

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp	CALIFORNIA FORM 460
RECEIVED BY LOS ANGELES COUNTY 2022 DEC -9 PM 3:12	
Page <u>1</u> of <u>8</u>	
For Official Use Only	

Statement covers period
from 10/23/2022
through 12/5/2022 (termination)

Date of election if applicable:
(Month, Day, Year)
November 8, 2022

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> 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 checked="" type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1449999

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

DAN JEFFRIES FOR LA CANADA SCHOOL BOARD 2022

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

<u>La Canada</u>	<u>CA</u>	<u>91011</u>	<u>213-399-0212</u>
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

<u>N/A</u>	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

fax: 818-790-3736 email: danjeffries@yahoo.com

Treasurer(s)

NAME OF TREASURER

Dan Jeffries

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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<u>La Canada</u>	<u>CA</u>	<u>91011</u>	<u>213-399-0212</u>
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NAME OF ASSISTANT TREASURER, IF ANY

NONE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 12/5/2022
Date

By _____

Assistant Treasurer

Executed on 12/5/2022
Date

By _____

Signature of 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
Dan Jeffries

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
La Canada Unified School District Governing Board

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
La Canada CA 91011

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<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
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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/23/2022</u> through <u>12/5/2022 (termination)</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>8</u>
	I.D. NUMBER <u>1449999</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dan Jeffries

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>-5640.88</u>	\$ <u>10359.12</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>-5640.88</u>	\$ <u>10359.12</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>-5640.88</u>	\$ <u>10359.12</u>

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

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>8703.95</u>	\$ <u>10359.67</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>8703.95</u>	\$ <u>10359.67</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>-6200.00</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>2503.95</u>	\$ <u>10359.67</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>14344.58</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>-5640.88</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0.25</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>8703.95</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>10359.67</u>

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

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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dan Jeffries

I.D. NUMBER
1449999

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
Dan Jeffries La Canada, CA 91011 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, retired	\$ 1000.00	\$ 0	<input checked="" type="checkbox"/> PAID \$ 1000.00 <input type="checkbox"/> FORGIVEN \$	\$ 0 DATE DUE	0 % RATE \$ 0	\$ 1000.00 7/5/2022 DATE INCURRED	CALENDAR YEAR \$ 1000.00 PER ELECTION** \$ 1000.00
Dan Jeffries La Canada, CA 91011 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, retired	\$ 15000.00	\$ 0	<input checked="" type="checkbox"/> PAID \$ 4640.88 <input type="checkbox"/> FORGIVEN \$	\$ 10359.12 DATE DUE	0 % RATE \$ 0	\$ 15000.00 7/24/2022 DATE INCURRED	CALENDAR YEAR \$ 15000.00 PER ELECTION** \$ 15000.00
 † <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 \$								

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

Schedule B Summary

1. Loans received this period	\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)	
2. Loans paid or forgiven this period	\$ 5640.88
(Total Column (c) plus loans under \$100 paid or forgiven.)	
(Include loans paid by a third party that are also itemized on Schedule A.)	
3. Net change this period. (Subtract Line 2 from Line 1.)	NET \$ -5640.88
Enter the net here and on the Summary Page, Column A, Line 2.	

† 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

(May be a negative number)

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/23/2022</u> through <u>12/5/2022(terminati</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dan Jeffries

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
Fedex Burbank, CA 91502	POS	Form 460 Overnight Delivery	31.40
PDI Norwalk, CA 90652	WEB	Campaign emails and address lists	88.49
Godaddy.com Scottsdale, AZ 85260	WEB	Web Hosting	32.97

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

SUBTOTAL \$ 152.86

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 8703.95
2. Unitemized payments made this period of under \$100	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 8703.95

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>10/23/2022</u> through <u>12/5/2022(terminati</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dan Jeffries

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
Printefex La Canada, CA 91011	CMP		Campaign Yard Signs	1527.53
Printefex La Canada, CA 91011	LIT		Campaign Letter Mailing	4187.51
Printefex La Canada, CA 91011	LIT		Campaign Postcard Mailing	2836.05

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

SUBTOTAL \$ 8551.09

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/23/2022</u> through <u>12/5/2022(terminatio</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 1449999

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dan Jeffries

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Printefex La Canada, CA 91011	CMP (yard signs)	900.00	627.53	1527.53	0
Printefex La Canada, CA 91011	LIT (Letter mailing)	2900.00	1287.51	4187.51	0
Printefex La Canada, CA 91011	LIT (postcard mailing)	2400.00	436.05	2836.05	0
SUBTOTALS		\$ 6200.00	\$ 2351.09	\$ 8551.09	\$ 0

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	2351.09
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$	8551.09
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	-6200.00

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 10/23/2022
through 12/5/2022 (terminati

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dan Jeffries

I.D. NUMBER

1449999

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/31/2022	Citibank Burbank, CA 91502	Interest on Campaign Checking Account	0.13
11/30/2022	Citibank Burbank, CA 91502	Interest on Campaign Checking Account	0.12

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.25

Schedule I Summary

1. Itemized increases to cash this period.	\$ 0.25
2. Unitemized increases to cash of under \$100 this period.	\$ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 0.25

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 05 / 2022

Date Stamp
 RECEIVED BY
 LOS ANGELES COUNTY
 2022 DEC -9 PM 3:12
 CAMPAIGN FINANCE

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE DAN JEFFRIES FOR LA CANADA SCHOOL BOARD 2022				NAME OF TREASURER Dan Jeffries			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY STATE ZIP CODE AREA CODE/PHONE La Canada CA 91011 213-399-0212				CITY STATE ZIP CODE AREA CODE/PHONE La Canada CA 91011 213-399-0212			
FULL MAILING ADDRESS (IF DIFFERENT) N/A				NAME OF ASSISTANT TREASURER, IF ANY NONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) danjeffries@yahoo.com 818-790-3736				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE La Canada		CITY STATE ZIP CODE AREA CODE/PHONE			
NAME OF PRINCIPAL OFFICER(S) Dan Jeffries				STREET ADDRESS (NO P.O. BOX)			
Attach additional information on appropriately labeled continuation sheets.				CITY STATE ZIP CODE AREA CODE/PHONE La Canada CA 91011 213-399-0212			

3. Verification

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

Executed on 12/5/2022 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/5/2022 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT