

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

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

- Off/holder, 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/Off/holder Committee (Also Complete Part 7)

Statement covers period
from Aug 1, 2014
through Nov 5, 2014

Date of election if applicable:
(Month, Day, Year)
Nov. 4, 2014

2. Type of Statement:

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

| | |
|---------------------|--|
| Date Stamp | FILED NOV 17 2014 SUSAN M. RANOGCHAK MENDOCINO COUNTY CLERK AS Deputy |
| CALIFORNIA FORM 460 | |
| Page _____ of _____ | For Official Use Only |

3. Committee Information

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

Committee to Elect Paul Joens - Boulton

I.D. NUMBER
1365981

Treasurer(s)

NAME OF TREASURER

Jesse Damiano

MAILING ADDRESS

[Redacted Address]

[Redacted Address]

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief the information furnished herein 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.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete.

Executed on Nov. 11, 2014

By _____

Executed on Nov. 11, 2014

By _____

Executed on _____

By _____

Executed on _____

By _____

Signature of Controlling Off/holder, Candidate, State Measure Proponent

FPPC Form 480 (January/06)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-5772)
State of California

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Peters - Bulhorn

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mendocino County Superintendent of Schools

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP



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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from _____ through _____

CALIFORNIA FORM **460**

Page _____ of _____

I.D. NUMBER 1365981

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Paul Torres-Rubio

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions | \$ 0 | \$ 3080.20 |
| 2. Loans Received | \$ 0 | \$ 3100. |
| 3. SUBTOTAL CASH CONTRIBUTIONS | \$ 0 | \$ 6280.20 |
| 4. Nonmonetary Contributions | \$ 0 | \$ 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | \$ 0 | \$ 6280.20 |

Expenditures Made

| | | |
|------------------------------------|------|------------|
| 6. Payments Made | \$ 0 | \$ 9265.57 |
| 7. Loans Made | \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS | \$ 0 | \$ 9265.57 |
| 9. Accrued Expenses (Unpaid Bills) | \$ 0 | \$ 0 |
| 10. Nonmonetary Adjustment | \$ 0 | \$ 0 |
| 11. TOTAL EXPENDITURES MADE | \$ 0 | \$ 9265.57 |

Current Cash Statement

| | | |
|-------------------------------------|---|-----------|
| 12. Beginning Cash Balance | Previous Summary/Page, Line 16 | \$ 101.98 |
| 13. Cash Receipts | Column A, Line 3 above | \$ 0 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$ 0 |
| 15. Cash Payments | Column A, Line 8 above | \$ 0 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 101.98 |

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

LOAN GUARANTEES RECEIVED

Schedule B, Part 2

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ _____

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

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

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

Expenditure Limit Summary for State Candidates

| | | |
|--|--------------------------------|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | Date of Election (mm/dd/yy) | Total to Date |
| | 1/1 | \$ _____ |
| | 1/1 | \$ _____ |

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

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).

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA
FORM 460

NAME OF FILER

Paul Toens-Polster

Statement covers period
from _____
through _____

Page _____ of _____
I.D. NUMBER

| 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) |
|--------------------|--|--|---|-----------------------------|--|---------------------------------------|
| | <i>None</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | | | |

*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
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from _____
through _____

Page _____ of _____
I.D. NUMBER

NAME OF FILER
Paul Jones - Politician

| FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | 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 |
|--|---|--|-----------------------------------|--|--|---------------------------------|-------------------------------|---|
| <i>None</i> | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | 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 | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | 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 | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | DATE DUE _____ | _____% RATE | DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** |
| SUBTOTALS \$ | | \$ _____ | \$ _____ | \$ _____ | DATE DUE _____ | _____% RATE | DATE INCURRED _____ | \$ _____ |

Schedule B Summary

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

- Loans received this period \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- 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 \$** _____
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 E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Aug 1, 2014
through Nov 5, 2014

Page 1 of 1
I.D. NUMBER

CALIFORNIA
FORM
460

SCHEDULE E

NAME OF FILER Paul Jones-Palton

1365981

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MER member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RPD 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 |
| FL candidate filing/ballot fees | FHO 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 | FRO professional services (legal, accounting) | VOT voter registration |
| LT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| SUBTOTAL \$ | | | | |

* 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.) \$ _____
- Unitemized payments made this period of under \$100 \$ _____
- 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 \$** _____

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Aug 1, 2014
through Nov 5, 2014

CALIFORNIA
FORM **460**
Page _____ of _____
I.D. NUMBER
#1355981

NAME OF FILER Paul Jones - Fowler

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

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

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| <i>None</i> | | | | | |
| SUBTOTALS \$ | | \$ | \$ | \$ | \$ |

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

Schedule F Summary

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

May be a negative number