

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

| | | |
|---|--|----------------------------------|
| Statement covers period from <u>7.31.2017</u> through <u>1.1.2018</u> | Date of election if applicable (Month, Day, Year) <u>NOV 13 2017</u> <u>CITY CENTER</u> | Date Stamp <u>NOV 13 2017</u> |
|---|--|----------------------------------|

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 Candidate/Officeholder Committee (Also Complete Part 6)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1386279

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Paul Creighton for City Council 2016

Treasurer(s)

NAME OF TREASURER
Karen Creighton

STREET ADDRESS (NO P.O. BOX)
1459 Fruitland Avenue

CITY **Atwater** STATE **CA** ZIP CODE **95301** AREA CODE/PHONE **209.485.3191**

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

MAILING ADDRESS
1459 Fruitland Avenue

CITY **Atwater** STATE **CA** ZIP CODE **95301** AREA CODE/PHONE **209.485.3191**

NAME OF ASSISTANT TREASURER, IF ANY
Paul Creighton

MAILING ADDRESS
1459 Fruitland Avenue

CITY **Atwater** STATE **CA** ZIP CODE **95301** AREA CODE/PHONE **209.485.3191**

OPTIONAL: FAX / E-MAIL ADDRESS
creighton4atwater@gmail.com

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 1.31.2018 Date
By *Paul Creighton* Signature of Treasurer

Executed on 1-31-2018 Date
By *Paul Creighton* Signature of Controlling Officer/Assistant Treasurer

Executed on _____ Date
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on _____ Date
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

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



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Paul Creighton

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council - Atwater, California

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1459 Fruitland Avenue Atwater, CA 95301

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? <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? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

| | |
|---|----------------------------|
| Statement covers period from <u>7.31.2017</u> through <u>1.1.2018</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>5</u> | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Paul Creighton

I.D. NUMBER
1386279

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--|--|
| 1. Monetary Contributions..... | Schedule A, Line 3 0 | \$ _____ |
| 2. Loans Received..... | Schedule B, Line 3 0 | \$ _____ |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 0 | \$ _____ |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 0 | \$ _____ |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 0 | \$ _____ |

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 | | \$ _____ | | \$ _____ |

Expenditures Made

| | | | |
|---|----------------------|-----------|----------|
| 6. Payments Made..... | Schedule E, Line 4 | \$ 140.00 | \$ _____ |
| 7. Loans Made..... | Schedule H, Line 3 | 0 | \$ _____ |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | 140.00 | \$ _____ |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 | 49.70 | \$ _____ |
| 10. Nonmonetary Adjustment..... | Schedule G, Line 3 | 0 | \$ _____ |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | 189.70 | \$ _____ |

Expenditure Limit Summary for State Candidates

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

Current Cash Statement

| | | |
|--|---|------------|
| 12. Beginning Cash Balance..... | Previous Summary Page, Line 16 | \$ 1611.01 |
| 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 | \$ 1471.01 |

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).

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------------|---------------------------------------|----------|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 | \$ 0 |
| 18. Cash Equivalents..... | See instructions on reverse | \$ _____ |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above | \$ 49.70 |

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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM
460

Statement covers period
from 7.31.2017
through 1.1.2018

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

Paul Creighton

1386279

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 |
| FL | 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 (IF COMMITTEE, ALSO ENTER I.D. 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.) \$ 0
- Unitemized payments made this period of under \$100 \$ 140.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 140.00

