Recipient Committee Campaign Statement Cover Page	Type or print in	ink.	Date Stamp RECEIVED	COVER PAGE CALIFORNIA 460 FORM
(Government Code Sections 84200-84216.5)	Statement covers period from 3/18/14 Date of election if applicable: (Month, Day, Year)		MAY 2 2 2014	Page 1 of 42 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through5/17/14	6/3/14	HUMBOLDT COUNTY ELECTIONS	
O State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: ✓ Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Speci Supp. ermination) State	terly Statement ial Odd-Year Report lemental Preelection ment - Attach Form 495
o. Committee micrimation	D. NUMBER 1364302	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Kerrigan for Supervisor 2014		NAME OF TREASURER Nancy LaVallee MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		1931 William St	STATE ZIP CC	DDE AREA CODE/PHONE
CITY STATE ZIP CO Eureka CA 9550 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	1 707-407-9395	Euroka Name of assistant treasur	CA 95501 ER, IF ANY	707-445-0344
PO Box 6923 CITY STATE ZIP CO		MAILING ADDRESS	STATE ZIP CO	DE AREA CODE/PHONE
Eureka CA 95502 OPTIONAL: FAX / E-MAIL ADDRESS	2	OPTIONAL: FAX / E-MAIL ADDRI		AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi Executed on	By	90111	reasurer onent or Responsible Officer of Sponsor	es is true and complete. I certify

Executed on _____

Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

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

State of California

	Committee	ь.	Primarily Formed Ballot	Measure Co	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Chris Kerrigan						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Humboldt County Supervisor, District 4						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY STATE ZIP					
1007 F St E	ureka, CA 95501		Identify the controlling office	eholder, candi	date, or state measur	e proponent, if an
			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROP	ONENT	
Related Committees Not Included in th	nis Statement. Liet any committees					
not included in this statement that are controlled a contributions or make expenditures on behalf of y	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER		3 ***			
SIGNOTT FEET WAVE	I.D. NOMBER				3	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	idate/Officel	older Committee	List names of
	A PART CONTRACT OF THE PART OF		officeholder(s) or candidate(s)	tor which this c	ommittee is primarily fo	
	YES NO		**************************************		ommittee to primarily to	rmed.
COMMITTEE ADDRESS STREET ADDRESS (N			NAME OF OFFICEHOLDER OR CA		OFFICE SOUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (N						
(,,				ANDIDATE C	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	O P.O. BOX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE C		SUPPORT OPPOSE
CITY STATE	O P.O. BOX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE C	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
ITY STATE	O P.O. BOX) ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE C	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME	ZIP CODE AREA CODE/PHONE I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE C	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE NAME	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE C	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
CITY STATE COMMITTEE NAME NAME OF TREASURER	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE C	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE C	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
CITY STATE COMMITTEE NAME NAME OF TREASURER	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE C	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Kerrigan for Supervisor 2014 1364302 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 \$ ____ 35,440.50 2. Loans Received Schedule B, Line 3 1/1 through 6/30 7/1 to Date 0 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 28,411.50 35,440.50 20. Contributions Received 1,720 4. Nonmonetary Contributions Schedule C. Line 3 4,304 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 ÷ 4 \$ _____ 30,131.50 39.744.50 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ _____ 24,467.99 30.689.99 **Candidates** 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 30.689.99 (If Subject to Voluntary Expenditure Limit) 927.92 Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C. Line 3 1,720 4,304 (mm/dd/yv) 27,115.91 35.921.91 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ 1,883 To calculate Column B, add 28,411.50 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts from Column B of your last reported in Column B. 15. Cash Payments Column A, Line 8 above 24,467.99 report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 6,131.51 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 Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 927.92 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A

Type or print in ink.

Amounts may be rounded

SCHEDULE A

Monetary	Contributions Received		whole dollars.	ITOIN	8/14	FC	ORNIA 460
	NS ON REVERSE			through5/	17/14	Page _	4 of 42
NAME OF FILER	0					I.D. NUI	AND REPORTED THE SECOND
Kerrigan to	or Supervisor 2014	_				136430)2
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 YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
3/18/14	Bryce Kenny 369 8th St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	Attorney at Law	100	1	00	
3/18/14	Mueller Human Power 4893 Artino Ct Eureka, CA 95503	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100	1	00	
3/18/14	Michael Winkler 1090 12th St Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	Energy Consultant Redwood Energy	100	4	100	-
3/21/14	Stephen Brown 1731 Sunny Ave Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	self-employed, property manager	250	3	300	
3/22/14	Robert Fell 2525 Arthur Rd McKinleyville, CA 95519	☑IND □COM □OTH □PTY □SCC	rental property management	100	1	100	
The state of the s			SUBTOTAL \$	650			
Amount re (Include al Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		•		IND - COM OTH PTY -	other (Other (Political -	nt Committee than PTY or SCC) (e.g., business entity)
	s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.))TOTAL \$	28,411.50	<u></u>		- 400 (I(05)

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

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Statement covers period

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				through5/	17/14	Page.	5 of 42
NAME OF FILER			<u> </u>			I.D. NU	MBER
Kerrigan for	Supervisor 2014	T .		,		1364302	
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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
3/24/14	Larry Hourany 1988 Ocean Ave McKinleyville, CA 95519	☑IND □COM □OTH □PTY □SCC	retired	100	2	200	
3/24/14	Jeffrey Schwartz 867 Beverly Way Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	attorney	250	3	350	
3/25/14	Carol Conners 67 Copenhagen Rd Loleta, CA 95551	☑IND □COM □OTH □PTY □SCC	Self-employed Insurance Agent Patterson/Conner Ins.	100	2	200	
3/26/14	Peggy Leviton 4733 Aster Ave McKinleyville, CA 95519	☑IND □COM □OTH □PTY □SCC	Finance Director Food for People	150	1	50	
3/26/14	Darryle Story 75 Forest Circle Ln Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	retired business owner	500	5	000	
			SUBTOTAL\$	1100			

*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.

S	CHE	DU	LE A	(CO	NT.

Statement covers period

		to whole	dollars.		8/14	CALI F	FORNIA 460
NAME OF FILER				through5/	17/14	Page.	6 of 42
			Extensional control of the control o			I.D. NL	JMBER
Kerrigan ior	r Supervisor 2014	T				13643	302
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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)
3/28/14	Chris Beresford 4688 Jacoby Creek Rd Bayside, CA 95524	☑IND □COM □OTH □PTY □SCC	retired	250	2	250	
3/28/14	Charles Butterworth 1620 Marilann Ct Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	retired	100	2	299	
3/28/14	Suzanne Gurin 2027 H St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	Registered Nurse St. Joseph Hospital	150	2	210	
3/28/14	Tim Mansfield 80 Butcher Arcata, CA 95518	☑IND □COM □OTH □PTY □SCC	carpenter Self-employed	100	1	100	
3/28/14	Beverly Post 2725 Summer St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100	1	00	
			SUBTOTAL\$	700			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Schedule A (Continuation Sheet)

Claire Perricelli

Eureka, CA 95501

Eureka, CA 95501

Margaret Herbelin

2619 Ridgeway Ln

Eureka, CA 95501

2259 16th St

William Cody

909 E St

Type or print in ink.

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Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement cover	ers period 8/14	CALIFORNIA 460	
				through5/	17/14	Page_	7 of 42
NAME OF FILER						I.D. NUI	MBER
Kerrigan fo	r Supervisor 2014	17.				13643	02
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 Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
3/29/14	Michelle Lee 1936 C St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	Marriage & Family Therapist	100		150	
3/29/14	Michele McKeegan 2020 Fern St Eureka, CA 95503	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	100	,	200	ne energy.

retired

retired

retired

SUBTOTAL\$

*Contributor Codes

IND - Individual

3/30/14

3/31/14

4/1/14

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

500

100

450

100

100

250

650

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

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

		10 1111010		from3/18	3/14	F	ORM 46U			
through 5/17/14 Page 8										
NAME OF FILER										
Kerrigan for	Supervisor 2014					13643	302			
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)			
4/2/14	John Freeman 202 M St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	architect	400	2	400				
4/2/14	Robert Froehlich 3831 Sprowl Creek Rd Garberville, CA 95542	☑IND □COM □OTH □PTY □SCC	retired	100	1	100	7 (Annual Control of C			
4/2/14	Dale Preston 1335 H St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	Statistician Self-employed	. 150	2	250				
4/5/14	Greg Conners 67 Copenhagen Rd Loleta, CA 95551	☑IND □COM □OTH □PTY □SCC	Insurance Broker, Patterson/Conners Insurance Services	100	1	100				
4/5/14	Elaine Gray 835 J St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100	1	00				
		115/108/008-008-00-00-00-00-00-00-00-00-00-00-00	SUBTOTALS	850	NEW WILLIAM					

*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 A	(CONT.)
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Monetary	Contributions Received	to whole o			17/14	F	FORNIA 460 ORM 9 of 42
NAME OF FILER						I.D. NU	MBER
Kerrigan for	Supervisor 2014					13643	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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)
4/5/14	David Martinek PO Box 1014 Eureka, CA 95502	☑IND □COM □OTH □PTY □SCC	attorney	250	4	100	
4/5/14	Michael Tout 2845 Essex St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	self-employed small business owner	100	1	00	
4/9/14	Charles Butterworth 1620 Marilann Ct Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	retired	100	2	99	
4/9/14	Barbara Peters 221 Dollison St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100	2	50	
4/9/14	Thomas Preble 3232 Lucia Ave Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	retired	250	9	00	1,44,5
			SUBTOTALS	800			

*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 A (C	CONT.)
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Statement covers period

world tally	to whole dollars. Statement covers period from3/18/14		ers period 3/14	FORM 460						
through 5/17/14 Page										
NAME OF FILER		70 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -				I.D. NL	MBER			
Kerrigan for	Supervisor 2014					13643	302			
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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)			
4/10/14	Lois Beachy 1517 Wood St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	150	200		200			
4/10/14	John Pierson 2011 Marin Ave Berkeley, CA 94707	☑IND □COM □OTH □PTY □SCC	designer	100	100					
4/10/14	Emily Siegel 65 Cod St King Salmon, CA 95503	☑IND □COM □OTH □PTY □SCC	Licensed Clinical Social Worker	100	100					
4/11/14	Central Labor Council of Humboldt/Del Norte Counties AFL-CIO 840 E St, Suite 9 Eureka, CA 95501	□IND □COM ☑OTH □PTY □SCC	Labor council	500	1,000					
4/12/14	Shane Brinton 1166 I St, Apt. B Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	union organizer	100	1	00				
SUBTOTAL\$ 950										

*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 A (CONT.)

	Statement covers period		CALIFORNIA ACO
	from	3/18/14	FORM 46U
	through	5/17/14	Page 11 of 42
- 10			I.D. NUMBER
			1004000

NAME OF FILER

Kerrigan for Supervisor 2014

Kerrigan for	Supervisor 2014	***		,	13643	102
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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)
4/12/14	Phillip Nicklas 1864 Myrtle Ave Eureka, Ca 95501	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Financial Analyst, Northwest Mutual	100	120	
4/12/14	Kaitlin Sopoci-Belknap 1402 M St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	Democracy Unlimited Community Organizer	100	100	
4/13/14	Mitchell Kerman 2161 Fairfield St Eureka, CA 95501	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Accupuncturist	100	100	
4/13/14	Laurey Morris 1417 Nigel Ln Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100	115	
4/13/14	Thomas Preble 3232 Lucia Ave Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	retired	250	900	
		- Total	SUBTOTAL\$	650		

*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 A	(CONT.
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CALIFORNIA A

Statement covers period

				from3/18	3/14	FC	ORM 400
				through5/1	7/14	Page _	12 of 42
NAME OF FILER					-	I.D. NUI	MBER
Kerrigan for	Supervisor 2014					13643	02
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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
4/13/14	Suzanne Simpson-Litzky 1452 St Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	self-employed artist/writer	100		100	
4/13/14	Sara Starr 4 Lorenz Ln Bayside, CA 95524	☑IND □COM □OTH □PTY □SCC	self-employed artist	100	100		
4/13/14	Nancy Tout 2845 Essex St Eureka, CA 95501	☑IND ☐COM ☐OTH ☐PTY ☐SCC	homemaker	100		100	
4/13/14	Michael Winkler 1090 12th St Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	Energy Consultant, Redwood Energy	100	400		
4/15/14	Mike Buettner 1216 Hayes St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100		100	
		And provide the second	SUBTOTAL	\$ 500			

*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)

Schedule A (Continuation Sheet)

Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 3/18/14 through 5/17/14		CALIFORNIA 460 FORM 460					
				through			6006 NOO 0.0.697898669 0				
NAME OF FILER	THE STATE OF THE S										
Kerrigan for	Supervisor 2014					136430)2				
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)				
4/16/14	Laura Dougherty 1370 La Pointe Rd Eureka, CA 95503	ND COM OTH PTY SCC	Salon owner	100		100					
4/16/14	Sara Pillow 2808 Q St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100		100					
4/16/14	Pamela Service 1134 C St Eureka, Ca 95501	☑IND □COM □OTH □PTY □SCC	retired	100		100					
4/18/14	Kathy Srabian 2147 A St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100		100					
4/18/14	Sally Upatisringa 2220 O St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	200		200					
			SUBTOTAL	\$ 600							

*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 A (CONT.)

CALIFORNIA 4 CO

Statement covers period

		from 3/10	8/14	FORM 46U						
		through5/	17/14	14_ of <u>42</u>						
NAME OF FILER I.D. NUMBER										
Kerrigan for	Supervisor 2014					13643	02			
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 Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)			
4/21/14	Derek Glavich 5262 Leppek Ct Eureka, CA 95503	☑IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed contractor	100	-	100				
4/21/14	Peter Nichols PO Box 4835 Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	National Director, Waterkeeper Alliance	100	1	100	***************************************			
4/21/14	Alexandra Stillman PO Box 1194 Arcata, CA 95518	☑IND □COM □OTH □PTY □SCC	self-employed property manager	100	1	100				
4/22/14	Robert Fasic 838 J St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100	2	200				
4/24/14	Carol Conners 67 Copenhagen Rd Loleta, CA 95551	☑IND □COM □OTH □PTY □SCC	Insurance Agent Patterson/Conners Ins.	100	2	200				

SUBTOTAL\$

500

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PTY - Political Party

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

шоновагу	Continuations Received	to whole		Statement covers period from 3/18/14		california 46		
NAME OF FILER				through5/	17/14	Page	15 of 42	
	Cupanian 0014					I.D. NU	JMBER	
Kerngari ioi	Supervisor 2014					13643	302	
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)	
4/24/14	Francis De Andreis 2325 Hillside Dr Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100	1	100		
4/24/14	Debra Israel 1144 Willis St Redding, CA 96001	☑IND □COM □OTH □PTY □SCC	Senior Planner City of Shasta Lake	250	250			
4/24/14	Joshua Asarian Riverbend Sciences PO Box 2874 Weaverville, CA 96093	□IND □COM ☑OTH □PTY □SCC		100	1	00		
4/24/14	Jennifer Kalt 1947 Ocean Dr McKinleyville, CA 95519	☑IND □COM □OTH □PTY □SCC	Environmental Advocate, Humboldt Baykeeper	100	100			
4/24/14	Melvin Kreb 3117 Hwy 254 Scotia, CA 95565	☑IND □COM □OTH □PTY □SCC	organic farmer, Flood Plain Produce	250	7	50		
SUBTOTAL\$ 800								

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OTH - Other (e.g., business entity) PTY - Political Party

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

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole d	nay be rounded Statem ole dollars. from		3/18/14		FORNIA 460			
through										
NAME OF FILER						I.D. NUI				
Kerrigan for	Supervisor 2014	in the second section of the section of the second section of the section of the second section of the section		· · · · · · · · · · · · · · · · · · ·		13643	02			
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)			
4/24/14	Joy Thomas 3828 E St Eureka, CA 95503	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	500	500					
4/25/14	Ann Anderson 1383 Anvick Rd Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	retired	200	200					
4/25/14	Michele McKeegan 2020 Fern St Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	retired	100	2	200				
4/25/14	Kenneth Miller 1658 Ocean Dr McKinleyville, CA 95519	☑IND □COM □OTH □PTY □SCC	physician	500	1,850					
4/26/14	Kent Huber 1000 15th St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	self-employed carpenter	100		100				
500 X 300	The second section of the section		SUBTOTAL	\$ 1400			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

*Contributor Codes

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

PTY - Political Party

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

SCHEDULE A (CONT
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Monetary	Contributions Received	Amounts may to whole o		Statement cove	1.70		FORNIA 460
				through	7/14		17 of 42
NAME OF FILER						I.D. NUI	
Kerrigan fo	r Supervisor 2014	7 44				13643	02
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)
4/26/14	William Pierson 950 Freshwater Rd Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	Owner, Pierson Building Center	1000	2	000	
4/28/14	Michael Mullen 1329 Bay St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100		200	
4/29/14	Michael Morrison PO Box 265 Bayside, Ca 95524	☑IND □COM □OTH □PTY □SCC	attorney	150	3	150	
5/1/14	Tom Hofweber PO Box 6555 Eureka, CA 95502	☑IND □COM □OTH □PTY □SCC	retired	200		200	
5/2/14	Julianne Bettini 112 Myrtle Ct Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	retired professor	100		100	
			SUBTOTAL	\$ 1550			

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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 (CONT.)

CALIFORNIA ACO

Statement covers period

550

				from3/18	3/14	FORM 400			
				125 125 125 125 125 125 125 125 125 125			18 of 42		
NAME OF FILER						I.D. NUMBER			
Kerrigan for	Supervisor 2014			,		13643	64302		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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)		
5/3/14	W. R. Engels 2760 O'Neil Ln Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	retired	100	100		100		
5/3/14	R. Scott Greacen 2506 Jocoby Creek Rd Bayside, CA 95524	DIND COM OTH PTY scc	Attorney, Friends of the Eel	100	100				
5/3/14	Melanie Hale 2727 Graham Rd Bayside, CA 95524	☑IND □COM □OTH □PTY □SCC	Staff Analyst, State of California	100	100				
5/3/14	David Martinek PO Box 1014 Eureka, CA 95502	IND COM OTH SCC	Attorney	150	400				
5/4/14	Robert Bloch 1081 Vernon St. Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100		100			

SUBTOTAL\$

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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 SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from		CALIFORNIA FORM 460 Page 19 of 42				
NAME OF FILER						I.D. NUN	IBER			
Kerrigan for Supervisor 2014										
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	CALENDAR YEAR T		PER ELECTION TO DATE (IF REQUIRED)			
5/4/14	Susan Bloch-Welliver 1081 Vernon St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	Glass artist	100	100					
5/4/14	Melanie Kuhnel 1604 G St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100	200					
5/4/14	Barbara Peters 221 Dollison St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100		250				
5/6/14	Mohamed Safwat Khattab 3527 Middlefield Ln Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100	200					
5/6/14	Tanya Marseille PO Box 6885 Eureka, CA 95502	☑IND □COM □OTH □PTY □SCC	retired	200	200					
			SUBTOTAL	\$ 600						

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(other than PTY or SCC)
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Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A	(CQNT.)
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Monetary Contributions Received Amounts may be rounded to whole dollars.		Statement covers period 3/18/14 through 5/17/14		CALIFORNIA 460 FORM 460			
NAME OF FILER						I.D. NUMBER	
Kerrigan for	Supervisor 2014			13643	02		
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)
5/6/14	Kenneth Miller 1658 Ocean Dr McKinleyville, CA 95519	☑IND ☐COM ☐OTH ☐PTY ☐SCC	physician	500	1850		
5/7/14	Brian Malloy 820A 30th Ave San Francisco, CA 94121	☑IND □COM □OTH □PTY □SCC	attorney	100	200		
5/7/14	Charles Minton 1885 Golf Course Rd Bayside, CA 95524	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	200	200		
5/7/14	Sandra Walsh 2103 H St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	Child Passenger Safety Instructor	100	100		
5/8/14	Ellen Taylor PO Box 60 Petrolia, CA 95558	☑IND □COM □OTH □PTY □SCC	Physician Assistant, Open Door Clinic	100	150		
		\$ 1000					

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SCHEDULE A (CONT.)

CALIFORNIA .

Statement covers period

				from3/1	8/14	FORM 460			
		_		through5/	17/14	Page 21 of 42			
NAME OF FILER						I.D. NUMBER			
Kerrigan for	Supervisor 2014	<u> </u>		1364302					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)		
5/9/14	Harry Blumenthal 2773 Avery Ln Eureka, CA 95501	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	100	265		265		
5/9/14	Diane De Ford PO Box 4266 Arcata, CA 95518	☑IND □COM □OTH □PTY □SCC	retired	100	175				
5/8/14	Peter DeAndreis PO Box 3217 Eureka, CA 95502	☑IND □COM □OTH □PTY □SCC	attorney, editor	50	100				
5/10/14	Larry Hourany 1988 Ocean Ave McKinleyville, CA 95519	☑IND □COM □OTH □PTY □SCC	retired	100	200				
5/10/14	Jane Stock 1391 Nigel Ln Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100	400				
			SUBTOTALS	450	APARTA ARTES				

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OTH – Other (e.g., business entity) PTY – Political Party

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

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 460 FORM 22 of 42	
NAME OF FILER		***************************************		The state of the s		I.D. NUMBER	
Kerrigan fo	r Supervisor 2014					13643	302
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
5/10/14	Douglas Stock 1391 Nigel Ln Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100	400		
5/10/14	Melanie Kuhnel 1604 G St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100	200		
5/10/14	Mohamed Safwat Khattab 3527 Middlefield Ln Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100	200		
5/10/14	Walter Frazer 2005 G St Eureka, CA 95501	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	100	100		
5/10/14	Sandra Little 6211 Beechwood Dr Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	retired	100		150	
			SUBTOTAL	\$ 500			

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SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

	to whole donars.				3/14	FORM 40U		
				through5/	17/14	Page 23 of 42		
NAME OF FILER				5300		I.D. NUI	MBER	
Kerrigan fo	r Supervisor 2014			13643	34302			
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	CALENDAR Y	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) PER EL (IF REC		
5/10/14	Kathleen Pelley 3539 18th St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	150	250		,	
5/10/14	David Mulhern 3524 Edgewood Rd Eureka, CA 95501	□IND □COM □OTH □PTY □SCC	self-employed, architectural restorer	200	200			
5/10/14	Thomas Preble 3232 Lucia Ave Eureka, CA 95503	☐IND ☐COM ☐OTH ☐PTY ☐SCC	retired	200	900			
5/10/14	Kenneth Miller 1658 Ocean Dr McKinleyville, CA 95519	IND COM OTH PTY	physician	350	1850			
5/10/14	Beverly Filip 3097 Pigeon Point Rd Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	retired	100	100			
			SUBTOTAL	\$ 1000				

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from.

3/18/14

				through5/17/14		Page 24 of 42	
NAME OF FILER						I.D. NUN	MBER
Kerrigan for	Supervisor 2014			13643	02		
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.	AR	PER ELECTION TO DATE (IF REQUIRED)
5/10/14	Joyce King 685 School Rd McKinleyville, CA 95519	☑IND □COM □OTH □PTY □SCC	retired Occupational Therapist	100	140		
5/10/14	Elizabeth Maynard 2318 Harris St Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	Executive Director Ink People, Inc.	50	11	00	
5/12/14	Margaret Herbelin 2619 Ridgeway Ln Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	200	4	50	
5/12/14	Patricia-Anne Wintersun 3520 Park St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	unemployed	500	500		,
5/13/14	Erik Jansson 925 Vista Dr McKinleyville, CA 95519	☑IND □COM □OTH □PTY □SCC	physician	200	200		
		.\$ 1050					

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SCHEDULE A (CONT.)

Statement covers period

1350

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period 3/18/14		FORM 460			
				through 5/1	7/14	Page			
NAME OF FILER									
Kerrigan for Supervisor 2014									
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	CALENDAR YEAR		PER ELECTION TO DATE (IF REQUIRED)		
5/13/14	Redwood Coast Cellular 735 4th St Eureka, CA 95501	□IND □COM ☑OTH □PTY □SCC		100	100		100		
5/14/14	Central Labor Council of Humboldt/Del Norte Counties AFL-CIO 840 E St, Suite 9 Eureka, CA 95501	□IND □COM ☑OTH □PTY □SCC	labor council	500	1000				
5/14/14	United Food and Commercial Workers Local 5 PAC, FPPC ID #1294035 840 E St., Suite 8 Eureka, CA 95501	□IND □COM □OTH □PTY □SCC		500	500				
5/14/14	Teresa MacClelland 2723 Skyline Dr Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	retired	50		100			
5/14/14	Michael Winkler 1090 12th St Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	Energy Consultant Redwood Energy Authority	200		400			

SUBTOTAL\$

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SCHEDULE A (CONT.)

Statem	ent covers period	CALIFORNIA ACO						
from	3/18/14	FORM 40U						
through	5/17/14	Page 26 of 42						
		I.D. NUMBER						
2		1364302						

Kerrigan for Supervisor 2014

NAME OF FILER

Kerrigan for	Supervisor 2014		1304302			
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)
5/14/14	Paul Coffman 1785 Camelia Dr McKinleyville, CA 95519	☑IND ☐COM ☐OTH ☐PTY ☐SCC	retired	100	100	
5/15/14	Donna Clark 3438 I St Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	retired HSU	75	100	
5/15/14	Thomas Preble 3232 Lucia Ave Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	retired	100	900	
5/15/14	Lori Rudebock 1739 Baywood Ln Bayside, CA 95524	IND COM OTH PTY	Auditor/Controller GHD	100	250	
5/15/14	Denise Isaac 1355 Fickle Hill Rd Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	Accountant, Steven L Harris CPA	100	100	
			SUBTOTAL	\$ 475		

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PTY - Political Party

SCC - Small Contributor Committee

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SCHEDULE A (CONT.)

CALIFORNIA 46

Statement covers period

3/18/14

				from3/18/14		FORM TOO	
				through5/17/14		Page	27 of 42
NAME OF FILER		The second secon		 		I.D. NUMBER	
Kerrigan for	Supervisor 2014				136430)2	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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)
5/15/14	Alicia Parreira 2833 B St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	Postal Worker, USPO	260	:	260	
5/15/14	Vicki Lore 1216 Hayes St. Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	100		100	
5/16/14	Charles Harvey 220 Buckman Trail Ln McKinleyville, CA 95519	☑IND □COM □OTH □PTY □SCC	retired professor	100		100	
5/16/14	Barbara Zoellner 1136 K St Eureka, CA 95501	DIND COM OTH PTY SCC	Admin & Finance Manager, Humboldt Transit Authority	100		120	
5/16/14	Mike Wilson 1071 13th St Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	Environmental Engineer, HWR Engineering & Sciences	100		199	
			SUBTOTAL	\$ 660			

*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 (CONT.)
CALIFORNIA 460

FORM

Statement covers period

from_

3/18/14

		through5/1	7/14	Page_	28 of 42				
NAME OF FILER	I.D. NUMBER								
Kerrigan for Supervisor 2014 1364302									
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 I CALENDAR YE. (JAN. 1 - DEC.		PER ELECTION TO DATE (IF REQUIRED)		
5/16/14	Uma Bingham 2161 Fairfield St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	Nurse Practioner, Six Rivers Planned Parenthood	50	100				
5/17/14	Jeffrey Schwartz 867 Beverly Way Arcata, CA 95521	☑IND □COM □OTH □PTY □SCC	attorney	100	3	350			
5/17/14	William Pierson 950 Freshwater Rd Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	Owner, Pierson Building Center	1000	20	000			
5/17/14	Kristin Vogel 2500 Old Briceland Rd Garberville, CA 95542	☑IND □COM □OTH □PTY □SCC	retired	100	-	100			
5/17/14	Dale Preston 1335 H St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	statistician self-employed	100	2	250			
	SUBTOTAL\$ 1350								

*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 A (CONT.)

Statement covers period

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 3/18/14 through 5/17/14		CALIFORNIA 460 FORM 29 of 42	
NAME OF FILER				***************************************	12	I.D. NUI	MBER
Kerrigan fo	r Supervisor 2014					13643	02
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 \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
5/17/14	Claire Perricelli 2259 16th St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	retired	250		500	
5/7/14	Kenneth Collins 4803 Greenwood Heights Kneeland, CA 95549	□IND □COM □OTH □PTY □SCC	Attorney at Law	100		100	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	.\$ 350			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 3/18/14 CALIFORNIA 460 FORM 460 through 5/17/14 Page 30 of 42

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Kerrigan for Supervisor 2014							
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)	TO DATE
3/26/14	Moonstone Crossing 1000 Moonstone Cross Rd Trinidad, CA 95570	□IND □COM ☑OTH □PTY □SCC		wine	129	12	Э
5/4/14	Donna Sellers 920 K St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	self-employed artist	Artwork	450	45	0
5/10/14	Christina Anatasia Jewelry 1302 G St Eureka, CA 95501	□IND □COM □OTH □PTY □SCC		Hand crafted earrings	300	140	9
5/10/14	Carolyn Ayres 212 W Cedar St Eureka, CA 95501	☑IND □COM □OTH □PTY □SCC	self-employed consultant	Tarot reading	65	13	0
Attach ad	Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 944						

Schedule C Summary

1.	. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	1720	
2.	. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	0	
3	Total nonmonetary contributions received this period		

*Contributor Codes

IND - Individual

1720

ND-IIIdividdai

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period **CALIFORNIA** 3/18/14 **FORM** from 5/17/14 through I.D. NUMBER 136/302

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Kerrigan for Supervisor 2014						1004002	•
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)
5/10/14	Roberta Preble 3232 Lucia Ave Eureka, CA 95503	☑IND □COM □OTH □PTY □SCC	self-employed artist	Artwork	170	170	
5/10/14	Pierson's Building Center 4100 Broadway Eureka, CA 95503	□IND □COM □OTH □PTY □SCC		Gift Certificate	200	200	
5/13/14	CartriCharge Imaging PO Box 284 Arcata, CA 95518	□IND □COM □OTH □PTY □SCC		printer, toner, ink	406	406	
		□IND □COM □OTH □PTY □SCC					
Attach ad	Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 776						

S	ch	ed	ule	C	Summary	
•	C 11 11	-		•	Constituted y	

1.	. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ 1720
2.	. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ 0
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.)	\$ 1720

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule I	salat Jacob Jacob *-
Payments	Made

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

Stateme	nt covers period	CALIFORNIA 160
from	3/18/14	FORM 40U
through _	5/17/14	Page 32 of 42
		I.D. NUMBER
		1064000

to whole	ioliai 5.	from3/18/14	TORM
SEE INSTRUCTIONS ON REVERSE		through5/17/14 Pag	ge <u>32</u> of <u>42</u>
NAME OF FILER		I.D.	, NUMBER
Kerrigan for Supervisor 2014		136	64302
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* OFC office experpetition circ petition circ polition circ polition and phone bank problems and politing and postage, do	nmunications ad appearances nses ulating	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and meal TRS staff/spouse travel, lodging, and m TSF transfer between committees of th VOT voter registration WEB information technology costs (inter-	ls neals ne same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Mitra Abidi 2096 Peninsula Dr., Unit C Manila, CA 95521	CNS		1,000
Staples 800 W Harris St Eureka, CA 95501	OFC		178.93
CallFire.com 1410 2nd St, Suite 200 Santa Monica, CA	PHO		140
* Payments that are contributions or independent expenditures must also be sum	marized on Schedule D.	SUBTO	TAL\$ 1,318.93
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule E subtotals.)			\$21,670.30
2. Unitemized payments made this period of under \$100			
3. Total interest paid this period on loans. (Enter amount from Schedule B. Pa			0

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

24,467.99

Schedule E (Continuation Sheet) Payments Made

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

		SCHEDULE E (CONT.
Statem	ent covers period	CALIFORNIA ACO
from	3/18/14	FORM 400
through	5/17/14	Page 33 of 42
		I.D. NUMBER
		1364302

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Kerrigan for Supervisor 2014

	ga to, capatitude and				
COL	ES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponso
		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 C	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gross Building 427 F St Eureka, CA 95501	OFC		500
Mitra Abidi 2096 Peninsula Dr, Unit C Manila, CA 95521	CNS		1000
Carson Park Design 2607 H St Eureka, CA 95501	WEB	Web and media design	675
Times Printing 106 T St Eureka, CA 95501	LIT		154.15
Suddenlink 911 W Wabash Eureka, CA 95501	OFC		214.36

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

SUBTOTAL \$

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E	(CONT.)
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Statement covers period	CALIFORNIA 160
from3/18/14	FORM 400
through5/17/14	Page 34 of 42
	I.D. NUMBER
	1364302

Kerrigan for Supervisor 2014 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)* t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRC staff/spouse travel, lodging, and meals POL polling and survey research TRS FND fundraising events independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor voter registration PRO professional services (legal, accounting) VOT legal defense LEG information technology costs (internet, e-mail) campaign literature and mailings PRT print ads WEB

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION	DF PAYMENT AMOUNT PAID
Peace Resource Project PO Box 1122 Arcata, CA 95518	СМР	113.95
Lotus Mountain 1155 Redway Drive, Suite 7 Redway, CA 95560	СМР	165.55
Campaign Graphics 2245 SE 8th St Ocala, FL 34471	СМР	929
Mitra Abidi 2096 Peninsula Dr, Unit C Manila, CA 95521	CNS	1,000
Adelle McElveen 1931 William St Eureka, CA 95501	TRS	253.11

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

SUBTOTAL \$

Schedule E (Continuation Sheet) **Payments Made**

SEE INSTRUCTIONS ON REVERSE

LIT

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

Statement covers period CALIFORNIA **FORM** 3/18/14 from 5/17/14 through. I.D. NUMBER 1364302

NAME OF FILER

Kerrigan for Supervisor 2014

campaign literature and mailings

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

MBR member communications CMP campaign paraphernalia/misc. MTG meetings and appearances CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses PET petition circulating CVC civic donations phone banks candidate filing/ballot fees PHO FIL polling and survey research POL fundraising events FND postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)* POS legal defense LEG

PRO professional services (legal, accounting) PRT print ads

radio airtime and production costs

returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs

candidate travel, lodging, and meals TRC

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

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gross Building 427 F St Eureka, CA 95501	OFC		825
Senior News 1910 California St Eureka, CA 95501	PRT		639.38
WINCO W Harris St Eureka, CA 95501	FND		154.47
CallFire.com 1410 2nd St, Suite 200 Santa Monica, CA	PHO		150
Mitchell Kerman 2161 Fairfield St Eureka, CA 95501	OFC	reimburse Staples office supplies	126.56

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

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Kerrigan for Supervisor 2014

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

NRB member communications

RAD radio airtime and production costs

MBR member communications CMP campaign paraphernalia/misc. MTG meetings and appearances CNS campaign consultants OFC office expenses CTB contribution (explain nonmonetary)* petition circulating CVC civic donations phone banks candidate filing/ballot fees PHO polling and survey research POL FND fundraising events postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS professional services (legal, accounting) LEG legal defense print ads PRT campaign literature and mailings

TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration

WEB information technology costs (internet, e-mail)

returned contributions

SAL campaign workers' salaries

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Peace Resource Project PO Box 1122 Arcata, CA 95518	CMP		134.38
Times Printing 106 T St Eureka, CA 95501	LIT		851.66
Carson Park Design 2607 H St Eureka, CA 95501	LIT		255
Suddenlink 911 W Wabash Eureka, CA 95501	OFC		162.23
US Post Office 337 W Clark St Eureka, CA 95501	POS		132

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

SUBTOTAL \$

Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers period

(Continuation Sheet) Payments Made	to whole do			from	fatement covers perio	GALIFO	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		- Company	** (0 ***	throu	igh 5/17/14	Page	37 of <u>42</u>
Kerrigan for Supervisor 2014						I.D. NUMB 1364302	
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations PET FIL candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings MTG OFC PFC PET PHO FND	member commeetings and office expens petition circular phone banks polling and suppostage, deliverselvers.	munications I appearance ses ating urvey resea	es	RAD RFD SAL TEL TRC TRS TSF VOT	describe the pay radio airtime and pro returned contribution campaign workers' st.v. or cable airtime a candidate travel, lodg staff/spouse travel, lot transfer between convoter registration information technolog	ment. duction costs s alaries nd production costs ling, and meals odging, and meals nmittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNTPAID
Mitra Abidi 2096 Peninsula Dr, Unit C Manila, CA 95521		CNS					1,000
Alan Olmstead, DBA Sirius Studios 3805 H St Eureka, CA 95503		RAD		-			1,200
Times Printing 106 T St Eureka, CA 95501		LIT		4,4,7,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4			715.81
Gross Building 427 F St Eureka, CA 95501		OFC		2.2000bet - w			825
Times Printing 106 T St Eureka, CA 95501		LIT					142.35
Payments that are contributions or independent expenditures must also be sur	nmarized on S	chedule D.				SUBTOTAL \$	3883.16
							0000110

Schedule E	
(Continuation	Sheet)
Payments Ma	de

Type or print in ink. Amounts may be rounded

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		Sta	atement cover		CALIFOR		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			- The contract of the contract	throug	gh5/17	7/14	Page3	38_ of <u>42</u>
Kerrigan for Supervisor 2014							1364302	K
CODES: If one of the following codes accurately of campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (expl. legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s ain)* POS postage, deli	munications d appearance ses lating survey resear	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime a returned contr campaign wor t.v. or cable air candidate trave staff/spouse transfer betwe voter registrati	nd production of ibutions kers' salaries rtime and produ el, lodging, and avel, lodging, a en committees	uction costs I meals and meals s of the same	e candidate/sponsor mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT			AMOUNT PAID
Campaign Graphics 2245 SE 8th St Ocala, FL 34471		CMP						929
A T & T 3543 Broadway Eureka, CA		OFC				A STATE OF THE STA		116.91
Alan Olmstead, DBA Sirius Studios 3805 H St Eureka, CA 95503		TEL						2469.09
CallFire.com 1410 2nd St, Suite 200 Santa Monica, CA		PHO				1000000		150
Alan Olmstead, DBA Sirius Studios 3805 H St Eureka, CA 95503		RAD						759.55
Payments that are contributions or independent expenditures	must also be summarized on S	Schedule D.	I			SUR	STOTAL \$	4424.55
								4474 55

SCHEDU	HEF	CONT
COLLED	7	(0014)

Schedule E (Continuation Sheet) **Payments Made**

SEE INSTRUCTIONS ON REVERSE

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

Stateme	ent covers period	CALIFORNIA ACO
from	3/18/14	FORM 400
through5/17/14	Page 39 of 42	
	A CONTRACTOR OF THE PARTY OF TH	I.D. NUMBER
		1364302

NAME OF FILER

Kerrigan for Supervisor 2014

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 t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees phone banks candidate travel, lodging, and meals PHO TRC fundraising events polling and survey research POL TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense professional services (legal, accounting) VOT voter registration 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	0	R DESCRIPTION OF PAYMENT	AMOUNTPAID
Party Place 940 Broadway Eureka, CA 95501	FND			102.84
Lotus Mountain 1155 Redway Dr, Suite 7 Redway, CA 95560	СМР			609.38
Verizon PO Box 4001 Acworth, GA 30101	OFC			357.14
Alan Olmstead, DBA Sirius Studios 3805 H St Eureka, CA 95503	RAD			1038.50
Mitra Abidi 2096 Peninsula Dr, Unit C Manila, CA 95521	CNS			1000

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

SUBTOTAL \$

Schedule		
(Continua	tion	Sheet)
Payments	Mad	de

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

SCHEDULE E	CONT
COLLEDOLL	(OON I.)

Statement covers period

(Continuation Sheet) Payments Made			Statement covers period from3/18/14	CALIFO FOR	RNIA 460	
SEE INSTRUCTIONS ON REVERSE				through5/17/14	Page	40 of 42
NAME OF FILER					I.D. NUMBI	ER
Kerrigan for Supervisor 2014					1364302	
CODES: If one of the following codes accurately described compaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/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 expen- PET petition circul PHO phone banks POL polling and s POS postage, deli	munications I appearance ses ating urvey resear	es	radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, ar STSF transfer between committee voter registration web redictions.	duction costs duction costs d meals and meals es of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR [DESCRIPTION OF PAYMENT		AMOUNT PAID
Malcom DeSoto Runaway Kite Cinematography PO Box 5861 Eureka, CA 95502		TEL				500
* Payments that are contributions or independent expenditures must als	o be summarized on \$	Schedule D.		SI	IBTOTAL \$	500
The state of the s	A VIII A			7-10		

SC			

Schedule F	Type or print in inle		SCHEDULE
Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from3/18/14	FORM 460
SEE INSTRUCTIONS ON REVERSE		through5/17/14	Page 41 of 42
NAME OF FILER			LD NUMBER
Kerrigan for Supervisor 2014			I.D. NUMBER
			1364302
CODES: If one of the following codes accurately de	scribes the payment, you may enter the co	de. Otherwise, describe the paymen	f
Campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and appearances	RFD returned contributions	
CVC civic donations	OFC office expenses	SAL campaign workers' salaries	
FIL candidate filing/ballot fees	PET petition circulating PHO phone banks	TEL t.v. or cable airtime and prod	uction costs
FND fundraising events	POL polling and survey research	TRC candidate travel, lodging, and	

POS postage, delivery and messenger services

POL polling and survey research

LEG legal defense LIT campaign literature and mailings	DDT 1.1.1.1.1.		VOT voter registration WEB information technology costs (internet, e-mail)		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Times Printing	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
106 T St Eureka, CA 95501	LIT	0	2791.89	1863.97	927.92
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.	SUBTOTALS	0 9	2791.89	1863.97	927.92

Schedule F Summary

IND

LEG legal defense

independent expenditure supporting/opposing others (explain)*

1	. 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.)	2791.89
2	. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on	2701.00
	accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	1863.97
3.	. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and	
	on the Summary Page, Column A, Line 9.)	927.92

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

Schedule Miscelland	l eous Increases to Cash	Amounts	or print in ink. may be rounded hole dollars.	Statement covers period from3/18/14	CALIFORNIA 460
SEE INSTRUCTION	IS ON REVERSE			through5/17/14	Page 42 of 42
	Supervisor 2014				I.D. NUMBER 1364302
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
5/10/14	Natalynne Delapp-Hinton 1203 Chester Ave Arcata, CA 95521		Purchase of auc	tion item	165
Attach addit	ional information on appropriately labeled continuation sheets.			SUBTOTAL	\$ 165
Schedule I 1. Itemized in 2. Unitemized	Summary creases to cash this period. increases to cash of under \$100 this period.			\$\$ 169	5

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

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