

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp <b>City of Oroville</b> <b>DEC 31 2018</b> <b>Administration</b>	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>4</u> <small>For Official Use Only</small>

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	Date of election if applicable: (Month, Day, Year) <u>November 6, 2018</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

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

**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 checked="" type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input checked="" type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER  
**1401634**

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

Citizens For A Better Oroville

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oroville</u>	<u>CA</u>	<u>95966</u>	<u>530-589-1178</u>

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

<u>PO Box 526</u>			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oroville</u>	<u>CA</u>	<u>95965-0526</u>	<u>530-589-1178</u>

OPTIONAL: FAX / E-MAIL ADDRESS

c4abo.group@gmail.com

**Treasurer(s)**

NAME OF TREASURER

Pamela Leis

MAILING ADDRESS

PO Box 526

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oroville</u>	<u>CA</u>	<u>95965-0526</u>	<u>530-589-1178</u>

NAME OF ASSISTANT TREASURER, IF ANY

Laura Peterson

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oroville</u>	<u>CA</u>	<u>95966</u>	<u>530-403-0782</u>

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 December 31, 2018  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

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>October 21, 2018</u>	<b>CALIFORNIA FORM 460</b>
through <u>December 31, 2018</u>	
Page <u>2</u> of <u>4</u>	I.D. NUMBER 1401634

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens For A Better Oroville - Pamela Leis Treasurer

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>0</u>	\$ <u>5667.98</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	<u>0</u>	
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>0</u>	\$ <u>5679.98</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>0</u>	\$ <u>5891.11</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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ <u>126.35</u>	\$ <u>126.35</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>126.35</u>	\$ <u>126.35</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>126.35</u>	\$ <u>126.35</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
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>116.35</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>5669.98</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>10.00</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>126.35</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>0.00</u>

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

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
--	-------------

## Cash Equivalents and Outstanding Debts

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>October 21, 2018</u>		<b>CALIFORNIA FORM 460</b>
through <u>December 31, 2018</u>		
Page <u>3</u> of <u>4</u>		I.D. NUMBER 1401634

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Citizens For A Better Oroville - Pamela Leis Treasurer

**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
City of Oroville 1735 Montgomery Street Oroville, CA 95965 October 24, 2018 #1021	FIL	Filing fine late filing fee	10.00
Pamela Leis POBox526 Oroville, CA 95965	RFD	Returned 12/29/18 contribution trying to balance account I thought was short. Found payment above after the fact.	10.00
United Way of Northern California 2280 Benton Dr. Bldg B Redding, CA 96003	CVC	Last of monies in the PAC donated to United Way to help support Camp Fire evacuees and clear out checking account and terminate the PAC	106.26

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

**SUBTOTAL \$ 126.26**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	126.26
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.).....	<b>TOTAL \$</b>	<b>126.26</b>

**Schedule I  
Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>4</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Citizens For A Better Oroville - Pamela Leis Treasurer

I.D. NUMBER  
1401634

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/29/18	Pamela Leis POBox 526 Oroville, CA 95965	\$10.00 cash deposit to balance account while closing.	10.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 10.00**

**Schedule I Summary**

1. Itemized increases to cash this period. ....	\$ 10.00
2. Unitemized increases to cash of under \$100 this period. ....	\$ 0
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.) .....	<b>TOTAL \$ 10.00</b>