

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

<b>FILED</b> Date Stamp <b>MAY 26 2016</b> SUSAN M. RANOGAJAK MENDOCINO COUNTY CLERK By <i>[Signature]</i> Deputy	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>1</u>
	For Official Use Only

Statement covers period from <u>4/24/16</u> through <u>5/21/16</u>	Date of election if applicable: (Month, Day, Year) <u>June 7, 2016</u>
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SEE INSTRUCTIONS ON REVERSE

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

- |  |   |
|--|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><small>(Also Complete Part 5)</small> | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>   |

2. Type of Statement:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

Committee Information

I.D. NUMBER

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

Citizens for Fire Safe Forests

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ukiah	CA	95482	

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

Allen Cooperrider

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ukiah	CA	95482	

NAME OF ASSISTANT TREASURER, IF ANY

Els Cooperrider

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ukiah	CA	95482	

OPTIONAL: FAX / E-MAIL ADDRESS

Verification

I have used all reasonable diligence in preparing and reviewing this statement and to certify under penalty of perjury under the laws of the State of California that the foregoing information in the attached schedules is true and complete. I

Executed on 5/24/16  
Date

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

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

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

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

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**

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 7

**Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

Measure V

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

V

Mendocino County

**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  
☐ 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>4/24/16</u> through <u>5/21/16</u>	CALIFORNIA FORM <b>460</b> Page <u>3</u> of <u>7</u>
I.D. NUMBER 1381549	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Fire Safe Forests

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... Schedule A, Line 3	\$ <u>\$3,267</u>	\$ <u>\$8,753.47</u>
Loans Received..... Schedule B, Line 3	\$ <u>\$3,267</u>	\$ <u>\$8,753.47</u>
SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>\$3,267</u>	\$ <u>\$8,753.47</u>
Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>\$3,267</u>	\$ <u>\$8,753.47</u>
TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>\$3,267</u>	\$ <u>\$8,753.47</u>

## 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

Payments Made..... Schedule E, Line 4	\$ <u>\$3,619.32</u>	\$ <u>\$5,346.66</u>
Loans Made..... Schedule H, Line 3	\$ _____	\$ _____
SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ _____	\$ _____
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ _____	\$ _____
Nonmonetary Adjustment..... Schedule C, Line 3	\$ _____	\$ _____
I. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>\$3,619.32</u>	\$ <u>\$5,346.66</u>

## 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
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

2. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>\$4,010.35</u>
3. Cash Receipts..... Column A, Line 3 above	\$ <u>\$3,267.00</u>
4. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ _____
5. Cash Payments..... Column A, Line 8 above	\$ <u>\$3,619.32</u>
3. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>\$3,658.03</u>

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

7. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ _____
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## Cash Equivalents and Outstanding Debts

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

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.

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>4/24/16</u> through <u>5/21/16</u>	CALIFORNIA FORM <b>460</b> Page <u>4</u> of <u>7</u>
I.D. NUMBER <b>1381549</b>	

SEE INSTRUCTIONS ON REVERSE  
PAGE 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)
4/25/16	Deborah White [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Mendocino-Lake Community College District	\$100	\$100	\$100
5/6/16	Mark Wentworth [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Organic Winegrape and Cattle Farmer	\$100	\$100	\$100
5/19/16	Brendan Smith [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Oberon Design	\$100	\$100	\$100
4/26/16	Mendocino Women's Political Coalition PAC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500	\$500	\$500
4/25/16	Miguel Bergstrom [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Consultant	\$200	\$200	\$200
<b>SUBTOTAL \$</b>				<b>\$1000</b>		

## Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) .....\$ \_\_\_\_\_

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 \$** \_\_\_\_\_

\*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 Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	CALIFORNIA FORM <b>460</b> Page <u>5</u> of <u>7</u>
I.D. NUMBER <b>1381549</b>	

SEE INSTRUCTIONS ON REVERSE  
PAGE 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)
4/25/16	Joyce C Desaussure [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
4/29/16	WP Desaussure [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$150	\$150	\$150
5/4/16	Paul Katzeff [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Bean Brain Systems	\$100	\$100	\$100
5/4/16	Lee Edmundson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200	\$200	\$200
5/8/16	Nyla Marnay [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
SUBTOTAL \$				\$750		

## Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) .....\$ \_\_\_\_\_

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 \$ \_\_\_\_\_

### \*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** **Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b> Page <u>6</u> of <u>7</u> I.D. NUMBER <b>1381549</b>
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SEE INSTRUCTIONS ON REVERSE  
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)
5/18/16	Stacey Squire [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Whole Foods Therapy	\$100	\$100	\$100
5/18/16	Paige Poulos [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organic Hay Farmer, Broker and Hauler All American Hay&Grain	\$500	\$500	\$500
		<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				
<b>SUBTOTAL \$</b>				<b>\$600</b>		

## **Schedule A Summary**

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) .....\$ **2250**

Amount received this period – unitemized monetary contributions of less than \$100 .....\$ **917**

Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$ 3267**

\*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

Statement covers period from 4/24/16 through 5/21/16	CALIFORNIA FORM <b>460</b> Page 7 of 7
I.D. NUMBER 1381549	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Fire Safe Forests

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

MP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
NS campaign consultants	MTG meetings and appearances	RFD returned contributions
TB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
VC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
L candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
VD fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
ID independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
EG legal defense	PRO professional services (legal, accounting)	VOT voter registration
T 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
California Newspaper Adv. [REDACTED]	PRT		\$3600

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

**SUBTOTAL \$**

## Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3600
Unitemized payments made this period of under \$100	\$ 19.32
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.)	<b>TOTAL \$ 3619.32</b>