

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink

COPY

COVER PAGE

Date Stamp RECEIVED MAR 24 2014 HUMBOLDT COUNTY ELECTIONS	CALIFORNIA FORM 460
	Page <u>1</u> of <u>5</u> For Official Use Only

Statement covers period from <u>03/15/2014</u> through <u>03/17/14</u>	Date of election if applicable: (Month, Day, Year) <u>06//2014</u>
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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
applied for

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
McKinleyville	CA	95519	707 633-6111

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

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

NAME OF ASSISTANT TREASURER, IF ANY

Sharon Latour

MAILING ADDRESS

1090 Murray Rd #141

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

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 3/23/14
Date

Executed on 3/23/14
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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>03/15/2014</u> through <u>03/17/14</u>		CALIFORNIA FORM 460
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NAME OF FILER Sharon Latour for 5th District Supervisor of Humboldt County 2014		I.D. NUMBER applied for

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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)
3/15/2014	Cathy Hanafi PO Box 4404 Arcata, CA 95521	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	815	815	
3/15/2014	Larry Hourany 1988 Ocean Ave McKinleyville, CA 95519	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
3/15/2014	Michael Welch 2584 Arthur Road Fieldbrook, CA 95519	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
3/15/2014	John Jaso 1553 Murray Rd McKinleyville, CA 95519	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
03/15/2014	Sharon Latour 1090 Murray Rd #141 McKinleyville, CA 95519	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher College of the Redwoods	578	578	
SUBTOTAL \$				1693		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1693
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1693

*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.

SCHEDULEE

Statement covers period from 03/15/2014 through 03/17/14		CALIFORNIA FORM 460
		Page 5 of 5
NAME OF FILER Sharon Latour for 5th District Supervisor of Humboldt County 2014		I.D. NUMBER applied for

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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Humboldt County 3033 H St Eureka, CA 95501	FIL	Filing Fees and Candidate Statement	1318

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

SUBTOTAL \$ 1318

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1318
2. Unitemized payments made this period of under \$100	\$
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 \$ 1318