

# Recipient Committee Campaign Statement Cover Page

COVER PAGE

|   |                                |
|---|--------------------------------|
| Date Stamp                                    | <b>CALIFORNIA<br/>FORM 460</b> |
| Filed Date:<br><b>01/22/2020 09:53<br/>AM</b> |                                |
| Page <u>1</u> of <u>4</u>                     |                                |
| For Official Use Only                         |                                |

|                           |                                 |
|---------------------------|---------------------------------|
| Statement covers period   | Date of election if applicable: |
| from <u>01/01/2020</u>    | (Month, Day, Year)              |
| through <u>01/18/2020</u> | <u>03/03/2020</u>               |

SEE INSTRUCTIONS ON REVERSE

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

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

### 2. Type of Statement:

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

### 3. Committee Information

I.D. NUMBER 1416219

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

Napa County Farm Bureau Fund to Protect Napa Valley Agriculture

STREET ADDRESS (NO P.O. BOX)

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Napa | CA    | 94559    | (916)442-7757   |

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

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Sacramento | CA    | 95814    |                 |

OPTIONAL: FAX / E-MAIL ADDRESS

(916)442-7759 fppc@bmhlaw.com

### Treasurer(s)

NAME OF TREASURER

Ashlee N. Titus

MAILING ADDRESS

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Sacramento | CA    | 95814    | (916)442-7757   |

NAME OF ASSISTANT TREASURER, IF ANY

KC Jenkins

MAILING ADDRESS

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Sacramento | CA    | 95814    | (916)442-7757   |

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 01/22/2020  
Date

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

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

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

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

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

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

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

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2020 |                                |
| through                 | 01/18/2020 | Page <u>2</u> of <u>4</u>      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Napa County Farm Bureau Fund to Protect Napa Valley Agriculture

I.D. NUMBER

1416219

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ 0.00  | \$ 0.00                                    |
| 2. Loans Received ..... <i>Schedule B, Line 3</i>            | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>  | \$ 0.00  | \$ 0.00                                    |
| 4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i> | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i> | \$ 0.00  | \$ 0.00                                    |

## 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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made ..... <i>Schedule E, Line 4</i>                   | \$ 10,758.00   | \$ 10,758.00                               |
| 7. Loans Made ..... <i>Schedule H, Line 3</i>                      | 0.00   | 0.00                                       |
| 8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>             | \$ 10,758.00   | \$ 10,758.00                               |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | 0.00   | 0.00                                       |
| 10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>         | 0.00   | 0.00                                       |
| 11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>      | \$ 10,758.00   | \$ 10,758.00                               |

## Expenditure Limit Summary for State Candidates

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| / /                            | \$ _____      |
| / /                            | \$ _____      |
| / /                            | \$ _____      |

## Current Cash Statement

|   |              |
|---|--------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>                    | \$ 54,481.29 |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                                     | 0.00         |
| 14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>                       | 0.00         |
| 15. Cash Payments ..... <i>Column A, Line 8 above</i>                                     | 10,758.00    |
| <b>16. ENDING CASH BALANCE</b> ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 43,723.29 |

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).

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

|  |         |
|--|---------|
| 17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i> | \$ 0.00 |
|--|---------|

## Cash Equivalents and Outstanding Debts

|  |         |
|--|---------|
| 18. Cash Equivalents ..... <i>See instructions on reverse</i>            | \$ 0.00 |
| 19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ 0.00 |

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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE D

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>01/01/2020</u><br>through <u>01/18/2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>3</u> of <u>4</u>      |
| I.D. NUMBER<br>1416219   |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Napa County Farm Bureau Fund to Protect Napa Valley Agriculture

| 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) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 01/08/2020         | Alfredo Pedroza<br>Other Board of Supervisors<br>Other Napa County 04<br>Napa CA 94558<br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 5,000.00           | 5,000.00  | 5,000.00 P-20                      |
| 01/08/2020         | Mariam Aboudamous<br>Other Board of Supervisors<br>Other Napa County 05<br>Napa CA 94559<br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 5,000.00           | 5,000.00  | 5,000.00 P-20                      |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose  | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |  |                           | 10,000.00          |   |                                    |

**Schedule D Summary**

|   |                                  |
|---|----------------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .....                | \$ <u>10,000.00</u>              |
| 2. Unitemized contributions and independent expenditures made this period of under \$100.....                                     | \$ <u>0.00</u>                   |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... | <b>TOTAL \$</b> <u>10,000.00</u> |

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 01/01/2020 |                                |
| through   | 01/18/2020 | Page <u>4</u> of <u>4</u>      |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Napa County Farm Bureau Fund to Protect Napa Valley Agriculture |            | 1416219                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Napa County Farm Bureau Fund to Protect Napa Valley Agriculture

I.D. NUMBER

1416219

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Alfredo Pedroza for Supervisor 2020 ID#1374964<br>[REDACTED]<br>Napa CA 94558   | CTB     |                        | 5,000.00    |
| Mariam Aboudamous for Supervisor 2020 ID#1423365<br>[REDACTED]<br>Napa CA 94559 | CTB     |                        | 5,000.00    |
| Bell, McAndrews & Hiltachk, LLP<br>[REDACTED]<br>Sacramento CA 95814            | PRO     |                        | 708.00      |
|   |         |                        |             |

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

**SUBTOTAL \$ 10,708.00**

**Schedule E Summary**

|   |                 |                  |
|---|-----------------|------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....  | \$              | 10,708.00        |
| 2. Unitemized payments made this period of under \$100.....   | \$              | 50.00            |
| 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.)..... | <b>TOTAL \$</b> | <b>10,758.00</b> |