

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp

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Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u>	Date of election if applicable: (Month, Day, Year) _____
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SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1241920

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
CALIFORNIA THOROUGHbred BREEDERS ASSOCIATION LOCAL PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>ARCADIA</u>	<u>CA</u>	<u>91007</u>	<u>(213) 489-4792</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

(213) 489-4818 / dlgould@gouldorellana.com

Treasurer(s)

NAME OF TREASURER
THOMAS RETCHLESS

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>ARCADIA</u>	<u>CA</u>	<u>91007</u>	

NAME OF ASSISTANT TREASURER, IF ANY

David L Gould

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Norwalk</u>	<u>CA</u>	<u>90650</u>	<u>(213) 489-4792</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 01/31/2024
Date

By David L Gould
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

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

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 3 of 11
NAME OF FILER		I.D. NUMBER
CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC		1241920

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$ 2,550.00
2. Loans Received Schedule B, Line 3	0.00	800.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$ 3,350.00
4. Nonmonetary Contributions Schedule C, Line 3	14,700.00	14,700.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 14,700.00	\$ 18,050.00

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

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 2,674.85	\$ 17,899.27
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 2,674.85	\$ 17,899.27
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	14,700.00	14,700.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 17,374.85	\$ 32,599.27

Expenditure Limit Summary for State Candidates

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

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

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 8,543.83
13. Cash Receipts Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	14,711.43
15. Cash Payments Column A, Line 8 above	2,674.85
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 20,580.41

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

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

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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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	\$ 800.00

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>4</u> of <u>11</u>

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NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

I.D. NUMBER

1241920

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
California Thoroughbred Breeders Association Arcadia, CA 91066-6018 LOAN		\$ 800.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 800.00 01/26/2008 DATE DUE	0.00% RATE \$ 0.00	\$ 800.00 01/26/2007 DATE INCURRED	CALENDAR YEAR \$ 1,450.00 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$			0.00 \$	0.00 \$	800.00 \$	0.00		

Schedule B Summary

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

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Additional Comments
For Schedule B**

ADDITIONAL COMMENTS (SCH. B)

**CALIFORNIA
FORM 460**

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NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

I.D. NUMBER

1241920

LOAN

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>6</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC		1241920

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

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)
07/17/2023	Ballena Vista Farm Ramona, CA 92065-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		IN KIND-Stallion Season Auction	800.00	800.00	
07/17/2023	Bob Baffert Managing Partner Inglewood, CA 90301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		IN KIND-Stallion Season Auction	500.00	500.00	
07/17/2023	Climax Stallions, LLC Lexington, KY 40508	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		IN KIND-Stallion Season Auction	1,000.00	1,000.00	
07/17/2023	Clubhouse Ride Partnership Clements, CA 95227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		IN KIND-Stallion Season Auction	2,200.00	2,200.00	
<i>Attach additional information on appropriately labeled continuation sheets.</i>					SUBTOTAL \$	4,500.00	

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	14,700.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	0.00
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 \$	14,700.00

*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 C (Continuation Sheet)
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page <u>7</u> of <u>11</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

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)
07/17/2023	Danzing Candy Syndicate San Miguel, CA 93451	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		IN KIND-Stallion Season Auction	2,500.00	2,500.00	
07/17/2023	Harris Farms, Inc. Coalinga, CA 93210-9627	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		IN KIND-Stallion Season Auction	500.00	1,000.00	
07/17/2023	Harris Farms, Inc. Coalinga, CA 93210-9627	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		IN KIND-Stallion Season Auction	500.00	1,000.00	
07/17/2023	Joseph LaCombe Stables Inc. West Palm Beach, FL 33409	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		IN KIND-Stallion Season Auction	1,100.00	1,100.00	
07/17/2023	Magali Farms LLC Santa Ynez, CA 93460-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		IN KIND-Stallion Season Auction	500.00	500.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 5,100.00

**Schedule C (Continuation Sheet)
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

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)
07/17/2023	Deron Pearson Las Vegas, NV 89103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thoroughbred Breeders Deron Pearson	IN KIND-Stallion Season Auction	500.00	500.00	
07/17/2023	Tommy Town Thoroughbreds, LLC Santa Ynez, CA 93460-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		IN KIND-Stallion Season Auction	500.00	4,100.00	
07/17/2023	Tommy Town Thoroughbreds, LLC Santa Ynez, CA 93460-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		IN KIND-Stallion Season Auction	1,000.00	4,100.00	
07/17/2023	Tommy Town Thoroughbreds, LLC Santa Ynez, CA 93460-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		IN KIND-Stallion Season Auction	2,600.00	4,100.00	
07/17/2023	Larry Williams Parma, ID 83660-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	IN KIND-Stallion Season Auction	500.00	500.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 5,100.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2023	
through	12/31/2023	Page 9 of 11
NAME OF FILER		I.D. NUMBER
CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC		1241920

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

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
Secretary of State Sacramento, CA 95814-	CMP			150.00
Gould & Orellana, LLC Long Beach, CA 90802-	PRO		Prof Servs thru 10/31/23 & Exps.	2,523.50

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

SUBTOTAL \$ 2,673.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2,673.50
2. Unitemized payments made this period of under \$100	\$	1.35
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 \$	<u>2,674.85</u>

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2023
through 12/31/2023

SCHEDULE I

CALIFORNIA FORM 460

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I.D. NUMBER
1241920

SEE INSTRUCTIONS ON REVERSE

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CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
07/17/2023	Carol Anderson Gilroy, CA 95020-	IN KIND-Stallion Season Auction	2,500.00
07/17/2023	Caitlin Blunt San Luis Obispo, CA 93405	IN KIND-Stallion Season Auction	1,100.00
07/17/2023	Leslie Cummings Dallas, OR 97338	IN KIND-Stallion Season Auction	800.00
07/17/2023	Rhonda Cunningham La Canada, CA 91011	IN KIND-Stallion Season Auction	500.00
07/17/2023	Michael Dadasovich Lafayette, CA 94549	IN KIND-Stallion Season Auction	2,200.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 7,100.00

Schedule I Summary

1. Itemized increases to cash this period.	\$ <u>14,700.00</u>
2. Unitemized increases to cash of under \$100 this period.	\$ <u>11.43</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ <u>0.00</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ <u>14,711.43</u>

**Schedule I (Continuation Sheet)
Miscellaneous Increases to Cash**

SCHEDULE I (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2023
through 12/31/2023

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I.D. NUMBER
1241920

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
07/17/2023	Jerry Engelauf Riverside, CA 92509-	IN KIND-Stallion Season Auction	500.00
07/17/2023	Jerry Engelauf Riverside, CA 92509-	IN KIND-Stallion Season Auction	500.00
07/17/2023	Jerry Engelauf Riverside, CA 92509-	IN KIND-Stallion Season Auction	500.00
07/17/2023	Kathryn Hegedus Modesto, CA 95357	IN KIND-Stallion Season Auction	500.00
07/17/2023	Thomas Lininger Citrus Heights, CA 95610	IN KIND-Stallion Season Auction	500.00
07/17/2023	Thomas Lininger Citrus Heights, CA 95610	IN KIND-Stallion Season Auction	1,000.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 3,500.00

**Schedule I (Continuation Sheet)
Miscellaneous Increases to Cash**

SCHEDULE I (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2023
through 12/31/2023

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
07/17/2023	Var Reeve Boise, ID 83705	IN KIND-Stallion Season Auction	1,000.00
07/17/2023	Thomas Stubblefield Grants Pass, OR 97527-	IN KIND-Stallion Season Auction	2,600.00
07/17/2023	Steve Zerda Seattle, WA 98121	IN KIND-Stallion Season Auction	500.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 4,100.00