Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

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For Official Use Only

Date Stamp: RECEIVED JUL 31 2016 TUSTIN CITY CLERK'S OFFICE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1/1/2016 through 6/30/2016

Date of election if applicable: (Month, Day, Year) 11/8/2016

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

- ☑ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- ☐ Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- ☐ Preelection Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1345896

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

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

CITY: Tustin | 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

Treasurer(s)

NAME OF TREASURER: Barrett Garcia

MAILING ADDRESS: 32302 Camino Capistrano # 214

CITY: San Juan Capistrano | STATE: CA | ZIP CODE: 92675 | AREA CODE/PHONE: 949-496-6363

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-27-16 (Date) X [redacted] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on 7-27-16 (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

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Charles E. Puckett

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

City Council Member: Tustin

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

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

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Puckett for Council 2016

I.D. NUMBER

1345896

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 11,872.99	$ 11,872.99
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 11,872.99	$ 11,872.99
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 11,872.99	$ 11,872.99

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 1,852.05	$ 1,852.05
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 1,852.05	$ 1,852.05
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 1,852.05	$ 1,852.05

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 1,040.89
13. Cash Receipts	*Column A, Line 3 above*	11,872.99
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	1,852.05
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 11,061.83

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

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*	$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

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.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

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

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Puckett for Council 2016

I.D. NUMBER
1345896

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)	
03/29/2016	Douglass Davert [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Douglass Davert	100.00	100.00	G2016	$100.00
03/29/2016	Richard Nelson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	President Foothill Communities Association	500.00	600.00	G2016	$600.00
03/29/2016	Saddleback Bancorp 13891 Newport Ave Ste 100 Tustin, CA 92780-	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		300.00	300.00	G2016	$300.00
03/29/2016	Saddleback Loan Company 13891 Newport Ave Ste 100 Tustin, CA 92780-	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		300.00	300.00	G2016	$300.00
03/29/2016	The Micco Family Living Trust PO Box 3846 Tustin, CA 92781	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		150.00	150.00	G2016	$150.00
			SUBTOTAL $	1,350.00			

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 11,275.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 597.99
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 11,872.99

*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
Puckett for Council 2016

I.D. NUMBER
1345896

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)
03/29/2016	Tustin Community Bank 13891 Newport Ave Ste 100 Tustin, CA 92780-	☐IND ☐COM ☒OTH ☐PTY ☐SCC		300.00	400.00	G2016 $400.00
05/16/2016	Jerome Amante [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney FSB Core Strategies	150.00	150.00	G2016 $150.00
05/16/2016	Annette Bartolomucci [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Business Owner Mrs. B's Consignments	100.00	100.00	G2016 $100.00
05/16/2016	Patricia Buttress [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	District Manager Southern California Edison	100.00	100.00	G2016 $100.00
05/16/2016	Communications Lab 701 E. Chapman Ave Orange, CA 92866	☐IND ☐COM ☒OTH ☐PTY ☐SCC		150.00	150.00	G2016 $150.00
			SUBTOTAL $	800.00		

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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
Puckett for Council 2016

I.D. NUMBER
1345896

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)
05/16/2016	CR&R Incorporated 11292 Western Ave # 125 Stanton, CA 90680-	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00	500.00	G2016 $500.00
05/16/2016	John Johnson [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Owner Blue Buoy Family Swim School	100.00	100.00	G2016 $100.00
05/16/2016	Larry Sample [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	200.00	G2016 $200.00
05/16/2016	John Sears [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	75.00	250.00	G2016 $250.00
05/16/2016	Tustin Field Gas & Food Inc. 17 Edinger Ave Tustin, CA 92780	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00	500.00	G2016 $500.00
			SUBTOTAL $	1,275.00		

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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
Puckett for Council 2016

I.D. NUMBER
1345896

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)
05/16/2016	West Coast Arborists, Inc. 2200 E Via Burton St Anaheim, CA 92806	☐IND ☐COM ☒OTH ☐PTY ☐SCC		1,000.00	1,000.00	G2016 $1,000.00
06/17/2016	Committee for Improved Public Policy (ID# 860849) 27441 Grassland Drive Laguna Niguel, CA 92677-	☐IND ☒COM ☐OTH ☐PTY ☐SCC		1,000.00	1,000.00	G2016 $1,000.00
06/17/2016	DCH Gardena Honda 2955 Pacific Coast Hwy Torrance, CA 90505	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	G2016 $100.00
06/17/2016	Michael Immell [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired N/A	100.00	100.00	G2016 $100.00
06/17/2016	LAFC Sports, LLC 4751 Wilshire Blvd, 3rd Floor Los Angeles, CA 90010	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00	500.00	G2016 $500.00
			SUBTOTAL $	2,700.00		

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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
Puckett for Council 2016

I.D. NUMBER
1345896

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)	
06/17/2016	Regency Centers LP One Independent Dr Ste 114 Jacksonville, FL 32202-	☐IND ☐COM ☒OTH ☐PTY ☐SCC		1,000.00	1,000.00	G2016	$1,000.00
06/24/2016	Tustin Toyota 36 Auto Center Drive Tustin, CA 92782-	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00	500.00	G2016	$500.00
06/27/2016	Karen Vaughn [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Professor Cal Poly	250.00	250.00	G2016	$250.00
06/28/2016	Lynn Petersen [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	G2016	$100.00
06/28/2016	Vestar Properties Inc ITF 2425 E Camelback Rd Ste 750 Phoenix, AZ 85016-	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00	500.00	G2016	$500.00
			SUBTOTAL $	2,350.00			

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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
Puckett for Council 2016

I.D. NUMBER
1345896

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	Kerry Ammann [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	100.00	100.00	G2016 $100.00
06/29/2016	John Bjoin [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	175.00	175.00	G2016 $175.00
06/29/2016	Tustin Community Bank 13891 Newport Ave Ste 100 Tustin, CA 92780-	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		100.00	400.00	G2016 $400.00
06/29/2016	Tuttle-Click, Inc. 40 Auto Center Drive Irvine, CA 92618	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		500.00	500.00	G2016 $500.00
06/30/2016	Jonahan Abelove [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Member Tustin School Board	125.00	125.00	G2016 $125.00
			SUBTOTAL $	1,000.00		

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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
Puckett for Council 2016

I.D. NUMBER
1345896

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)	
06/30/2016	Rosemary Davis [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	100.00	100.00	G2016	$100.00
06/30/2016	Michael Kraman [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CEO Transportation Corridors Agency	175.00	175.00	G2016	$175.00
06/30/2016	Claude Morgan [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Owner Brushstrokes	100.00	100.00	G2016	$100.00
06/30/2016	Richard Nelson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	President Foothill Communities Association	100.00	600.00	G2016	$600.00
06/30/2016	Mark Parkinson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Auto Dealer Tustin Buick GMC	500.00	500.00	G2016	$500.00
			SUBTOTAL $	975.00			

*Contributor Codes
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
Puckett for Council 2016

I.D. NUMBER
1345896

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)
06/30/2016	Larry Sample [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	100.00	200.00	G2016 $200.00
06/30/2016	Francine Scinto [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Member Tustin School Board	100.00	100.00	G2016 $100.00
06/30/2016	John Sears [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	175.00	250.00	G2016 $250.00
06/30/2016	Ryder Smith [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Business Owner Tripepi Smith	250.00	250.00	G2016 $250.00
06/30/2016	Noel Stone [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Housewife	100.00	100.00	G2016 $100.00
			SUBTOTAL $	725.00		

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IND – Individual
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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
Puckett for Council 2016

I.D. NUMBER
1345896

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)
06/30/2016	Jeffery Thomas [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Director Metropolitan Water District	100.00	100.00	G2016 $100.00
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
			SUBTOTAL $	100.00		

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

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

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

SCHEDULE D
CALIFORNIA FORM **460**
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NAME OF FILER
Puckett for Council 2016

I.D. NUMBER
1345896

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)
04/14/2016	Republican Party of Orange County ☒ Support ☐ Oppose	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		100.00	100.00	
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL $	100.00		

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 100.00
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 $** 100.00

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

Puckett for Council 2016

I.D. NUMBER

1345896

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
Barrett Garcia 32302 Camino Capistrano # 214 San Juan Capistrano, CA 92675-	PRO			350.00
The Monaco Group 1011 S. Linwood Avenue Santa Ana, CA 92705	LIT			459.00
Republican Party of Orange County 1422 Edinger Suite 110 Tustin, CA 92780	CTB			100.00

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

SUBTOTAL $ 909.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1,534.51
2. Unitemized payments made this period of under $100 ..... $ 317.54
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 $** 1,852.05

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
Puckett for Council 2016

I.D. NUMBER
1345896

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
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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
Exchange Club of Tustin [redacted]	CVC			120.00
Tustin Host Lions Club 700 W. First Street, Suite 7 Tustin, CA 92780	CVC			255.00
Mrs. B's Consignments Etc. 115 W. Main St Tustin, CA 92780	POS			47.00
Mrs. B's Consignments Etc. 115 W. Main St Tustin, CA 92780	POS			203.51

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

SUBTOTAL $ 625.51

Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp: RECEIVED SEP 30 2016 TUSTIN CITY CLERK'S OFFICE

CALIFORNIA FORM 460

Page 1 of 12

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7-1-2016 through 9-24-2016

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 5)
- [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 6)

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER: 1345896

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

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

CITY: Tustin | STATE: CA | ZIP CODE / 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

Treasurer(s)

NAME OF TREASURER: Barrett Garcia

MAILING ADDRESS: 32302 Camino Capistrano # 214

CITY: San Juan Capistrano | STATE: CA | ZIP CODE: 92675 | AREA CODE/PHONE: 949-496-9262

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9-26-16 (Date)

Executed on 9/26/16 (Date) X [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

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 12

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Charles E. Puckett

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

City Council Member: Tustin

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

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

CALIFORNIA FORM 460

Page 3 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Puckett for Council 2016

I.D. NUMBER
1345896

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 6,460.00	$ 18,332.99
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 6,460.00	$ 18,332.99
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 6,460.00	$ 18,332.99

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 15,450.81	$ 17,302.86
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 15,450.81	$ 17,302.86
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 15,450.81	$ 17,302.86

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 11,061.83
13. Cash Receipts	*Column A, Line 3 above*	6,460.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 3*	50.00
15. Cash Payments	*Column A, Line 8 above*	15,450.81
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 2,121.02

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

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*	$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

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.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

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

Page 4 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Puckett for Council 2016

I.D. NUMBER
1345896

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)	
07/07/2016	Jennifer Brown [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CEO Site Services	100.00	100.00	G2016	$100.00
07/07/2016	North Hills Realty Corporation 17771 17th Street Tustin, CA 92780	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		250.00	250.00	G2016	$250.00
07/25/2016	John Patterson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Auto Dealer Tustin Mazda & Hyundai	1,000.00	1,000.00	G2016	$1,000.00
07/28/2016	Barry Cottle [redacted]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC	Real Estate Developer C&C Development	150.00	150.00	G2016	$150.00
07/28/2016	Manufactured Housing Educational Trust PAC - MHET PAC (ID# 820165) 9070 Irvine Center Dr. #150 Irvine, CA 92618	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		500.00	500.00	G2016	$500.00
			SUBTOTAL $	2,000.00			

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) ..... $ 6,400.00

2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 50.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 6,450.00

*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
Puckett for Council 2016

I.D. NUMBER
1345896

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)
07/28/2016	Norb Oesch [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Pastor P.L.Institute	100.00	100.00	G2016 $100.00
07/28/2016	Rizio Law Firm 1801N Parkcourt Place Santa Ana, CA 92701	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		500.00	500.00	G2016 $500.00
07/28/2016	Tustin Field Gas & Food Inc. 17 Edinger Ave Tustin, CA 92780	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		500.00	1,000.00	G2016 $1,000.00
08/16/2016	Michael Jacobs [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC		250.00	250.00	G2016 $250.00
08/16/2016	Sempra Energy 101 Ash Street San Diego, CA 92101	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		100.00	100.00	G2016 $100.00
			SUBTOTAL $	1,450.00		

*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.

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

CALIFORNIA FORM **460**

NAME OF FILER
Beckett for Council 2016

I.D. NUMBER
1345896

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)
08/16/2016	The Patrick Remolacio Revocable Living Trust 17546 Chatham Drive Tustin, CA 92780-	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500.00	500.00	G2016 $500.00
09/06/2016	CalAtlantic Group, Inc. 15360 Barranca Pkwy Irvine, CA 92618	☐IND ☐COM ☒OTH ☐PTY ☐SCC		350.00	350.00	G2016 $350.00
09/06/2016	Elizabeth Pankey [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	500.00	500.00	G2016 $500.00
09/06/2016	Jeffrey Thompson [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Manager Rancho Mission Viejo Company	100.00	100.00	G2016 $100.00
09/22/2016	California Apartement Association PAC (ID# 745208) 980 Ninth St Ste 1430 Sacramento, CA 95814-	☐IND ☒COM ☐OTH ☐PTY ☐SCC		500.00	500.00	G2016 $500.00
			SUBTOTAL $	1,950.00		

*Contributor Codes
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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
Puckett for Council 2016

I.D. NUMBER
1345896

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)	PRE-ELECTION TO DATE (IF REQUIRED)
09/22/2016	CR&R Incorporated 11292 Western Ave # 125 Stanton, CA 90680-	☐IND ☐COM ☒OTH ☐PTY ☐SCC		1,000.00	1,500.00	G2016 $1,500.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $	1,000.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
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Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

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

CALIFORNIA FORM **460**

Page 9 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Puckett for Council 2016

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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
Deluxe Business Forms PO Box 742572 Cincinnati, OH 45274-	OFC			165.20
Tustin Community Foundation PO Box 262 Tustin, CA 92781	CVC			100.00
Charles E. Puckett [redacted]	OFC			117.40

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

SUBTOTAL $ 382.60

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 15,235.00
2. Unitemized payments made this period of under $100 ..... $ 215.81
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 $** 15,450.81

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded to whole dollars.

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

CALIFORNIA FORM **460**

Page 9 of 12

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Barrett Garcia 32382 Camino Capistrano # 214 San Juan Capistrano, CA 92675-	PRO	Accounting Services	300.00
Exchange Club of Tustin [redacted]	CVC		120.00
City of Tustin 300 Centennial Way Tustin, CA 92780	FIL		780.00
Hart & Associates 1200 Bristol St N Ste 100 Newport Beach, CA 92660-	CNS		2,500.00
Barrett Garcia 32382 Camino Capistrano # 214 San Juan Capistrano, CA 92675-	PRO		300.00

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

SUBTOTAL $ 4,009.00

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

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Puckett for Council 2016

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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	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bieber Communications 1200 N MacArthur Blvd # 812 Santa Ana, CA 92704-	LIT		1,292.40
Budget Mail Bags (ID# 1345115) 1954 W. Carson Street Ste B Torrance, CA 90501-	LIT		1,433.00
California Voter Guide (ID# 598041) 1954 W. Carson Street Ste B Torrance, CA 90501-	LIT		673.00
Continuing the Republican Revolution (ID# 598041) 1200 Bristol Street North #100 Newport Beach, CA 92660-	LIT		450.00
Electon Digest (ID# 1345303) 1954 W. Carson St. Ste B Torrance, CA 90501	LIT		954.00

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

SUBTOTAL $ 4,902.40

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

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
Puckett for Council 2016

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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
Barrett Garcia 32292 Camino Capistrano # 214 San Juan Capistrano, CA 92675-	PRO		280.00
Cons Voter Guide Inc. (ID# 899014) 705-2 E. Bidwell Street #370 Folsom, CA 95630	LIT	Slate Mailer	1,145.00
Hart & Associates 1300 Bristol St N Ste 100 Newport Beach, CA 92660-	CNS		5,000.00
United Taxpayers of Orange County (ID# 1285728) PO Box 9291 Newport Beach, CA 92658	LIT	Slate Mailer	497.00
Coast South Signs 3200 E Main St Santa Ana, CA 92707-	CMP	signs	2,857.00

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

SUBTOTAL $ 9,941.00

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

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

SCHEDULE I

CALIFORNIA FORM **460**

Page 12 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Puckett for Council 2016

I.D. NUMBER

1345896

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

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 7

For Official Use Only

Date Stamp: RECEIVED OCT 27 2016 TUSTIN CITY CLERK'S OFFICE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 9/25/2016 through 10/22/2016

Date of election if applicable: (Month, Day, Year) 11-8-2016

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

- ☑ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- ☐ Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- ☒ Preelection Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1345896

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

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

CITY: Tustin | 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

Treasurer(s)

NAME OF TREASURER
Barrett Garcia

MAILING ADDRESS
32302 Camino Capistrano # 214

CITY: San Juan Capistrano | STATE: CA | ZIP CODE: 92675 | AREA CODE/PHONE: 949-496-6363

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/24/16 (Date)

Executed on 10-24-16 (Date) X [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

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Charles E. Puckett

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

City Council Member: Tustin

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

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM **460**

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Puckett for Council 2016

I.D. NUMBER
1345896

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 8,600.00	$ 26,932.99
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 8,600.00	$ 26,932.99
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 8,600.00	$ 26,932.99

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 6,273.81	$ 23,576.67
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 6,273.81	$ 23,576.67
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 6,273.81	$ 23,576.67

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 2,121.02
13. Cash Receipts	*Column A, Line 3 above*	8,600.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	6,273.81
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 4,447.21

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

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*	$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

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.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 09/25/2016
through 10/22/2016

SCHEDULE A
CALIFORNIA FORM 460
Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Puckett for Council 2016

I.D. NUMBER
1345896

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)	
09/30/2016	ORANGE COUNTY AUTOMOBILE DEALERS ASSOCIATION PAC (ID# 870777) 3737 Birch Street, Suite 220 Newport Beach, CA 92660	☐IND ☒COM ☐OTH ☐PTY ☐SCC		1,000.00	1,000.00	G2016	$1,000.00
10/03/2016	Orange County Business Council's BIZ PAC (ID# 802010) 515 S. Figueroa St., Ste 1110 Los Angeles, CA 90071	☐IND ☒COM ☐OTH ☐PTY ☐SCC		1,000.00	1,000.00	G2016	$1,000.00
10/04/2016	Verlyn Jensen [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Jensen & Jensen LLP	1,000.00	1,000.00	G2016	$1,000.00
10/05/2016	Regency Centers LP One Independent Dr Ste 114 Jacksonville, FL 32202-	☐IND ☐COM ☒OTH ☐PTY ☐SCC		2,000.00	3,000.00	G2016	$3,000.00
10/12/2016	Jim Palmer [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	President Orange County Rescue Mission	500.00	500.00	G2016	$500.00
			SUBTOTAL $	5,500.00			

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 8,600.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 8,600.00

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM 460

NAME OF FILER
Puckett for Council 2016

I.D. NUMBER
1345896

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)
10/12/2016	William Steiner [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Consultant Bill Steiner	250.00	250.00	G2016 $250.00
10/14/2016	California Real Estate Political Action Committee - California Association of Realtors (CREPAC) (ID# 890106) 525 S Virgil Avenue Los Angeles, CA 90020	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		2,500.00	2,500.00	G2016 $2,500.00
10/17/2016	Al Murray for City Council (ID# 1323319) [redacted]	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		250.00	250.00	G2016 $250.00
10/17/2016	Glen Carpenter [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	100.00	100.00	G2016 $100.00
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
			SUBTOTAL $	3,100.00		

*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 E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Puckett for Council 2016

I.D. NUMBER

1345896

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
COGS South Signs 3309 S Main St Santa Ana, CA 92707-	CMP		671.00
Bieber Communications 3609 W MacArthur Blvd # 812 Santa Ana, CA 92704-		Printing and Postage	2,202.46
Bieber Communications 3609 W MacArthur Blvd # 812 Santa Ana, CA 92704-		Printing and Postage	2,742.42

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

SUBTOTAL $ 5,615.88

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 6,209.01
2. Unitemized payments made this period of under $100 ..... $ 64.80
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 $ 6,273.81

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Puckett for Council 2016

I.D. NUMBER
1345896

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
Political Data Inc. P.O. Box 59570 Norwalk, CA 90652	LIT	Mail list	206.66
Political Data Inc. P.O. Box 59570 Norwalk, CA 90652	PHO		86.47
Barrett Garcia 32302 Camino Capistrano # 214 San Juan Capistrano, CA 92675-	PRO	Accounting Services	300.00

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

SUBTOTAL $ 593.13

COVER PAGE

Recipient Committee Campaign Statement Cover Page

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Date Stamp
JAN 19 2017
TUSTIN
CITY CLERK'S OFFICE

CALIFORNIA FORM 460

Page 1 of 8

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SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 10/23/2016 through 12/31/2016	11-8-2016

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

- ☑ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- ☐ Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- ☐ Preelection Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1345896

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

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tustin	CA	92780	[redacted]

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Barrett Garcia

MAILING ADDRESS
32302 Camino Capistrano # 214

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Juan Capistrano	CA	92675	949-496-6363

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-13-2017 (Date) By [redacted] (Treasurer)

Executed on 1/13/17 (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

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Charles E. Puckett

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

City Council Member: Tustin

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	Tustin	CA	92780

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.

SUMMARY PAGE

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

CALIFORNIA FORM **460**

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Puckett for Council 2016

I.D. NUMBER
1345896

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 7,775.00	$ 34,707.99
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 7,775.00	$ 34,707.99
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 7,775.00	$ 34,707.99

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 2,073.73	$ 25,650.40
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 2,073.73	$ 25,650.40
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 2,073.73	$ 25,650.40

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 4,447.21
13. Cash Receipts	*Column A, Line 3 above*	7,775.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	2,073.73
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 10,148.48

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

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*	$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

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

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Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

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

SCHEDULE A
CALIFORNIA FORM **460**

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Puckett for Council 2016

I.D. NUMBER
1345896

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)
10/26/2016	Building Industry Association of Southern California PAC (ID# 741733) 515 South Figueroa St., Ste. 1110 Los Angeles, CA 90071-	☐IND ☒COM ☐OTH ☐PTY ☐SCC		1,000.00	1,000.00	G2016 $1,000.00
10/26/2016	William Doddridge [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Business Owner The Jewelry Exchange	1,500.00	1,500.00	G2016 $1,500.00
10/27/2016	Michael Griffith [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	President FCI Lender Services	3,500.00	3,500.00	G2016 $3,500.00
10/27/2016	Marge Kasalek [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker N/A	100.00	100.00	G2016 $100.00
10/28/2016	Manufactured Housing Educational Trust PAC - MHET PAC (ID# 820165) 9070 Irvine Center Dr. #150 Irvine, CA 92618	☐IND ☒COM ☐OTH ☐PTY ☐SCC		500.00	1,000.00	G2016 $1,000.00
			SUBTOTAL $	6,600.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 7,700.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 75.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 7,775.00

*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**

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NAME OF FILER
Puckett for Council 2016

I.D. NUMBER
1345896

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)
10/31/2016	Peter Seitz [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	100.00	G2016 $100.00
10/31/2016	The Patrick Remolacio Revocable Living Trust [redacted]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		1,000.00	1,500.00	G2016 $1,500.00
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
			SUBTOTAL $	1,100.00		

*Contributor Codes
IND – Individual
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PTY – Political Party
SCC – Small Contributor Committee

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
Puckett for Council 2016

I.D. NUMBER
1345896

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
Tustin Grille 405 El Camino Real Tustin, CA 92780	FND		50.01
Paypal	OFC	Merchant Fees	105.00
Paypal	OFC	Merchant Fees	32.50

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

SUBTOTAL $ 187.51

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 2,073.73
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 $** 2,073.73

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

Puckett for Council 2016

I.D. NUMBER

1345896

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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
Bank of America	OFC	Bank fees	16.00
Barrett Garcia 32302 Camino Capistrano # 214 San Juan Capistrano, CA 92675-	PRO		300.00
Rory Dotson [redacted]	CMP		150.00
Hart & Associates 1300 Bristol St N Ste 100 Newport Beach, CA 92660-	PHO		400.00
Tustin Grille 405 El Camino Real Tustin, CA 92780	OFC	Victory party food and beverage	585.22

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

SUBTOTAL $ 1,451.22

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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

Puckett for Council 2016

I.D. NUMBER

1345896

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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
Charles E. Puckett [redacted]	FND	Reimbursement for Fundraisers	385.00
Secretary of State Political Reform Division 1500 11th Street - Room 495 Sacramento, CA 95814-	FIL		50.00

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

SUBTOTAL $ 435.00

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