

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 14
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MAR 24 2014
HUMBOLDT COUNTY
ELECTIONS

Statement covers period from 1/1/14 through 3/17/14	Date of election if applicable: (Month, Day, Year) 6/3/2014
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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
<small>(Also Complete Part 5)</small> | ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
<small>(Also Complete Part 6)</small> |
| ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|---|
| ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
<small>(Also file a Form 410 Termination)</small>
☐ Amendment (Explain below) | ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495 |
|--|---|

3. Committee Information

I.D. NUMBER
1364302

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Kerrigan for Supervisor 2014

STREET ADDRESS (NO P.O. BOX)

1007 F St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95501	707-407-9395

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

P. O. Box 6923

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95502	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Nancy LaVallee

MAILING ADDRESS

1931 William St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95501	707-445-0344

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 3/22/14
Date

Executed on 3/27/14
Date

Executed on _____
Date

Executed on _____
Date

By Nancy LaVallee
Signature of Treasurer or Assistant Treasurer

By Chris King
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**

Page 2 of 14

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Chris Kerrigan

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

Humboldt County Supervisor, District 4

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

1007 F St. Eureka, CA 95501

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>1/1/14</u> through <u>3/17/14</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>14</u>	I.D. NUMBER <u>1364302</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris Kerrigan

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>7029</u>	\$ <u>7029</u>
2. Loans Received	Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>7029</u>	\$ <u>7029</u>
4. Nonmonetary Contributions	Schedule C, Line 3	<u>2584</u>	<u>2584</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>9613</u>	\$ <u>9613</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>6222</u>	\$ <u>6222</u>
7. Loans Made	Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>6222</u>	\$ <u>6222</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	<u>2584</u>	<u>2584</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>8806</u>	\$ <u>8806</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>0</u>
13. Cash Receipts	Column A, Line 3 above	<u>7029</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>1076</u>
15. Cash Payments	Column A, Line 8 above	<u>6222</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1883</u>

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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>1/1/14</u> through <u>3/17/14</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>14</u>	I.D. NUMBER 1364302

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris Kerrigan

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)
3/17/14	Harry Blumenthal 2773 Avery Lane Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	100	100	
3/17/14	Natalynne DeLapp-Hinton 1203 Chester Arcata, CA 95521	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Development Director EPIC	100	100	
3/8/14	Robert Fasic 838 J St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	100	100	
3/17/14	Marilyn Foote P. O. Box 394 Miranda, CA 95553	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Social Worker Redwoods Rural Health Center	100	100	
3/11/14	John Frahm 1754 Quaker St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Union Representative	100	100	
SUBTOTAL \$				500		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5400
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1629
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7029

***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

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 <u>1/1/14</u> through <u>3/17/14</u>		CALIFORNIA FORM 460 Page <u>5</u> of <u>14</u>
NAME OF FILER Chris Kerrigan		
		I.D. NUMBER 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, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/8/14	Danny Furlong 2713 A St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Ballet master	100	100	
3/2/14	Larry Glass 7510 Myrtle Ave. Eureka, CA 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	100	100	
3/5/14	Roy Grieshaber 838 J St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	500	500	
3/15/14	Melvin Kreb 31117 Hwy. 254 Scotia, CA 95565	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed Organic produce grower/ seller	500	500	
3/5/14	Nancy LaVallee 1931 William St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired teacher	150	150	
SUBTOTAL \$				1350		

***Contributor Codes**

IND – Individual
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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 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 <u>1/1/14</u> through <u>3/17/14</u>		CALIFORNIA FORM 460 Page <u>6</u> of <u>14</u>
NAME OF FILER Chris Kerrigan		
		I.D. NUMBER 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, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/4/14	Eric Lindstrom 224 Ponderosa Ct. Eureka, CA 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect	150	150	
3/7/14	Brian Malloy 820 A 30th Ave. San Francisco, CA 94121	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney	100	100	
3/8/14	Peter Martin 1872 Patricks Pt. Dr. Trinidad, CA 95570	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney	100	100	
3/3/14	Ken Miller 1658 Ocean Dr. McKinleyville, CA 95519	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Physician	500	500	
3/8/14	Russell Morey 1461 California St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Registered Nurse	250	250	
SUBTOTAL \$				1100		

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 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 <u>1/1/14</u> through <u>3/17/14</u>		CALIFORNIA FORM 460
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NAME OF FILER Chris Kerrigan		I.D. NUMBER 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, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/8/14	Michael Mullen 1329 Bay St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
3/4/14	David Ogden 2337 B St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200	200	
3/6/14	Kathleen Pelley 3539 18th St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
3/17/14	Claire Perricelli 2259 16th St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
3/17/14	Anne Pierson 500 Falk Lane Eureka, CA 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President L & A Enterprises LLC	500	500	
SUBTOTAL \$				1000		

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IND - Individual
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 (other than PTY or SCC)
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 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 <u>1/1/14</u> through <u>3/17/14</u>		CALIFORNIA FORM 460
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NAME OF FILER Chris Kerrigan		I.D. NUMBER 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, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/8/14	Thomas Preble 3232 Lucia Ave. Eureka, Ca 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
3/8/14	Shawna Roberts 601 Herrick Ave. Eureka, CA 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher South Bay School Dist.	100	100	
3/8/14	Lori Rudebock 1739 Baywood Ln. Bayside, CA 95524	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Auditor/Controller GHD	150	150	
3/16/14	Sheryl Schaffner 555 E. Washington Ave. Apt. 2201W Sunnyvale, CA 94086	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	General Counsel Midpeninsula Region Open Space District	200	200	
3/4/14	Tommie Stanley 2002 F St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
SUBTOTAL \$				650		

*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

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 <u>1/1/14</u> through <u>3/17/14</u>	CALIFORNIA FORM 460
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I.D. NUMBER <u>1364302</u>	

NAME OF FILER

Chris Kerrigan

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)
3/13/14	Douglas Stock 1391 Nigel Ln. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	300	300	
3/13/14	Jane Stock 1391 Nigel Ln. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	300	300	
3/8/14	Alfred Tix, Jr. 2713 A St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Contractor	100	100	
3/6/14	Jon Yalcinkaya 725 O St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Humboldt County Eligibility Worker	100	100	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$				800		

***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

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>1/1/14</u> through <u>3/17/14</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Chris Kerrigan

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)
3/8/2014	Teresa Von Braun 1085 I St., Suite 115 Arcata, CA 95521	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Spiritual Consultant	Reading	125	125	
3/8/2014	Merry Coor 214 F St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, Ash Beads by Merry Coor	Ash Bead	150	150	
3/8/2014	Elizabeth Smith 4719 Herron Rd. Eureka, CA 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Behavioral Therapist Seruze Center	Wool purse/scarf, jewelry, perfume, wine, water color, leather tote	961	961	
3/8/2014	Christina Anastasia 1302 G St. Eureka, CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Jewelry designer and creator	Hand crafted Jewelry	1109	1109	
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	2345	

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 2345
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 239
- 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 \$** 2584

*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

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		CALIFORNIA FORM 460
		Page 11 of 14
		I.D. NUMBER 1364302

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Chris Kerrigan

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 Elections 3033 H St. Eureka, CA 95501	FIL	Filing Fee	815
Mitra Abidi 2096 Peninsula Dr., unit C Manila, CA 95521	CNS		1000
Carson Park Design 2607 H St. Eureka, CA 95501	LIT	Logo design	400
SUBTOTAL \$			2215

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 6030
2. Unitemized payments made this period of under \$100	\$ 192
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 6222

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	1/1/14	
through	3/17/14	Page 12 of 14
		I.D. NUMBER 1364302

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Chris Kerrigan

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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Humboldt County Elections 3033 H St. Eureka, CA 95501	FIL	Ballot statement	480
Christina Swingdler 1302 G St. Eureka, CA 95501	FND	Reimburse invitations, catering	362
Judy Davis Insurance 1933 Central Ave. McKinleyville, CA 95519	OFC	Office insurance	719
Gross Building 427 F St. Eureka, CA 95501	OFC	Office rent & deposit	1325
Campaign Graphics 2245 SE 8th St. Ocala, FL 34471	CMP	Yard signs	929

SUBTOTAL \$ 3815

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

Schedule I Miscellaneous Increases to Cash

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

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

SCHEDULE I
CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris Kerrigan

I.D. NUMBER

1364302

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
3/8/14	Kathleen Bryson P. O. Box 1254 Eureka, CA 95502	purchased item at auction	105
3/8/14	Merry Coor 214 F St. Eureka, CA 95501	purchased items at auction	100
3/8/14	Diane Dalsaso 1710 Buhne St. Eureka, CA 95501	purchased item at auction	160
3/8/14	Toni Farrar 235 14th St. Eureka, CA 95501	purchased items at auction	101
3/8/14	Roberta Preble 3232 Lucia Ave. Eureka, CA 95503	purchased items at auction	225

SUBTOTAL \$ 691

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

1. Itemized increases to cash this period. \$ 811
 2. Unitemized increases to cash of under \$100 this period. \$ 265
 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 1076**

Schedule I
Miscellaneous Increases to Cash *(Continued)*

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

SCHEDULE I

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

CALIFORNIA
 FORM **460**

Page 14 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris Kerrigan

I.D. NUMBER

1364302

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
3/8/14	Lori Rudebock 1739 Baywood Ln. Bayside, CA 95524	purchased item at auction	120

SUBTOTAL \$ 120

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- Itemized increases to cash this period. \$ See p. 13
- Unitemized increases to cash of under \$100 this period. \$
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$