

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COPY

COVER PAGE

**CALIFORNIA
FORM 460**

Page 1 of 11

For Official Use Only

Date Stamp

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MAY 22 2014

**HUMBOLDT COUNTY
ELECTIONS**

Statement covers period
from 03/17/2014
through 05/17/14

Date of election if applicable:
(Month, Day, Year)
06//2014

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed 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 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1365541

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

Sharon Latour for 5th District Supervisor of Humboldt County 2014

STREET ADDRESS (NO P.O. BOX)

1090 Murray Rd #141

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>McKinleyville</u>	<u>CA</u>	<u>95519</u>	<u>707 633-6111</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

sharonpcusa@yahoo.com

Treasurer(s)

NAME OF TREASURER

Stephanie Witzel

MAILING ADDRESS

2877 Woodland Ct

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Arcata</u>	<u>CA</u>	<u>95521</u>	<u>707 4994899</u>

NAME OF ASSISTANT TREASURER, IF ANY

Sharon Latour

MAILING ADDRESS

1090 Murray Rd #141

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>McKinleyville</u>	<u>CA</u>	<u>95519</u>	<u>707 633-6111</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 5/22/2014
Date

Executed on 5/22/2014
Date

Executed on _____
Date

Executed on _____
Date

By Stephanie Witzel
Signature of Treasurer or Assistant Treasurer

By Sharon Latour
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Sharon Latour

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

5th District Supervisor of Humboldt County 2014

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

1090 Murray Rd #141 McKinleyville CA 95519

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>3/17/2014</u>	CALIFORNIA FORM 460
through <u>5/17/2014</u>	
Page <u>3</u> of <u>11</u>	I.D. NUMBER <u>1365541</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sharon Latour for 5th District Supervisor of Humboldt County 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>9131</u>	\$ <u>10824</u>
2. Loans Received Schedule B, Line 3	<u>3000</u>	<u>3000</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>12131</u>	\$ <u>13824</u>
4. Nonmonetary Contributions Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>12131</u>	\$ <u>13824</u>

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

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

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ _____	\$ <u>1318</u>
7. Loans Made Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>0</u>	\$ <u>1318</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>8359</u>	<u>8359</u>
10. Nonmonetary Adjustment Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>8359</u>	\$ <u>9677</u>

Expenditure Limit Summary for State Candidates

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

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>1693</u>
13. Cash Receipts Column A, Line 3 above	<u>12131</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	
15. Cash Payments Column A, Line 8 above	<u>0</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>13824</u>

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

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

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>3/17/2014</u> through <u>5/17/2014</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1365541	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sharon Latour for 5th District Supervisor of Humboldt County 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	SEE ATTCHED	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 9000
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 131
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 9131

*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

Form 460

Latour for 5th Dist Supervisor Humboldt County 2014

SCHEDULE A MONETARY CONTRIBUTIONS

Date	Name/Address	Code	Occupation	Amount	Amount to date
3/25/2014	JAWAN REID 2340 SUNNYVALE LANE MCKINLEYVILLE, CA 95519	IND	RETIRED	100	100
3/25/2014	K D DONAHUE PO BOX 803 BLUE LAKE , CA 95525	IND	RETIRED	100	100
3/25/2014	CAT KOSHKIN 695 HUNTS DR MCKINLEYVILLE, CA 95519	IND	ATTORNEY	200	200
3/25/2014	DB KLEIN 1361 AZALEA AVE MCKINLEYVILLE, CA 95519	IND	RETIRED	100	100
3/25/2014	JAMES JOHNSON 231 DRIFTWOOD LN TRINIDAD, CA 95570	IND	RETIRED	100	100
3/25/2014	JOY MOORE 1125 MIDFIELD CT MCKINLEYVILLE, CA 95519	IND	RETIRED	100	100

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3/26/2014	JOHN LATOUR 6221 BIG BEND DR ROSEVILLE, CA 95678	IND	RETIRED	250	250
3/30/2014	JOHN CALKINS 1211 RAILROAD DR MCKINLEYVILLE, CA 95519	IND	RETIRED	100	100
4/3/2014	BARBARA KENNEDY PO BOX 29 WEOTT, CA 95571	IND	RETIRED	100	100
VARIOUS	CENTRAL LABOR COUNCIL OF HUMBOLDT AND DEL NORTE COUNTY AFL/CIO OPERATING ENGINEERS LOCAL UNION #3 EUREKA, CA 95501	COM		1000	1000
4/14/2014	GREG BLOMSTROM PO BOX 241 ARCATA, CA 95518	IND	RETIRED	500	500
4/22/2014	MARK YODALL PO BOX 870 TRINIDAD, CA 95570	IND	RETIRED	1000	1000
4/29/2014	JOAN WEBB WALKTERS 806 EDWARDS ST TRINIDAD, CA 95570	IND	RETIRED	200	200

78811

4/29/2014	SANDRA HILL REV. TRUST 3320 CURTIS AVE ARCATA, CA 95521	IND	RETIRED	200	200
4/29/2014	LAURENCE HAND 697 EVANS RD MCKINLEYVILLE, CA 95519	IND	RETIRED	150	150
4/29/2014	GORDON LEPPIG 1812 FISCHER AVE MCKINLEYVILLE, CA 95519	IND	RETIRED	100	100
4/29/2014	DAVID YOUNG 1890 COTTONWOOD AVE MCKINLEYVILLE, CA 95519	IND	RETIRED	500	500
4/29/2014	CHARLES HARVEY PO BOX 220 FT BRAGG, CA 95437	IND	RETIRED	100	100
5/5/2014	KEN MILLER 1658 OCEAN DR MCKINLEYVILLE, CA 95519	IND	PHYSICAN	500	500
5/5/2014	MILTON BOYD 1400 HILFINKER DR ARCATA, CT 95521	IND	RETIRED	100	100
5/5/2014	BRUCE KENNY 369 - 8TH ST EUREKA, CA 95501	IND	ATTORNEY	100	100

5/5/2014	CHARLES HARVEY PO BOX 220 FT BRAGG, CA 95437	IND	RETIRED	100	100
5/10/2014	CA UNITED HOMECARE WORKERS 4034 PAC 555 CAPITOL MALL, STE 1425 SACRAMENTO, CA 95814	COM		1500	1500
5/10/2014	HUMBOLDT CO DEMOCRATIC CENTRAL COMMITTEE PO BOX 1392 EUREKA, CA 95502	COM		500	500
5/15/2014	RICHARD RIDENHAUER 2736 SUNNY GROVE AVE MCKINLEYVILLE, CA 95519	IND	RETIRED	100	100
5/15/2014	MARK GREENEAF 2615 L STREET EUREKA, CA 95501	IND	LABOR UNIO REP CSUED-SEIU LOCAL 2549	100	100
5/15/2014	BEVERLY FILIP 3097 PIGEON PT RD EUREKA, CA 95503	IND	RETIRED	100	100
5/15/2014	RICHARD KOSS 1767 BLAKSLER AVE ARCATA, CA 95521	IND	RETIRED	100	100

9811

5/19/2014	PETER MARTIN 1872 PATRICKS PT DR TRINIDAD, CA 95570	ATTORNEY SELF	1000	1000
TOTAL			9000	9000

Schedule B – Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period from <u>3/17/2014</u> through <u>5/17/2014</u>	CALIFORNIA FORM 460 Page <u>10</u> of <u>11</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sharon Latour for 5th District Supervisor of Humboldt County 2014

I.D. NUMBER

1365541

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
SHARON LATOUR 1090 MURRAY RD #141 MCKINLEYVILLE, CA 95519 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEACHER COLLEGE OF THE REDWOODS	\$ _____	\$ <u>3000</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>3000</u> DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ <u>3000</u> PER ELECTION** \$ <u>3000</u>
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$ _____ \$ _____ \$ _____ \$ _____								

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

Schedule B Summary

- Loans received this period \$ 3000
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 3000
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from 3/17/2014 through 5/17/2014		CALIFORNIA FORM 460
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NAME OF FILER Sharon Latour for 5th District Supervisor of Humboldt County 2014		I.D. NUMBER 1365541

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
TIMES PRINTING 1ST AND T ST EUREKA, CA 95501	CMP	0	4859	0	4859
HEZEKIAH ALLEN 1090 MURRAY RD #141MCKINLEYVILLE, CA 95519	CNS	0	3000	0	3000
CALL FIRE CALLFIRE.COM		0	500	0	500
SUBTOTALS \$		0 \$	8059 \$	0 \$	8359

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$ 8359
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) PAID TOTALS \$
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ 8359
May be a negative number