Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)	Date Stamp	CALIFORNIA 2001/02 FORM 460
from 1-1-14		RECEIVED	Page 1 of 12
through 3-17-14	June 2, 2014	MAR 24 2014 HUMBOLDT COUNTY ELECTIONS	For Official Use Only

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

- [X] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [X] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1362115

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Campaign to Elect Elan Firpo

STREET ADDRESS (NO P.O. BOX)
PO Box 6427

CITY: Eureka | STATE: CA | ZIP CODE: 95502 | AREA CODE/PHONE: 707 496-5368

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Alaina Coffman

MAILING ADDRESS
2760 Loren

CITY: McKinleyville | STATE: CA | ZIP CODE: 95519 | AREA CODE/PHONE: 707 502-6648

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

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 3-24-14 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 3-24-14 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) 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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Elan Firpo

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

District Attorney

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
PO Box 6427	Eureka	CA	95502

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. 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 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 1-1-14
through 3-17-14

CALIFORNIA FORM 460

Page 3 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Campaign to Elect Elan Firpo

I.D. NUMBER
1362115

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 6,314.00	$ 6,314.00
2. Loans Received	Schedule B, Line 3	7,500.00	7,500.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 13,814.00	$ 13,814.00
4. Nonmonetary Contributions	Schedule C, Line 3	6,644.00	6,644.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 20,458.00	$ 20,458.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 9,104.81	$ 9,104.81
7. Loans Made	Schedule H, Line 3	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 9,104.81	$ 9,104.81
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-0-	-0-
10. Nonmonetary Adjustment	Schedule C, Line 3	-0-	-0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 9,104.81	$ 9,104.81

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 3,390.18
13. Cash Receipts	Column A, Line 3 above	13,814.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
15. Cash Payments	Column A, Line 8 above	9,104.81
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 8,099.37

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ _____

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).

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	$ _____	$ _____

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
___/___/___	$ _____
___/___/___	$ _____
___/___/___	$ _____
___/___/___	$ _____
___/___/___	$ _____
___/___/___	$ _____

*Since January 1, 2001. 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.

Statement covers period
from 1-1-14
through 3-17-14

SCHEDULE A
CALIFORNIA FORM 460
Page 4 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Campaign to Elect Elan Firpo

I.D. NUMBER
1362115

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)
2-18-14	Allan Katz 836 L St Eureka, CA 95501	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	250.00	250.00	
3-3-14	Ben Shepherd 2230 Hooven Rd McKinleyville, CA 95519	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Self Employed A&L Feed	100.00	100.00	
2-10-14	Robert Figas 115 Redmond Rd Eureka, CA 95501	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Self Employed Arcata Forest Products	1,000.00	1,000.00	
3-3-14	Robert Ornelas 1645 Virginia Way Arcata, CA 95521	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Self Employed Arcata Construction Serv	250.00	250.00	
3-11-14	Charles Powell 1038 Beverly Way Arcata, CA 95521	☒IND ☐COM ☐OTH ☐PTY ☐SCC	President NCC Inc.	500.00	500.00	
			SUBTOTAL $	2,100.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more.
   (Include all Schedule A subtotals.) ..... $ 5,600.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 714.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 6,314.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-1-14
through 3-17-14

CALIFORNIA FORM 460

Page 5 of 12

NAME OF FILER
Campaign to Elect Elan Firpo

I.D. NUMBER
1362115

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)
3-3-14	Fred Sundquist 40 Spruce St Eureka, CA 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President City Ambulance of Eka	500.00	500.00	
3-3-14	George Ingraham 2603 L Street Eureka, CA	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
2-10-14	Jaison Chand 1804 Ridgewood Eureka, CA 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	COO City Ambulance	2,000.00	2,000.00	
3-11-14	John Woolley 147 Melvin Ave Arcata, CA 95521	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	150.00	150.00	
2-18-14	Frank Nicholas 1116 Stagecoach Rd Trinidad, CA 95536	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500.00	500.00	
			SUBTOTAL $	3,250.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-1-14
through 3-17-14

CALIFORNIA FORM 460

Page 6 of 12

NAME OF FILER
Campaign to Elect Elan Firpo

I.D. NUMBER
1362115

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)
2-18-14	Otto Van Emmerick 1891 Bartow Rd McKinleyville, CA 95519	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Green Diamond Resources	250.00	250.00	
		☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	250.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

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

Statement covers period
from 1-1-14
through 3-17-14

SCHEDULE B - PART 1
CALIFORNIA FORM 460
Page 7 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Campaign to Elect Elan Firpo

I.D. NUMBER
1362115

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
Elan Firpo 1926 William St Eureka, CA 95501 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Assist DA Humboldt County	$ -0-	$ 2,500.00	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 2,500.00 DATE DUE	0 % RATE $ -0-	$ 2,500.00 3-3-14 DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
Fred Sundquist 40 Spruce St Eureka, CA 95503 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President/CEP City Ambulance of Eka	$ -0-	$ 5,000.00	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 5,000.00 DATE DUE	0 % RATE $ -0-	$ 5,000.00 3-14-14 DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION ** $ ____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION ** $ ____
	SUBTOTALS $	$	$	$		$		

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

Schedule B Summary

1. Loans received this period ..... $ 7,500.00
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ -0-
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 7,500.00
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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

** If required.

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

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

Statement covers period
from 1-1-14
through 3-17-14

SCHEDULE C
CALIFORNIA FORM 460
Page 8 of 12

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Campaign to Elect Elan Firpo

I.D. NUMBER
1362115

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)
3-1-14	Jaison Chand 1804 Ridgewood Eureka, CA 95503	[X]IND [ ]COM [ ]OTH [ ]PTY [ ]SCC	COO City Ambulance of Eka	Signs, food & materials	6,344.00	6,344.00	
3-1-14	Fred Sundquist 40 Spruce St Eureka, CA 95503	[X]IND [ ]COM [ ]OTH [ ]PTY [ ]SCC	President/CEO City Ambulance of Eka	Equipment use & room rental	260.00	260.00	
		[ ]IND [ ]COM [ ]OTH [ ]PTY [ ]SCC					
		[ ]IND [ ]COM [ ]OTH [ ]PTY [ ]SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 6,604.00

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $ 6,604.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 40.00
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 $ 6,644.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

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

Statement covers period
from 1-1-14
through 3-17-14

SCHEDULE E
CALIFORNIA FORM 460
Page 9 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Campaign to Elect Elan Firpo

I.D. NUMBER
1362115

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Budget Watchdogs 1954 W. Carson Suite B Torrance, Ca 90501		Direct Mail Service	1,301.00
California Voter Guide 1954 W. Carson Suite B Torrence, Ca 90501		Direct Mail Service	512.00
David Keating 130 Fernbridge Fortuna, Ca 95540		Outside contractor	250.00

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

SUBTOTAL $ 2,063.00

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 8,868.60
2. Unitemized payments made this period of under $100 ..... $ 236.21
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 9,104.81

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from 1-1-14
through 3-17-14

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Campaign to Elect Elan Firpo

I.D. NUMBER
1362115

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
David Rodriquez 917 3rd St Eureka, CA 95501		Contract services	599.00
Eileen McGee 1000 25th ST Eureka, CA 95501		Contract services	150.00
Election Digest 13701 Riverside Dr Suite 604 Sherman Oaks, CA 91423		Direct Mail Service	984.00
Humboldt County Elections 3033 H STREET EUREKA, CA 95501		Mailing lists, filing fees etc	2,829.00
John Chiv 520 E Street Eureka, Ca 95501		Contract services	150.00

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

SUBTOTAL $ 4,712.00

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from 1-1-14
through 3-17-14

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Campaign to Elect Elan Firpo

I.D. NUMBER
1362115

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
John Hopkins 2402 D ST EUREKA, CA 95501		Contract Services	135.31
Marian Brady 905 Pine St Eureka, Ca 95501		Contract Services	318.75
Mitch Trachtenberg PO Box 1352 TRINIDAD CA 95570		Contract Services	403.36
Peace Resource Project PO Box 1122 ARCATA, CA 95518		Signs & Bumper Stickers	217.69
Times Printing 723 3rd St Eureka, Ca 95501		Printing & Copying	234.68

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

SUBTOTAL $ 1,309.79

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from 1-1-14
through 3-17-14

CALIFORNIA FORM 460

Page 12 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Campaign to Elect Elan Firpo

I.D. NUMBER
1362115

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Tyler Herman 827 13th St Fortuna, CA 95540		Contract Services	644.81
US Postal Service 337 W. Clarke Eureka, Ca. 95501		PO Box & stamps	139.00

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

SUBTOTAL $ 783.81

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COPY

Date Stamp	CALIFORNIA 2001/02 FORM 460
RECEIVED FEB - 5 2014 HUMBOLDT COUNTY ELECTIONS	Page 1 of 9
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Statement covers period from January 1, 2013 through December 31,2013

Date of election if applicable: (Month, Day, Year) June 3, 2014

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

- [X] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [X] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

committee name correction Schedule E corrections

3. Committee Information

I.D. NUMBER: 1361504

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Arnold Klein for District Attorney 2014

STREET ADDRESS (NO P.O. BOX)
1105 H Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95501	559-679-8924

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Catherine D Poteracki

MAILING ADDRESS
1105 H Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka CA 95501	CA	95501	602 316 6851

NAME OF ASSISTANT TREASURER, IF ANY
N/A

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 01/31/2013 (Date) — By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 01/31/2013 (Date) — By X _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from January 1, 2013
through December 31,2013

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
HUMBOLDT COUNTY DEMOCRATIC COMMITTEE 129 5TH STREET EUREKA CA 95501	CVC	CHECK #1002 DEMOCRATIC DINNER [NAME ON PROGRAM]	$250.00
EVAN WISHEROPP, PHOTOGRAPHY EVANWISH@GMAIL,COM	LIT	CHECK#1003 CAMPAIGN PHOTOGRAPHS	$380.00
VERIZON WIRELESS 10/25/13 11/12/13 12/11/13	MBR	VISA PURCHASE CAMPAIGN PHONE EXPENSES	$377.77
ADVANCE DISPLAY 11/16/13 EUREKA CA 95501	LIT	VISA PURCHASE CAMPAIGN FLIERS	$474.28
TIMES PRINTING EUREKA CA 95501	LIT	DEBIT FROM CAMPAIGN ACCOUNT FLYERS, CARDS, PRINTED CAMPAIGN MATERIAL	$266.94

SUBTOTAL $ $1948.85

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