Recipient Committee Campaign Statement

Type or print in inl

COVER PAGE

Date Stamp **CALIFORNIA** 2001/02 RECEIVED Cover Page **FORM** (Government Code Sections 84200-84216.5) Date of election if applicable: Statement covers period MAY 2 2 2014 (Month, Day, Year) 3-18-2014 from For Official Use Only HUMBOLDT COUNTY 6-3-2014 5-17-2014 **ELECTIONS** SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Quarterly Statement Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee O State Candidate Election Committee O Primarily Formed Semi-annual Statement Special Odd-Year Report O Controlled ○ Recall Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored Statement - Attach Form 495 Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1355583 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Kimberly Sundberg Friends of Ryan Sundberg 2014 MAILING ADDRESS 1665 Camellia Dr 1665 Camellia Dr CITY STATE ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) Mckinlevville CA 95519 707-845-1246 Mckinleyville CA 95519 NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE STATE ZIP CODE CITY 95519 707-362-0732 CA PO BOX 2979 MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX Mckinlevville CITY ZIP CODE AREA CODE/PHONE AREA CODE/PHONE STATE ZIP CODE CITY STATE OPTIONAL: FAX / E-MAIL ADDRESS 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 5/21/2014 Executed on Date 5/22/2014 Executed on Canaddate, State Measure Proponent or Responsible Officer of Sponsor Date Ву Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (June/01) Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Officeholder or Candidate Controlled Commi	tee	6.	Ballot Weasure Committe	е		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			***************************************
Ryan Sundberg						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
Humboldt County 5th District Supervisor					1	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	Y STATE ZIP		11 17 11 11 11 11			2. 22
1665 Camellia Dr Mckinleyville CA 95519			Identify the controlling office		**************************************	proponent, if any
			NAME OF OFFICEHOLDER, CANDI	DATE, OR PROPO	DNENT	
Related Committees Not Included in this State not included in this statement that are controlled by you o contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Comm	ittee List nan	nes of officeholder(s) or	candidate(s) for
	☐ YES ☐ NO		winch this committee is primari	-		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	х)		NAME OF OFFICEHOLDER OR CAN	NDIDATE O	FFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAN	NDIDATE O	FFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CAL	NDIDATE O	FFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CAI	NDIDATE O	FFICE SOUGHT OR HELD	
TO MANAGE ADDRESS STORES ADDRESS AND BO DO	YES NO					SUPPORT OPPOSE
	^1					
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	•					

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

1355593

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Fiziends of Pryon Sundberg 2014

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

Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE General Elections 1. Monetary Contributions Schedule A. Line 3 0 1/1 through 6/30 7/1 to Date Loans Received Schedule B. Line 3 30,417 33115 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 10,607 10,607 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 43,722 024 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E. Line 4 Candidates 7. Loans Made Schedule H, Line 3 29,702.75 22. Cumulative Expenditures Made* 36,691. 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C, Line 3 D. (mm/dd/yy) 29,702,75 Current Cash Statement 37,612.74 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add 30, 417 13. Cash Receipts Column A. Line 3 above amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. 702.75 report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 38, 32.6.99 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse

Schedule A		
Monetary Cor	ntributions	Received

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

Statement covers period

CALIFORNIA **FORM**

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

Ryan Sundberg

I.D. NUMBER

	D	7 3 001	\				1335583
9-	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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	TODATE
51	9/14	Azalea Estates 2701 Chateau way Mckinleyville, CA 95519	□IND □COM □OTH □PTY □SCC		\$500.00		
3\z	1/14	Barbara Hecathorn 4389 Campton Road Eureka, CA 95503	☐ÍND ☐COM ☐OTH ☐PTY ☐SCC	Retired	\$100.00		
510	7/14	California Real Estate Blitical 525 South Virgil 105 Argeles (A 90020	□IND □COM OTH □SCC	Real Estate	\$1500.50		
510	1/14	Cardi Krogin-Myers 95 Grassy Greek Rd. Ficidiorook, (A-95519	☑TND □COM □OTH □PTY □SCC	Rutherol	\$100,00		
5/9	7/14	Charles 3 Carol Ollivier 1920 Ollivier Road McKinleyville, CA 95519	IMD ☐COM ☐OTH ☐PTY ☐SCC	Definal	\$100.50		
=				SUBTOTAL \$	2300		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)

s 28,861

2. Amount received this period – unitemized monetary contributions of less than \$100\$1,556.00

3. Total monetary contributions received this period.

*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars

SCHEDULE A

Monetary Contributions Received			ts may be rounded whole dollars.	Statement covers period from 1-1-2014		CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through 5-17	-2014	Page	5 of 23
NAME OF FILER	Ryan Sundberg 2014	(2001) (Marie 1200)		,		I.D. NL	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
5/16/14	Craig 3 Beverly Perrone 1922 Roth Ct. Eureka, CA 95503	☑1ND □COM □OTH □PTY □SCC	Business burner- Beverage Distributing	\$250,50			
5/9/14	Hickinleyville, CA 95519	L MND COM OTH PTY SCC	Fishermen	\$550,00			
519/14	David Schneider 990 W. Waterfront DR. Eureka, CA 95501	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Self Employed Schneden Docks	\$200.00			
5/9/14	Francis 5. Dorothy Dutra Po Box 898 Willow Creek, CA 95573	☑ND □COM □OTH □PTY □SCC	Retired	\$300.00			
5/9/14	Fred Sundquist 40 spruce Street Eureka, CA 95501	☐dÑD ☐COM ☐OTH ☐PTY ☐SCC	Sitt Employand Everter Ambulares Co	\$500.00			
			SUBTOTAL\$	1800			
Amount red (Include all	A Summary beived this period – itemized monetary contributions. Schedule A subtotals.) beived this period – unitemized monetary contributions				IND - COM	other (Other (al ent Committee than PTY or SCC) (e.g., business entity)
 Total mone (Add Lines) 	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colur	nn A, Line 1.)	TOTAL \$		SCC-	- Political - Small C	ontributor Committee

Schedule A Monetary Contributions Received					ers period	schedule IFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through S-17	1-2014	Page	6 of 23
NAME OF FILER	Ryan Sundberg 2014	(UMBER 55583
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE 1 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
5/7/14	Charth 3 Linder Sundberg 1150 Vista Orive Mckinleyville, CA 95519	☑ND □COM □OTH □PTY □SCC	Self Employed	\$100.00			
5/9/14	Green Diamond Resource Company 5151 Highway lol north Eureka KA 95501	□IND □COM IMOTH □PTY □SCC		\$500.cc			
5/7/14	Helen Edwards 1629 Kristin way McKinleysille, CA 95519	☑fŃD □COM □OTH □PTY □SCC	Retired	\$149,00			
123/14	Hendrick's Enterprise Inc. POBOX 2741 McKinleyville, CA 95519	☐IND ☐COM MOTH ☐PTY ☐SCC		\$500.00			
1/23/14	Hospa Valley tribe POBOX 134B Hospa CA 95546	☐IND ☑COM ☐OTH ☐PTY ☐SCC		\$2500 00			
			SUBTOTAL \$	3749			
	A Summary ceived this period – itemized monetary contributions.				1000000	ntributor C – Individua	1

(Include all Schedule A subtotals.)

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

3. Total monetary contributions received this period.

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

Schedule Monetary	A Contributions Received	Amoun	e or print in ink. ts may be rounded whole dollars.	Statement cover	14		SCHEDULE A
SEE INSTRUCTION NAME OF FILER		·(through 5-17	-7014	I.D. N	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
5/16/14	Humboldt Beer 202 Commercial Street Eureka, (A 9550)	□IND □COM MOTH □PTY □SCC	Preer Distributor	\$200.00			
3/28/14	Humbold Deputy Shevift Po Box 1352 Eoveka, CA 95502	□IND □COM □OTH □PTY □SCC	-	\$2500°°			
4/14/14	Humboldt Deputy Sheriff Po Box 1352 Eureka, CA 95502	□IND □COM □OTH ☑PTY □SCC		\$2500.5			
1/2/14	Humboldi Reduced Co. Po Box 390 Calpella, CA 95418	□IND □COM ÆTOTH □PTY □SCC		\$1,000.cc			
5/9/14	Janeth McCutchen 4700 Murray Road McKinleyville, CA 95579	□HND □COM □OTH □PTY □SCC	A 3 I Roofing Controller	\$130.00			
			SUBTOTAL	5830			

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$

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

3. Total monetary contributions received this period. *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

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

	SCHEDULE A
Statement covers period from 1-1-2014	CALIFORNIA 460
hrough 5-17-2014	Page 8 of 23
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Hyan Sundberg Corrends of

TRUOMA CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR TODATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) Jim Brown MIND 7 200 00 Po Box 3040 Trinidad CA 95570 ПСОМ Потн **PTY** □scc MIND \$ 200.00 Rancher ПСОМ □ OTH **□PTY** SCC John 3 Joshie Frederick 1225 Central Ave Ste 1 JIND COM 5/9/14 OTH McKinleyville, CA 95519 □ PTY □SCC John 3 Teresa Porter 7705 Benbow Prive \$550.00 THIND Business 1/14/14 ПСОМ MOTH Garberville, CA 95542 Benbow **□PTY** SCC John Corbett MND \$100,00 Attouncy COM 1801 Ocean Drive ПОТН McKanleyville, CA 95579 PTY □scc

	SUBIUIALS OO
Schedule A Summary	

		-
1.	Amount received this	period – itemized monetary contributions.
		Annichment and the Control of the Co

(Include all Schedule A subtotals.)

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period.

*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period rom 1-1-2014 CALIFORNIA 460

hrough 5-17-2014 Page 9 of 23

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 2014 1355593 AMOUNT IF AN INDIVIDUAL, ENTER **CUMULATIVE TO DATE** PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE CALENDAR YEAR OCCUPATION AND EMPLOYER RECEIVED THIS TODATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) Joseph ? Wonna Hutford ND Sulf Employed ПСОМ 517/14 POBOX 217 OCICL CA 95555 ПОТН **□PTY** □SCC aw office of Thomas □IND ПСОМ 5/9/14 721 7th street Eureka, (A 95501 HTOTA PTY SCC Lovis Walton MIND Seif Employed ПСОМ 185 bak lane □OTH Willow Creek, (A 95573 **□PTY** SCC Marian Bradu \$100.00 MIND ПСОМ 4/17/14 ПОТН Eureka CA 95503 PTY SCC Designs Operating Enginners □IND ПСОМ Strict Up PAC OTH PTY SCC SUBTOTAL\$ 450 Schedule A Summary *Contributor Codes IND -- Individual 1. Amount received this period – itemized monetary contributions. COM - Recipient Committee (Include all Schedule A subtotals.)\$ ___ (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized monetary contributions of less than \$100\$ PTY - Political Party SCC - Small Contributor Committee 3. Total monetary contributions received this period.

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA 460

SCHEDULE A

through 5-17-2014

Page 70 of 23

NAME OF FILER	0 - 1: -								
Extends of	Ryan Sundberg so	14				I.D. NL	IMBER 358583		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)		
5/9/14	Patrick Sheehy Zzio Central Ave Mckinleyville, CA 95519	☑YÑD ☐COM ☐OTH ☐PTY ☐SCC	manager of Les Schwab	\$100.00					
5/19/14	Richard & Julie Stewart Po Box 95 Willow Creek, A 95573	☑IND □COM □OTH □PTY □SCC	Business Owner Buddy's Auto Center	\$685.00					
5/9/14	1680 Wild Canary St. McKinleyville, CA 95519	□YND □ COM □ OTH □ PTY □ SCC	Retired	\$125,00					
1/2/14	Robert & Arlene Hansen ZITS Ferra vista Ave Mychalegville, CA 95519	☐ COM ☐ OTH ☐ PTY ☐ SCC	Ruthard	\$1001°50					
519114	Thomas & Warcy Noonan Po Box 422 Trinidad (A 95570	MÍND □COM □OTH □PTY □SCC	Contractor Noonan G.C.	\$750.00					
			SUBTOTAL\$	1260					
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)									
3. Total moneta	Com Recipient Committee (other than PTY or SCC) Amount received this period – unitemized monetary contributions of less than \$100								

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period m 1-1-2014 CALIFORNIA 460 FORM

through 5-17-2014 of 23 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Sundberg 1355583 AMOUNT IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TODATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) Togo Tammy Goucher 3000 Fieldbrook Road MIND \$1,000-00 Lavip. 3 Logging Manas COM 4115114 OTH Pelther Logging Co Fieldbrook, CA 95579 PTY SCC \$100.00 DNIND Business ПСОМ OTH **□PTY** Contractor SCC Vincent : Staphanie Weldon MIND ПСОМ 5/9/14 PO BOX 2360 □OTH McKinleyville, CA 95519 □ PTY SCC Bella VISTA Realty 1803 Central Ave TIND Dealto \$7,50,50 5/9/14 COM MOTH MCKinleyville, CA 95519 PTY SCC Gred Orsini NND 1648 Chantrelle Drive COM \$150.00 □отн McKinlequille, CA 95519 PTY □ SCC SUBTOTALS 1885 Schedule A Summary *Contributor Codes 1. Amount received this period – itemized monetary contributions. IND - Individual COM - Recipient Committee (Include all Schedule A subtotals.)\$ (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized monetary contributions of less than \$100\$ PTY -- Political Party SCC - Small Contributor Committee Total monetary contributions received this period.

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

3. Total monetary contributions received this period.

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 1-1-2014

CALIFORNIA 460

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

through <u>5-17-2014</u>

Page 12 of 23

I.D. NUMBER

Zourds of	Kyan Sundbarg 2014	(A A COMPANY OF THE PROPERTY OF	,		13	55583	
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
5/9/14	Hank Combs TR Po Box 317 Orick, CA 95535	☑IND □COM □OTH □PTY □SCC	Business Buner- Traveling wrench Hechanic	\$1280.00			4	
5/9/14	Heather Craven 1015 Oakwood Court McKinleyville, CA 95519	☐ COM ☐ COTH ☐ PTY ☐ SCC	County of Humboildt	\$125.5				
5/9/14	Hooven 3 Co., Inc. 3445 Central Are McKinleyville, CA 95519	□IND □COM ②OTH □PTY □SCC	Cheneral Rengineering Contractor	\$1100.00				
5/9/14	John Walker 930 B Scenic Drive Trinidad, CA 95570	☑1ND ☐COM ☐OTH ☐PTY ☐SCC	Retired	\$300.50				
Slaliu	Mike 3. Mariya Renner 1940 Home Ave Fortuna, CA 95540	☑IND □COM □OTH □PTY □SCC	Self Femployed Renner Cons	\$650.00				
			SUBTOTALS	3,455				
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)								

FPPC Form 460 (January/05)

SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

PTY - Political Party

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period

CALIFORNIA FORM

SCHEDULE A

NAME OF FILER	Ryan Sundberg 2010	Ч				1.D. NU 13	JMBER 5 5 5 5 3			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)			
5/9/14	Nandor Vadas 462 view Ave Trinidad, CA 95570	⊠ŃD □COM □OTH □PTY □SCC	Federal Judge	\$550,00						
5/9/14	Veal Ewald 279 Westgate Drive Trinidad, CA 95570	MIND ☐COM ☐OTH ☐PTY ☐SCC	Gleen Siamond	\$1875.°°						
5/9/14	Otto 3 Gen Van Emmerik 1891 Bartow Mckinleyville, CA 95519	□MND □COM IOTH □PTY □SCC	Green Diamond	\$ 250,00						
5/9/14	Rachel Barnett 2522 Dragonfly udanleyville, (A 9599	☑IÑD □COM "OTH □PTY □SCC	N.H.U.S.O.	\$650,5						
5/01/14	Robert Hemsted 107 South H street Arcata, (A 95521	☐KID ☐COM ☐PTY ☐SCC	Self Employed	\$950.00						
			SUBTOTAL	*4275						
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)										
3. Total monet	(other than PTY or SCC) 2. Amount received this period – unitemized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)									

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

SCHEDULE A

Statement covers period

Monetary	Contributions Received		whole dollars.	from 1-1-20	214		FORNIA 460
SEE INSTRUCTIO				through 5-1-	1-5014	200	14 of 23
NAME OF FILER	Ryan Sundberg 201	4		,		1.D. NU	JMBER 55583
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)
5/9/14	Scott Wooly 1884 Chwin Roted Mckinleyville, (A 955)9	□ fND □ COM □ OTH □ PTY □ SCC	Self Employed	\$115,00			
5/9/14	Susan Hunter 1964 St. Harricane Hiskinleyville, CA 95579	☑IND □COM □OTH □PTY □SCC	Business Hide away Storage	\$01012.00			
Slaliu	Rich & Michelle Grissom 334 Wagte Lave Fieldbrook, (A 015579)	☐ COM ☐ COH ☐ OTH ☐ PTY ☐ SCC	Storage Business Owner	\$150.00		ng december (60000)	
5/9/14	Jim Furtado 3329 HAIFWAY AUR Muchilleguille CA 95819	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Business	# 750			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	12007			
Amount re (Include al	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)				IND	(othe	
3. Total mone	ceived this period — unitemized monetary contribution etary contributions received this period.				PTY	- Politica	
(Add Lines	and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.) TOTAL \$			EDD	C Earm 460 / January/05\

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 3-18-2014 CALIFORNIA 460 FORM 460 through 5-17-2014 Page 15 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

through

SUNDEZERG 2014 1355583 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNTA FULL NAME, STREET ADDRESS AND PER ELECTION CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES TO DATE RECEIVED (IF SELF-EMPLOYED, ENTER CALENDAR YEAR VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) **TIND** 5-1-14 Annie PARKER PAULCERS ПСОМ Beauty 1449 central AUC \$ 200 **₩**OTH Bearoty \$ 200 Products **□PTY** MUL Ca 95519 BAZ SCC MIND Hand blown Mikidou Glass ПСОМ Glass \$ 200 **MOTH** # 200 **□PTY** CA 95519 SCC **ZIND** Printer Painted □COM □OTH Goog Jones Painting Partel, #305 \$ 305 **PTY** THAI Gift Cest SCC IND Can ПСОМ \$ 100 MOTH # 100 **□PTY** □SCC

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 805

Schedule C Summary

1.	. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$ _	9	752	•
	Amount received this period – unitemized nonmonetary contributions of less than \$100\$		Transport Comment	

 *Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

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

SCHEDULE C CALIFORNIA 460 Statement covers period from 3-18-14 **FORM** through <u>5-17-14</u> Page 16 of 23 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1355583 Ryan SUNDISCRG 2014 **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER /T/UOMA PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER FAIR MARKET DATE TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR (IF SELF-EMPLOYED, ENTER RECEIVED VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) (JAN 1 - DEC 31) NAME OF BUSINESS) Wes Green landscaping 6360 W End RD ПСОМ centificate \$ 200 \$ 200 HTOK Aprenta Ca 95521 **TPTY** □SCC Bean River CASINO 11 BEER PAWS Way Lobeta Car 95551 □COM WiFt 风OTH # 250 # 250 rent **I**PTY □SCC **TIND** 5-2-14 0 \$ M Industries 5901 ERICSON Way □COM Counce **MOTH** 4 600 WORK \$ 600 **ITPTY** Horeata CA 95521 centificate SCC Humboldt Savitution 2585 central Ave

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2275

20 yours

Dompstere

Schedule C	Summary
------------	---------

MCK CA 95519

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$

LIND

ПСОМ

风OTH

PTY

SCC

- 2. Amount received this period unitemized nonmonetary contributions of less than \$100\$
- 3. Total nonmonetary contributions received this period.

*Contributor Codes

IND - Individual

\$1225

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

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

SCHEDULE C Statement covers period CALIFORNIA FORM from 3.18.19 through <u>5 · 1</u>7 · 17 I.D. NUMBER 1255583

SEE INSTRUCTIONS ON REVERSE

Schedule C Summary

NAME OF FILER

Epicade d Duan Sundberra 2014

recen	4 - (1)						
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)
;-1-14	Mckintequille Glass 1607 centrel Ave MCK CA 95519	□IND □COM □SOTH □PTY □SCC		Replacement	\$300	#300	-
-28-14	GR Sundberry Inc 5211 Boyd RD Aucoda RQ 95521	□IND □COM ☑OTH □PTY □SCC		10 year of Topsoil	#450	\$ 450	
-21-14	H&B Cuttle Co MREHM ZANCH 1941 MARHIN ZD McKinkyuille Ca 95519	□IND □COM ☑OTH □PTY □SCC		1/2 3006	\$ 700	\$ 700	
5-1-14	Cheve He Heights Casino 27 Cheve-Ge LM TURINIBURD CA 955780	□IND □COM IZLOTH □PTY □SCC		Hotel Stay Dinner ? CASINO Certificate	Ø2100	# 2100	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 3550

•	
1. Amount received this period – itemized nonmonetary contributions.	
(Include all Schedule C subtotals.)	3

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

3.	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 \$

COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

*Contributor Codes IND - Individual

3. Total nonmonetary contributions received this period.

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 3 · 18 · 14 CALIFORNIA 460

through 5 · 17 · 14 Page 18 of 23

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends on Quan Sunsperzy 2014 1355583 IF AN INDIVIDUAL, ENTER CUMULATIVE TO AMOUNT/ FULL NAME, STREET ADDRESS AND CONTRIBUTOR PER ELECTION **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET ZIP CODE OF CONTRIBUTOR CODE * TO DATE GOODS OR SERVICES RECEIVED (IF SELF-EMPLOYED, ENTER CALENDAR YEAR VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) 5.4.14 HWY 101 N GUNEREN CA 95501 TIND **MCOM** Perof **₩**OTH Repair \$620 \$ 620 MPTY Wiff cent. □SCC HAND Made ПСОМ 5-1-14 Turned wood Products
Po Box 57 HTO図 wood \$650 \$650 MPTY ALLT SCC quella ca 95502 MIND Crueen Dramond Resource he o o of COM 5-3-14 180 HTOK Chair COMPANY 681 \$ MPTY POBOX 68 Kontel, CA 955 50 SCC MIND Ben Bow Inn ROOM & Golt COM \$ 804 804 5-1-14 445 Lake Ber Bow 70 **☑**OTH Certificate Comberville C4 95542 PTY ☐SCC SUBTOTAL \$ 2254 Attach additional information on appropriately labeled continuation sheets. Schedule C Summary *Contributor Codes IND-Individual 1. Amount received this period – nonmonetary contributions of \$100 or more. COM - Recipient Committee (other than PTY or SCC) OTH - Other 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 PTY - Political Party

> FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 3.18.14 CALIFORNIA 460 FORM FORM Page 19 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Ryun SUNDBERG 1355583 **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER AMOUNT/ FULL NAME, STREET ADDRESS AND CONTRIBUTOR PER ELECTION **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER DATE FAIR MARKET ZIP CODE OF CONTRIBUTOR CODE * TO DATE GOODS OR SERVICES RECEIVED (IF SELF-EMPLOYED, ENTER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) MIND Bear Par croff Course □COM 4 Rounds 4.27.4 1777 Norton D HTOK \$148 #148 □PTY MCK CA 95519 □SCC leut. McKinleyville Hee Handware ПСОМ 33 C 5-10-14 2197 central ave **□**AOTH \$ 250 \$ 250 Set □PTY MCK CA 95519 □SCC MIND 3995 Campbell Edge 20 □ COM 2 CASCS 5-6-14 \$ 260 \$ 260 MOTH of wine □PTY Salyen LA 95543 □scc 5-2:14 hoillow creek Golf Course Croff Balls COM \$ 210 \$210 **☑**OTH 4 Bounds of PTY WILLOW CARELL CA 95573 molf □SCC 868 SUBTOTAL \$ Attach additional information on appropriately labeled continuation sheets.

Sche	dule	C	Sum	ımary	1

Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)	#	9752
Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	855

 *Contributor Codes

IND - Individual

COM -- Recipient Committee (other than PTY or SCC)

OTH -- Other

PTY - Political Party

Schedule E	
Payments Made	

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

SCHEDULEE Statement covers period CALIFORNIA **FORM** from 3.18.14 through 5.17.17 I.D. NUMBER 1355583

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

candidate filing/ballot fees

campaign literature and mailings

fundraising events

legal defense

FIL

FND

IND

LEG

LIT

Faiends of Ryan SUNDISERY 2014

independent expenditure supporting/opposing others (explain)*

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

MBR member communications campaign paraphernalia/misc. MTG meetings and appearances campaign consultants contribution (explain nonmonetary)* OFC office expenses civic donations

petition circulating PET phone banks

polling and survey research postage, delivery and messenger services professional services (legal, accounting) PRO PRT print ads

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration VOT

RFD

returned contributions

SAL campaign workers' salaries

WEB information technology costs (internet, e-mail)

TEL t.v. or cable airtime and production costs

candidate travel, lodging, and meals

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Lynette Mullen 30) b M St Gurelle Com 95501	SAL	2898.00
Times Printing 106 T st 2 ucelea, Cm 95501	CMP	12,137.00
Brandy Eastern Photography POBOX 962 1702 cota Ca 95521	Campaign Photographs	# 324.75

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

SUBTOTAL\$ 15, 360.73

Schedule E Summary

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Friends of Qyan Sunds 229

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Lost Coast Communications 1400 main st Fernoale ca 95536	1240	984
CASH AND CARRY 6700 US 101 Eurelea CA 95503	FND	136.76
SHEU Sopurce Startion 1606 central Ave MCK, Ca 95519	TVZE	2,10.56
Call Fire 1410 2nd St Ste 200 SANta Monica CA 40291	PHO	#100
		14.1

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

Schedule	E .	
(Continua	tion	Sheet)
Payments	Mad	de

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 3./8./4

through 5./7./4

Page 22 of 23

I.D. NUMBER

1355583

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Fairends of Ryan Sunsisers

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

FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals
FND fundraising events POL polling and survey research
FND independent expenditure supporting/opposing others (explain)*
FNS postage, delivery and messenger services
FNS 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
Maro River union 701 & th Street, Arcara CA 95521	Pat		835-
Two Rivers Tribune PO BOX 1328, Hoopa, CA 95546	PaT		3/2.50
Humboldt Senion Resource 1910 California St., Eureka, (A 95501	PRT		618.75
200etta Broadcasting 1101 Moush Rd., Eureka, CA 95501	RAD		2184
61 Constal 5640 S. Broadway, Eureka, CA 95502	RAS		2040

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

legal defense

campaign literature and mailings

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

PRT

print ads

SCHEDULE E (CONT.)

Statement covers period from 5/19/14	CALIFORNIA 460		
through <u>5 17 14 </u>	Page 23 of 23		
The state of the s	I.D. NUMBER		
	1355583		

Friends of Ryan SundBrize 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 petition circulating PET TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL phone banks candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)* IND postage, delivery and messenger services transfer between committees of the same candidate/sponsor **TSF**

professional services (legal, accounting)

VOT

voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Zeian Muerell 2210 Mckinleyville ace		Race Sponsorship	\$150
MCK, CA 95521			
chen are Heights casino			
27 Chen. 98 Ch Triniono CA 95510	FND		#3925
Pawthan Partners			
1300 MURRAY RD	CUC		# 140
MUL, CA 95519			
Ben Shewland			
MCIC CO 2/25/19	CMP		\$ 149 00
Times standards			
930 6th st	727		\$ 944 50
4000kg Ca 95501			177