Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2016 through 06/30/2016

Date of election if applicable: (Month, Day, Year) 11/03/2016

Date Stamp: RECEIVED JUL 28 2016 TUSTIN CITY CLERK'S OFFICE

CALIFORNIA FORM 460

For Official Use Only

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

- [X] 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
- [X] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1381559

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Clark for Council 2016

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: [redacted] STATE: CA ZIP CODE: [redacted] AREA CODE/PHONE:

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: (562)983-0817 / gary@crummittandassociates.com

Treasurer(s)

NAME OF TREASURER: Gary Crummitt

MAILING ADDRESS: 525 E. Seaside Way, #101-C

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(562)983-0815

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 k[redacted]ed 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 07/16/2016 (Date) By [redacted]

Executed on 07/16/2016 (Date) By [redacted] (Signature of [redacted]r of Sponsor)

Executed on 7/16/2016 (Date) By [redacted]

Executed on 7/16/2016 (Date) By [redacted] (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Letitia Clark

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

City Council Member: City of Tustin

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

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period from 01/01/2016 through 06/30/2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 9,658.00	$ 9,658.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 9,658.00	$ 9,658.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	30.00	30.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 9,688.00	$ 9,688.00

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

6. Payments Made	*Schedule E, Line 4*	$ 3,566.06	$ 3,566.06
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 3,566.06	$ 3,566.06
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	300.00	300.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	30.00	30.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 3,896.06	$ 3,896.06

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.

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.55
13. Cash Receipts	*Column A, Line 3 above*	9,658.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	50.00
15. Cash Payments	*Column A, Line 8 above*	3,566.06
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 6,142.49

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).

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 300.00

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2016
through 06/30/2016

SCHEDULE A
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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)
05/19/2016	Louise Adler [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Professor California Stae University Fullerton	125.00	125.00	
03/30/2016	Phyllis Agran [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Pediatrician University California Irvine	125.00	125.00	
05/09/2016	Garth Armorer [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Teacher West Valley High School	125.00	125.00	
02/19/2016	Sabrina Brannon [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	IT Specialist Cal Optima	200.00	250.00	
06/30/2016	Sabrina Brannon [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	IT Specialist Cal Optima	50.00	250.00	
			SUBTOTAL $	625.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 7,224.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 2,434.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 9,658.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM 460

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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)
02/18/2016	Margaret L. Cary Sepulveda [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	100.00	
02/12/2016	Elva Chavez [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Health Center Manager Planned Parenthood	50.00	200.00	
03/12/2016	Elva Chavez [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Health Center Manager Planned Parenthood	50.00	200.00	
04/12/2016	Elva Chavez [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Health Center Manager Planned Parenthood	50.00	200.00	
05/12/2016	Elva Chavez [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Health Center Manager Planned Parenthood	50.00	200.00	
			SUBTOTAL $	300.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2016
through 06/30/2016

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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)
03/05/2016	Candace Clark [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Artist/Photographer The Apple Box Agency	100.00	100.00	
01/27/2016	Christella C. Clark [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Accounting Manager Braxton Caribbean Mfg. Co.,Inc.	100.00	220.00	
05/19/2016	Christella C. Clark [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Accounting Manager Braxton Caribbean Mfg. Co.,Inc.	100.00	220.00	
06/30/2016	Christella C. Clark [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Accounting Manager Braxton Caribbean Mfg. Co.,Inc.	20.00	220.00	
01/07/2016	Cortni Clark [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Record Specialist IST Management	100.00	120.00	
			SUBTOTAL $	420.00		

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IND – Individual
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM 460

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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)
02/17/2016	Cortni Clark [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Record Specialist IST Management	20.00	120.00	
05/17/2016	Karen Clark [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	125.00	125.00	
05/31/2016	Dana Dean [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Dana Dean	250.00	250.00	
06/28/2016	Josie DeGrusha [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Realtor REMAX Affiliates	500.00	500.00	
03/14/2016	Rebecca R. Gomez [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Educator North Orange County Community College District	50.00	100.00	
			SUBTOTAL $	945.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM 460

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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)
06/23/2016	Rebecca R. Gomez [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Educator North Orange County Community College District	50.00	100.00	
06/16/2016	Heather Huszti [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Psychologist CHOC	125.00	125.00	
05/06/2016	Dan Jacobson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Jacobson & Associates	250.00	250.00	
02/18/2016	Linda C. Jennings [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	100.00	
02/12/2016	Marion Johnson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	300.00	350.00	
			SUBTOTAL $	825.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 01/01/2016
through 06/30/2016

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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)
06/29/2016	Marion Johnson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	50.00	350.00	
02/24/2016	Robert Machado [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	50.00	150.00	
05/19/2016	Robert Machado [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	150.00	
03/04/2016	Angelle McConduit-Larks [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Registered Nurse HCA Healthcare	100.00	100.00	
03/31/2016	Debbie McCormick [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Trainer Debbie McCormick Consulting	125.00	125.00	
			SUBTOTAL $	425.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM 460

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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)
05/17/2016	Alvin McCurdy [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Consultant 828 Coffee	250.00	250.00	
05/27/2016	Leo Middleton [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	250.00	250.00	
05/18/2016	New Leaf Enterprises [redacted]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		250.00	250.00	
02/18/2016	Erin Nielsen [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Nonprofit TCF	100.00	100.00	
01/07/2016	Austin Ootsey [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	200.00	
			SUBTOTAL $	950.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM 460

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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)
06/28/2016	Austin Ootsey [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	200.00	
06/07/2016	James Perry [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CEO Winston-Salem Urban League	125.00	125.00	
01/09/2016	Vanessa Ploessel [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Sr. Healthcare Consultant St Joseph Health	100.00	100.00	
02/20/2016	Victoria Ramirez [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Senior Project Manager Jamboree Housing	250.00	250.00	
06/28/2016	Frostee Rucker [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	NFL Arizona Cardinals	500.00	500.00	
			SUBTOTAL $	1,075.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM 460

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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)
05/19/2016	Francine L. Sdao [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Not Employed N/A	125.00	125.00	
02/06/2016	Brandon Shelby [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Assistant Vice President, Recruiter City National Bank	125.00	125.00	
02/09/2016	Lorna Shelby [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	250.00	250.00	
04/18/2016	Pamela Simeon [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Bank Examiner United States Department of the Treasury	200.00	200.00	
02/18/2016	The Fox Firm [redacted]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		125.00	125.00	
			SUBTOTAL $	825.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2016
through 06/30/2016

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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)
02/16/2016	Alexander Will [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Sports Marketer Sports2Corp	250.00	334.00	
03/05/2016	Alexander Will [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Sports Marketer Sports2Corp	34.00	334.00	
06/30/2016	Alexander Will [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Sports Marketer Sports2Corp	50.00	334.00	
03/17/2016	Women in Leadership (ID# 931119) [redacted]	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		500.00	500.00	
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
			SUBTOTAL $	834.00		

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Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2016
through 06/30/2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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.) ..... $ 0.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 30.00
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 $** 30.00

*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 E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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 Tustin 300 Centennial Way Tustin, CA 92780		Booth Application	320.00
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	0.70
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	1.08

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

SUBTOTAL $ 321.78

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 3,509.06
2. Unitemized payments made this period of under $100 ..... $ 57.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 3,566.06

www.netfile.com

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	55.63
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	25.00
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	133.10
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	66.36
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	55.96

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

SUBTOTAL $ 336.05

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2016 through 06/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	2.00
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	110.13
Crummitt and Associates 525 E. Seaside Way #101-C Long Beach, CA 90802	PRO		315.00
Crummitt and Associates 525 E. Seaside Way #101-C Long Beach, CA 90802	PRO		300.00
Crummitt and Associates 525 E. Seaside Way #101-C Long Beach, CA 90802	PRO		600.00

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

SUBTOTAL $ 1,327.13

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2016 through 06/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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
Crummitt and Associates 525 E. Seaside Way #101-C Long Beach, CA 90802	PRO		300.00
Progressive Solutions Consulting 235 E. Broadway, #624 Long Beach, CA 90802	LIT		352.10
Progressive Solutions Consulting 235 E. Broadway, #624 Long Beach, CA 90802	LIT		468.70
Progressive Solutions Consulting 235 E. Broadway, #624 Long Beach, CA 90802	LIT		212.55
Progressive Solutions Consulting 235 E. Broadway, #624 Long Beach, CA 90802	LIT		190.75 1224.10

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

SUBTOTAL $ 1,524.10

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Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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
Crummitt and Associates 525 E. Seaside Way #101-C Long Beach, CA 90802	PRO	0.00	300.00	0.00	300.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	**SUBTOTALS $**	0.00$	300.00$	0.00$	300.00

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 $** 300.00
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 $** 0.00
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 $** 300.00 (May be a negative number)

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2016
through 06/30/2016

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1381559

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 $

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 0.00
2. Unitemized increases to cash of under $100 this period. ..... $ 50.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 50.00

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 07/01/2016	11/08/2016
through 09/24/2016	

Date Stamp: RECEIVED OCT 03 2016 TUSTIN CITY CLERK'S OFFICE

CALIFORNIA FORM **460**

Page 1 of 7

For Official Use Only

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

- [X] 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:

Postmark 9.29.16

- [X] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1381559

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Clark for Council 2016

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: [redacted] STATE: CA ZIP CODE: [redacted] AREA CODE/PHONE: [redacted]

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

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS: (562)983-6817 / garry@crummittandassociates.com

Treasurer(s)

NAME OF TREASURER: Garry Crummitt

MAILING ADDRESS: 525 E. Seaside Way, #101-C

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(562) 983-0815

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS: [redacted]

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my know[redacted]edules 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 09/26/2016 (Date) By [redacted]

Executed on 09/28/2016 (Date) By [redacted] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on [redacted] By [redacted] Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on (Date) By [redacted] Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

Page 2 of 27

5. OfficeHolder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Letitia Clark

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

City Council Member: City of Tustin

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
525 E. Seaside Way, #101-B	Long Beach	CA	90802

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

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Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1361559

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 9,912.00	$ 19,570.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 9,912.00	$ 19,570.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	30.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 9,912.00	$ 19,600.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	7/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 5,965.18	$ 9,531.24
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 5,965.18	$ 9,531.24
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-300.00	0.00
10. Nonmonetary Adjustment	Schedule G, Line 3	0.00	30.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 5,665.18	$ 9,561.24

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.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 8,142.45
13. Cash Receipts	Column A, Line 3 above	9,912.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	5,965.18
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract line 15	$ 12,089.27

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).

17. LOAN GUARANTEES RECEIVED — Schedule D, Part 2 — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0.00

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Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/26/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1381559

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)
07/14/2016	Laurie S. Abelove [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Not Employed N/A	125.00	125.00	
08/06/2016	Phyllis Agran [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Pediatrician University California Irvine	500.00	1,125.00	
09/23/2016	Phyllis Agran [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Pediatrician University California Irvine	500.00	1,125.00	
09/09/2016	Barbara L. Bagneris [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	100.00	
07/14/2016	Donald G. Berkheimer [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Accountant Donald G. Berkheimer CPA	125.00	125.00	
			SUBTOTAL $	1,350.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 5,150.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 762.00
3. Total monetary contributions received this period. (Add lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 5,912.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM **460**

NAME OF FILER
Clark for Council 2018

I.D. NUMBER
1381559

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)
09/14/2016	Nahthana Cabanes [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Social Worker CAST	50.00	100.00	P2016 $25.00
09/21/2016	Kris Calvin [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CEO AAP-CA	100.00	100.00	
08/19/2016	Daisy Campos [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Associate Progressive Solutions Consulting	100.00	100.00	
09/14/2016	Margaret L. Cary Sepulveda [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	200.00	300.00	
07/19/2016	Christella C. Clark [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Accounting Manager Braxton Caribbean Mfg. Co., Inc.	125.00	345.00	
			SUBTOTAL $	575.00		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1381559

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)
09/08/2016	Karen Clark [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	225.00	
07/22/2016	Patricia Corfield [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	100.00	
09/15/2016	Kim DeBenedetto [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Professor Hope International University	100.00	100.00	
07/14/2016	Karynna Ferreira [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Project Manager Ten-X	125.00	125.00	
09/15/2016	Felicity Figueroa [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	50.00	100.00	
			SUBTOTAL $	475.00		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1381555

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)
07/15/2016	Wendy S. Greene [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	200.00	
09/15/2016	Wendy S. Greene [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	200.00	
08/19/2016	Linda E. Jennings [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	200.00	
07/14/2016	Donna Marsh- Peery [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	100.00	
08/25/2016	Adrian Mendoza [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Representative 2 Towns Diagnosis	100.00	100.00	
			SUBTOTAL$	500.00		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1381559

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)
07/05/2016	National Women's Political Caucus (ID# 1381559) 10920 Silverado Terrace Tustin, CA 92782	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100.00	
09/08/2016	Uduak- Joe Ntuk 4126 Elm Ave. #203 Long Beach, CA 90807	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer City of Long Beach	100.00	100.00	
07/02/2016	Valecia Ootsey-Walker 606 Legato Drive Little Rock, AR 72209	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Account Executive Renaissance Learning	250.00	250.00	
09/21/2016	Orange County Employees Association PAC (ID# 801447) 1121 L Street, Ste 200 Sacramento, CA 95814	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	
07/22/2016	Orange County Professional Firefighters Association (ID# 950925) 1908 East Warner Avenue, Ste B Santa Ana, CA 92705	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	
			SUBTOTAL $	2,450.00		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM **460**

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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)
09/15/2016	Elise C. Perkins [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker N/A	500.00	500.00	
09/16/2016	Planned Parenthood of Orange Counties Action Fund PAC (ID# I282464) 555 Capitol Mall Ste. I425 Sacramento, CA 95814	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		500.00	500.00	
09/08/2016	Holly Roberson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney State of California	250.00	275.00	
07/12/2016	Samuel Russ [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Facilities Manager SARJ LLC	50.00	100.00	
09/15/2016	Skipper Singer & Associates 3800 Orange St. Ste. 230 Riverside, CA 92501	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		100.00	100.00	
			SUBTOTAL $	I,400.00		

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SCC – Small Contributor Committee

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1381559

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)
09/21/2016	Southwest Regional Council of Carpenters Political Action Fund Small Contributor Committee (ID# 870165) 532 South Fremont Avenue, Ste 501 Los Angeles, CA 90071	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		250.00	250.00	
07/28/2016	Jonathan Stewart [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Agent Jonathan B Stewart Insurance Agency	250.00	250.00	
09/12/2016	Sanera Stiassni [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	
09/19/2016	Rose Swan [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Independent Consultant Bank of the West	200.00	200.00	
08/05/2016	UA Plumbers and Steamfitters Local Union No. 582 PAC (ID# 858440) 1916 West Chapman Avenue Orange, CA 92868	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	
			SUBTOTAL $	1,500.00		

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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1381559

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)
07/18/2016	Christine Uribe [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Secretary Treasurer Alex Moving & Storage	250.00	250.00	
07/14/2016	Charlotte A. Waggoner [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Clerk Stone Creek Elementary	250.00	250.00	
07/14/2016	Wilcox Manor [redacted]	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	600.00		

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

Amounts may be rounded to whole dollars.

SCHEDULE D

CALIFORNIA FORM **460**

Statement covers period from 07/01/2016 through 09/24/2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: clark for council 2016

I.D. NUMBER: 1361589

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)
08/22/2016	Democratic Party of Orange County ☒ Support ☐ Oppose	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		150.00	150.00	
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
				SUBTOTAL $ 150.00		

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 150.00
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL $ 150.00

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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	POE	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 Tustin 300 Centennial Way Tustin, CA 92780	FIL		789.00
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	156.14
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	2.08

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

SUBTOTAL $ 947.14

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 5,965.18
2. Unitemized payments made this period of under $100 ..... $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 5,965.18

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Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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	RFB	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	PHB	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
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	186.78
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	2.00
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	71.85
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	2.00
Courtney Lindberg Photography 4726 1/4 Elmwood Avenue Los Angeles, CA 90004	PRO		750.00

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

SUBTOTAL $ 975.73

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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	PHB	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
Crummitt and Associates 525 E. Seaside Way #101-C Long Beach, CA 90802	PRO		300.00
Crummitt and Associates 525 E. Seaside Way #101-C Long Beach, CA 90802	PRO		600.00
Democratic Party of Orange County (ID# 742000) 1916 W. Chapman Ave., #B Orange, CA 92868	CTB		100.00
Mitchell Publishing - New 127 South Anderson Street Los Angeles, CA 90033	LIT		1,235.85
Political Data, Inc. 12501 Imperial Hwy, #200 Norwalk, CA 90650		Voter Lists	2,000.00

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

SUBTOTAL $ 3,285.85

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Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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	SAE	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHB	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POE	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
S and S Printers 2100 W. Lincoln Avenue Anaheim, CA 92801	LIT		628.48
The UPS Store		Box Rental	130.00

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

SUBTOTAL $ 758.48

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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	RFB	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
Crummitt and Associates 525 E. Seaside Way #101-C Long Beach, CA 90802	PRO	300.00	0.00	300.00	0.00
SUBTOTALS $		300.00$	0.00$	300.00$	0.00

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

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 $** 0.00
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 $** 300.00
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 $** -300.00 May be a negative number

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Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Date Stamp: RECEIVED JAN 30 2017 TUSTIN CITY CLERK'S OFFICE

CALIFORNIA FORM **460**

For Official Use Only

Statement covers period: from 10/23/2016 through 12/31/2016

Date of election if applicable: (Month, Day, Year) 11/08/2016

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

- [X] 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
- [X] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1381559

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Clark for Council 2016

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tustin	CA	92782	[redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: 525 E. Seaside Way, #101-C

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	

OPTIONAL: FAX / E-MAIL ADDRESS: (562)983-0817 / gary@crummittandassociates.com

Treasurer(s)

NAME OF TREASURER: Gary Crummitt

MAILING ADDRESS: 525 E. Seaside Way, #101-C

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90802	(562)983-0815

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 [redacted] d 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 [redacted]

Executed on 01/06/2017 (Date) By [redacted]

Executed on 01/06/2017 (Date) By [redacted] 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

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Letitia Clark

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

City Council Member: City of Tustin

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
525 E. Seaside Way, #101-C	Long Beach	CA	90802

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 10/23/2016 through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 6,190.00	$ 43,240.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 6,190.00	$ 43,240.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	194.08
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 6,190.00	$ 43,434.08

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

6. Payments Made	*Schedule E, Line 4*	$ 10,756.21	$ 41,060.56
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 10,756.21	$ 41,060.56
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	-5,858.73	96.44
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	194.08
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 4,897.48	$ 41,351.08

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.

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 6,796.20
13. Cash Receipts	*Column A, Line 3 above*	6,190.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	199.00
15. Cash Payments	*Column A, Line 8 above*	10,756.21
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 2,428.99

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).

17. LOAN GUARANTEES RECEIVED	*Schedule B, Part 2*	$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 96.44

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1381559

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)
10/27/2016	Cynthia K. Case [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Teacher Santa Ana Unified School District	125.00	125.00	
10/31/2016	CWA COPE PCC (ID# 482454) 501 3rd Street NW Washington, DC 20001	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		500.00	500.00	
10/31/2016	Tara Hammond [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Physician UBH	125.00	125.00	
11/08/2016	Karen Hinks [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Political Consultant Karen Hinks	100.00	100.00	
11/01/2016	Florice Hoffman [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Law Office Florice Hoffman, L.C.	100.00	100.00	
			SUBTOTAL $	950.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 6,050.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 140.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 6,190.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM 460

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1381559

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)
11/02/2016	International Union of Operating Engineers (ID# 743030) 150 E. Corson St. Pasadena, CA 91103	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,500.00	1,500.00	
10/28/2016	Orange County Labor Federation, AFL -CIO (ID# 1229755) 777 South Figueroa Street Ste. 4050 Los Angeles, CA 90017	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	
10/31/2016	Holly Roberson [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney State of California	250.00	525.00	
11/07/2016	Sheet Metal Workers International Association Local Union 105 Political Education Fund (ID# 962809) 2120 Auto Centre Drive, Suite 105 Glendora, CA 91740	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		250.00	250.00	
11/04/2016	Southern California Pipe Trades District Council #16 (ID# 760715) 501 Shatto Place Ste. 400 Los Angeles, CA 76071	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	2,000.00	
			SUBTOTAL $	4,000.00		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM 460

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1381559

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)
11/10/2016	Southern California Pipe Trades District Council #16 (ID# 760715) 501 Shatto Place Ste. 400 Los Angeles, CA 76071	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	2,000.00	
11/09/2016	Tony Wong [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Entrepreneur Ruby Jack Enterprises, LLC	100.00	100.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	1,100.00		

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

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

SCHEDULE D
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1381559

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)
11/01/2016	Democratic Party of Orange County ☒ Support ☐ Oppose	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		3,500.00	3,650.00	
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL $	3,500.00		

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 3,500.00
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL $ 3,500.00

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1381559

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 appaarances	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 expanditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional servicas (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
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	50.45
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	2.00
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	2.00

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

SUBTOTAL $ 54.45

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 10,756.21
2. Unitemized payments made this period of under $100 ..... $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 10,756.21

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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
Click & Pledge 2200 Kraft Dr., #1175 Blacksburg, VA 24060		Credit Card Processing Fees	59.89
Crummitt and Associates 525 E. Seaside Way #101-C Long Beach, CA 90802	PRO		315.75
Crummitt and Associates 525 E. Seaside Way #101-C Long Beach, CA 90802	PRO		300.00
Democratic Party of Orange County (ID# 742006) 1916 W. Chapman Ave., #B Orange, CA 92868	CTB		3,500.00
Mitchell Publishing - New 127 South Anderson Street Los Angeles, CA 90033	CMP		570.95

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

SUBTOTAL $ 4,746.59

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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
Progressive Solutions Consulting 235 E. Broadway, #624 Long Beach, CA 90802	PRO		5,955.17

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

SUBTOTAL $ 5,955.17

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Clark for Council 2016

I.D. NUMBER: 1381559

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
Progressive Solutions Consulting 235 E. Broadway, #624 Long Beach, CA 90802	PRO	5,955.17	0.00	5,955.17	0.00
SUBTOTALS $		5,955.17$	0.00$	5,955.17$	0.00

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

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 $** 96.44
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 $** 5,955.17
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 $** -5,858.73 (May be a negative number)

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Clark for Council 2016

I.D. NUMBER
1381559

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/27/2016	City of Tustin 300 Centennial Way Tustin, CA 92780	Refund	199.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 199.00

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 199.00
2. Unitemized increases to cash of under $100 this period. ..... $ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL** $ 199.00