Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

Date Stamp

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AUG 29 2016

CITY CLERK'S OFFICE

For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from _1-1-16_	_11-8-2016_
through _6-30-16_	

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

3. Committee Information

I.D. NUMBER _1384526_

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

HILLIARD FOR CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)
_451 1ST ST_

CITY _WOODLAND_ STATE _CA_ ZIP CODE _95695_ AREA CODE/PHONE _530 949-1429_

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

CITY ___ STATE ___ ZIP CODE ___ AREA CODE/PHONE ___

OPTIONAL: FAX / E-MAIL ADDRESS
JIM-HILLIARD@SBCGLOBAL.NET

Treasurer(s)

NAME OF TREASURER
JIM HILLIARD

MAILING ADDRESS
_451 1ST ST_

CITY _WOODLAND_ STATE _CA_ ZIP CODE _95695_ AREA CODE/PHONE _530-949-1429_

NAME OF ASSISTANT TREASURER, IF ANY
VALERIE ROBINSON

MAILING ADDRESS
_451 1ST ST_

CITY _WOODLAND_ STATE _CA_ ZIP CODE _95695_ AREA CODE/PHONE _530-_

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 _8/29/16_ By _____ Signature of Treasurer of Assistant Treasurer
Date

Executed on _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Date

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

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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JIM HILLIARD

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

DISTRICT 2, WOODLAND CITY COUNCIL

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

451 1ST ST. WOODLAND, CA 95695

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

Statement covers period

from _1-1-16_

through _6-30-16_

SCHEDULE I

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HILLARD FOR CITY COUNCIL 2016

I.D. NUMBER

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0

Schedule I Summary

1. Itemized increases to cash this period. ....$ _____
2. Unitemized increases to cash of under $100 this period. ....$ _____
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 Summary Page, Line 14.) .... **TOTAL $** 0

Schedule H
Loans Made to Others*

Amounts may be rounded to whole dollars.

Statement covers period

from _1-1-16_

through _6-30-16_

CALIFORNIA FORM 460

Page _4_ of _17_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HILLIARS FOR CITY COUNCIL 2016

I.D. NUMBER

_1384526_

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID $_____ ☐ FORGIVEN	$_____	_____% RATE	$_____	CALENDAR YEAR $_____ PER ELECTION**
		$_____	$_____	$_____	DATE DUE	$_____	DATE INCURRED	$_____
				☐ PAID $_____ ☐ FORGIVEN	$_____	_____% RATE	$_____	CALENDAR YEAR $_____ PER ELECTION**
		$_____	$_____	$_____	DATE DUE	$_____	DATE INCURRED	$_____
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.	SUBTOTALS	$	$	$	$			

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

Schedule H Summary

1. Loans made this period...$ _____
   (Total Column (b) plus unitemized loans of less than $100.)

2. Payments received on loans...$ _____
   (Total Column (c) plus unitemized payments of less than $100.)

3. Net change this period. (Subtract Line 2 from Line 1.).......................................NET $ _0_
   (Enter the net here and on the Summary Page, Column A, Line 7.)
   (May be a negative number)

**If Required

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HILLIARD FOR CITY COUNCIL 2016

I.D. NUMBER

1384526

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period	CALIFORNIA FORM **460**
from _1-1-16_	
through _6-30-16_	Page _6_ of _17_

NAME OF FILER

HILLIARD FOR CITY COUNCIL 2016

I.D. NUMBER
1384526

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)

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

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
	SUBTOTALS $		$	$	$

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Schedule F

Accrued Expenses (Unpaid Bills)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HILLIARD FOR CITY COUNCIL 2016

I.D. NUMBER

1384526

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

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

SUBTOTALS $** | **$ | **$** | **$**

Schedule F Summary

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.) ....**INCURRED TOTALS $** ___0___

2. 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 $** _____

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .... **NET $** ___0___
May be a negative number

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from *1-1-16*
through *6-30-16*

CALIFORNIA **460**
FORM

Page _8_ of _17_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HILLIARD FOR CITY COUNCIL 2016

I.D. NUMBER

1384526

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

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

SUBTOTAL $ *0*

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Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HILLIARD FOR CITY COUNCIL 2016

I.D. NUMBER
1384526

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

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

SUBTOTAL $

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ _____

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 $ _____

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

Statement covers period

from **1-1-16**

through **6-30-16**

CALIFORNIA FORM **460**

NAME OF FILER

HILLIARD FOR CITY COUNCIL 2016

I.D. NUMBER

1384526

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL $			

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www.fppc.ca.gov

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

Statement covers period

from **1-1-16**

through **6-30-16**

SCHEDULE D

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HILLIARD FOR CITY COUNCIL 2016

I.D. NUMBER

1384526

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				

SUBTOTAL $

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).. $ _____

2. Unitemized contributions and independent expenditures made this period of under $100.. $ _____

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).......... TOTAL .. $ _____

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 1-1-16

through 6-30-16

SCHEDULE C

CALIFORNIA FORM **460**

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NAME OF FILER

HILLIARD FOR CITY COUNCIL 2016

I.D. NUMBER

1384526

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)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)..$ 0

2. Amount received this period – unitemized nonmonetary contributions of less than $100 ....$

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 $ 0

*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

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Schedule B – Part 2
Loan Guarantors

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

SCHEDULE B - PART 2

Statement covers period

from _1-1-16_

through _6-30-16_

CALIFORNIA FORM 460

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NAME OF FILER

HILLIARD FOR CITY COUNCIL 2016

I.D. NUMBER _1384526_

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $ _____ PER ELECTION (IF REQUIRED) $ _____	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $ _____ PER ELECTION (IF REQUIRED) $ _____	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $ _____ PER ELECTION (IF REQUIRED) $ _____	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $ _____ PER ELECTION (IF REQUIRED) $ _____	

SUBTOTAL $ _____   Enter on Summary Page, Line 17 only.

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www.fppc.ca.gov

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from _1-1-16_

through _6-30-16_

CALIFORNIA FORM 460

Page _14_ of _17_

NAME OF FILER

Hilliard For City Council 2016

I.D. NUMBER

1384526

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
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$_____	$_____	☐ PAID $_____ ☐ FORGIVEN $_____	$_____ DATE DUE _____	_____% RATE $_____	$_____ DATE INCURRED _____	CALENDAR YEAR $_____ PER ELECTION** $_____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$_____	$_____	☐ PAID $_____ ☐ FORGIVEN $_____	$_____ DATE DUE _____	_____% RATE $_____	$_____ 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 ....$ _____
   (Total Column (b) plus unitemized loans of less than $100.)

2. 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.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) ....NET $ _____
   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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period

from **1-1-16**

through **6-30-16**

SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

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NAME OF FILER **HILLARD FOR CITY COUNCIL 2016**

I.D. NUMBER **1384526**

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)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $			

*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 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from **1-1-16**

through **6-30-16**

CALIFORNIA FORM **460**

SCHEDULE A

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NAME OF FILER

Hilliard for City Council 2016

I.D. NUMBER

1384526

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		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .... $

2. Amount received this period – unitemized monetary contributions of less than $100 .... $

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)....................... **TOTAL $**

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Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

from _1-1-16_

through _6-30-16_

CALIFORNIA FORM **460**

Page _17_ of _17_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HILLIARD FOR CITY COUNCIL 2016

I.D. NUMBER

_1384526_

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$	$
2. Loans Received	Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$	$
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 0	$ 0

Expenditures Made

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

Current Cash Statement

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

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	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0

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		$ 0	$
21. Expenditures Made		$ 0	$

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
___/___/___	$
___/___/___	$

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

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