donations PET		TEL t.v. or cable airtime and produ	iction costs		
FIL candidate filing/ballot fees PHC	1	TRC candidate travel, lodging, and			

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

POL polling and survey research

PRT

print ads

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

independent expenditure supporting/opposing others (explain)\*

FND

IND

fundraising events

campaign literature and mailings

LEG legal defense

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR		DESCRIPTION OF PAYMENT		AMOUNT PAID
				27	

<sup>\*</sup> 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.

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

0.00

staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

VOT voter registration

transfer between committees of the same candidate/sponsor

SCHEDULE H Statement covers period Schedule H Amounts may be rounded **CALIFORNIA** to whole dollars. 10/21/2018 **Loans Made to Others\* FORM** from 12/31/2018 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Trahan for City Council 2018 1406016 IF AN INDIVIDUAL, ENTER OUTSTÄNDING FULL NAME, STREET ADDRESS AND ZIP CODE OUTSTANDING **AMOUNT CUMULATIVE** INTEREST **ORIGINAL** REPAYMENT OR OCCUPATION AND EMPLOYER BALANCE **BALANCE AT** OF RECIPIENT LOANED THIS RECEIVED AMOUNT OF LOANS **FORGIVENESS** (IF SELF-EMPLOYED, ENTER CLOSE OF THIS **BEGINNING THIS** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) **PERIOD** LOAN TO DATE THIS PERIOD' PERIOD PERIOD CALENDAR YEAR PAID RATE PER ELECTION\*\* FORGIVEN DATE DUE DATE INCURRED CALENDAR YEAR ☐ PAID PER ELECTION\*\* FORGIVEN DATE DUE DATE INCURRED \*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be 0.00 0.00 | \$ 0.00 0.00 \$ SUBTOTALS \$ reported on Schedule E. (Enter (e) on Schedule I, Line 3) **Schedule H Summary** 0.00 1. Loans made this period...... \*\*If Required (Total Column (b) plus unitemized loans of less than \$100.) 0.00 2. Payments received on loans

(Total Column (c) plus unitemized payments of less than \$100.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$

(May be a negative number)

Schedule I		Amounts may be rounded		SCHEDULE			
discellaneous Increases to Cash		to whole dollars.	Stat	ement covers period	CALIFORNIA 460		
				10/21/2018	FORM TOO		
			through	h 12/31/2018	Page 17 of 17		
SEE INSTRUCTIONS ON REVERSI NAME OF FILER	E				I.D. NUMBER		
Trahan for City Council 2	2018				1406016		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION	OF RECEIPT	AMOUNT OF INCREASE TO CASH		
	- Lance			<del>,</del>			
			<u>=</u>				
Attach additional informa	ation on appropriately labeled continuation sheet	s		SUBTOTA	L\$		
Schedule I Summar	у						
	cash this period				<del></del>		
	to cash of under \$100 this period				<del>_</del>		
3. Total of all interest rece	eived this period on loans made to others. (	Schedule H, Column (e).)	•••••	\$0.0	<u>00</u>		
I. Total miscellaneous ind Summary Page, Line 1	creases to cash this period. (Add Lines 1, 2, 4.)	, and 3. Enter here and on the	TOTA	<b>L</b> \$0.0	00		