

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
City of Oroville JAN 30 2017 Administration	Page _____ of _____
For Official Use Only	

Statement covers period
 from 10-27-16
 through 12-31-16

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

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
(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: 1389647

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
SUPPORT FOR MEASURE R

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
OROVILLE CA 95966

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

CITY STATE ZIP CODE AREA CODE/PHONE
OROVILLE CA 95965

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
BRECK WRIGHT

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
OROVILLE CA 95966

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 01/26/2017 Date
 Executed on 1-26-17 Date
 Executed on _____ Date
 Executed on _____ Date

By _____
 Signature of Treasurer or Assistant Treasurer
 By _____
 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
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Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

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

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 _____

SUPPORT FOR MEASURE R

BALLOT NO. OR LETTER JURISDICTION

Measure R CITY OF OROVILLE

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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BRECK WRIGHT/ SUPPORT FOR MEASURE R

Statement covers period		CALIFORNIA FORM 460
from _____	through _____	
Page _____ of _____		I.D. NUMBER 1389647

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ None	\$ 6450
2. Loans Received..... Schedule B, Line 3	\$ None	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ _____	\$ _____
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ None	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ None	\$ 6450

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	\$ _____	\$ 6450
21. Expenditures Made	\$ _____	\$ 5503.22

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ None	\$ 5503.22
7. Loans Made..... Schedule H, Line 3	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ None	\$ _____
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	\$ None	\$ 5503.22

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

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ _____
13. Cash Receipts Column A, Line 3 above	\$ 6450
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ _____
15. Cash Payments Column A, Line 8 above	\$ 5503.22
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 946.78

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	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____