

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp RECEIVED JUL 30 2018 CITY CLERK'S OFFICE	CALIFORNIA FORM 460
	Page <u>1</u> of <u>3</u> For Official Use Only

Statement covers period from <u>1/31/18</u> through <u>6/30/18</u>	Date of election if applicable: (Month, Day, Year) <u>11/6/18</u>
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER

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

Angel Barajas For Woodland City Council 2018

STREET ADDRESS (NO P.O. BOX)
507 West Keystone Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Woodland	CA	95695	916-730-5761

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

ab.woodlandcouncil@gmail.com

Treasurer(s)

NAME OF TREASURER
Cruz Ortiz

MAILING ADDRESS
1608 Midway Dr.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Woodland	CA	95695	530-908-7111

NAME OF ASSISTANT TREASURER, IF ANY
Angel Barajas

MAILING ADDRESS
507 W. Keystone Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Woodland	CA	95695	916-730-5761

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 7/30/18
Date

Executed on 7/30/18
Date

Executed on _____
Date

Executed on _____
Date

By Cruz Ortiz
Signature of Treasurer or Assistant Treasurer

By Angel Barajas
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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/31/18</u> through <u>6/30/18</u>	CALIFORNIA FORM 460
	Page <u>2</u> of <u>3</u>
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3	\$ 0	\$ 0
2. Loans Received.....	Schedule B, Line 3	\$ 5,000	\$ 5,000
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 5,000	\$ 0
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$ 5,000	\$ 5,000
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 5,000	\$ 5,000

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		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made.....	Schedule E, Line 4	\$ 0	\$ 0
7. Loans Made.....	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 0	\$ 0
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	\$ 0	\$ 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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ 0
13. Cash Receipts.....	Column A, Line 3 above	\$ 5,000
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	\$ 0
15. Cash Payments.....	Column A, Line 8 above	\$ 0
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5,000

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

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.

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0
Cash Equivalents and Outstanding Debts		Column B CALENDAR YEAR TOTAL TO DATE
18. Cash Equivalents.....	See instructions on reverse	\$ 0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ 5,000

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

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	Page <u>3</u> of <u>3</u>
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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
Angel Barajas 507 West Keystone Ave Woodland, CA 95695	Labor Rep. United Public Employees	\$ 0	\$ 5,000	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 5,000 N/A DATE DUE	0 % RATE 0	\$ 5,000 6/27/18 DATE INCURRED	CALENDAR YEAR \$ 5,000 PER ELECTION** \$
† <input checked="" 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** \$
† <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								\$ \$ \$ \$

Schedule B Summary

1. Loans received this period \$ 5,000
(Total Column (b) plus unitemized loans of 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 \$ -\$5,000
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

†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.