CALIFORNIA **Campaign Statement FORM Cover Page** Page 1 Date of election if applicable Statement covers period (Month, Day, Year) For Official Use Only from July 1, 2021 through December 31, 2021 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. **Preelection Statement** ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure **Quarterly Statement** Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report O Recall Controlled Termination Statement O Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER Treasurer(s) 3. Committee Information 1388741 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Ken Broadway for City COuncil 2020 Ken Broadway MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Kim Wines MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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 Signature of Treasurer or Assistant Treasurer Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIFORNIA 460						
TORW						
Page 2 of 4						

. Officeholder or Candidate Controlled Commi	ittee	6.	Primarily Formed Ballot	Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Ken Broadway							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	Г	SUPPORT
Rocklin City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZIP		Identify the controlling officel	nolder, candid	late, or state	measure prop	oonent, if any.
Related Committees Not Included in this Sta	tement: List any committees		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PI	ROPONENT		
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	idate/Office	eholder Co	ommittee <i>L</i>	ist names of
NAME OF THEADONER	□ YES □ NO		officeholder(s) or candidate(s)	ror wnich this (committee is	primarily form	ea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E			NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	UGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	UGHT OR HELD	SUPPORT OPPOSE
-			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOL	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOL	UGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	·		Attac	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from July 1, 2021	CALIFORNIA 460
through December 31, 2021	Page _3 of _4
	I.D. NUMBER
	1388741

Ken Brodway for City Council 2020			1388741			
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B GALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \frac{0}{0} \\ \$ \fra	\$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$			
Expenditures Made 6. Payments Made	\$ \frac{0}{0} \\ \$ \frac{0}{0} \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\	\$ \frac{0}{0} \\ \$ \frac{0}{0} \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$			
Current Cash Statement 12. Beginning Cash Balance	\$ 0.00 \$ 0.00 \$ 0.00 \$ 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).	*Amounts in this section may be different from amounts reported in Column B.			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00_		FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			

Schedule B – Part 1 Loans Received	Am	ounts may be rou to whole dollars		Statement covers period from July 1, 2021			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ken Broadway for City Council 2020					through Decemb	per 31, 2021	Page 4 I.D. NUMBER 1388741	of 4	
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	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE	
Ken Broadway Toom □ OTH □ PTY □ SCC	Pricing/Marketing Manager United Parcel Service	\$_5,000.00	\$0.00	\$ 0.00 \$ 0.00 FORGIVEN 0.00	\$ 5,000.00	0.0 % RATE 0.00	\$ 5,000.00 8/18/2020 DATE INCURRED	\$ 0.00 PER ELECTION	
				PAID \$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION	
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID FORGIVEN	S	%	DATE INCURRED	CALENDAR YEA \$ PER ELECTION	
† IND COM OTH PTY SCC		SUBTOTALS \$	0.00	\$ 0.00	\$ 5,000.00	\$ 0.00	DATE INCURRED	•	
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period	ns of less than \$100.)	******************			0.00		Lule E, Line 3) Contributor Codes ND — Individual		

(May be a negative number)

0.00

PTY – Political Party SCC – Small Contributor Committee

COM - Recipient Committee

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

(other than PTY or SCC)

OTH - Other (e.g., business entity)

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORIVI
Page 2 of 4

. Officeholder or Candidate Controlled Commit	itee	6.	Primarily Formed Ballot	Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Ken Broadway							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	I	SUPPORT
Rocklin City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	TY STATE ZIP		Identify the controlling office	nolder, candid	late, or state	measure prop	oonent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PI	ROPONENT		
Related Committees Not Included in this Stat	ement: List any committees						
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER						
		7.	Primarily Formed Cand	idate/Office	eholder Co	mmittee <i>L</i>	ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this	committee is	primarily form	ed.
	YES NO		NAME OF OFFICEHOLDER OR O	ANDIDATE	TOESICE SOI	JGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOC	JOHT OK HELL	SUPPORT
							☐ OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
							OPPOSE
COMMITTEE NAME	I.D. NUMBER						
			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
							☐ OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HELE	SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)						☐ OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	ch continuatio	n sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from January 1, 2021	california 460
through June 30, 2021	Page 3 of 4
	I.D. NUMBER

Ken Broadway for City Council 2020			
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
 Monetary Contributions	\$0	\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$ 0 0 0 0	\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 0.00 \$ 3,884.09 \$ 0.00 \$ 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).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016)
		<u>j</u>	FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

COLL		11 20	P	DADT
OUT	ヒい	JLE	D ~	PART

Amounts may be rounded to whole dollars.

Schedule B - Part 1 **Loans Received**

Statement covers period CALIFORNIA from January 1, 2021

	IIOIII	TORW
SEE INSTRUCTIONS ON REVERSE	through <u>June 30, 2021</u>	Page 4 of 4
NAME OF FILER		I.D. NUMBER
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF LENDER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) IF AN INDIVIDUAL, ENTER OUTSTANDING AMOUNT AMOUNT PARTY OF FRIOD (a) OUTSTANDING AMOUNT PARTY OF FORGIVE PERIOD (b) AMOUNT PARTY OF FORGIVE PERIOD (b) AMOUNT PARTY OF FORGIVE PERIOD (c) AMOUNT PARTY OF FORGIVE PERIOD	EN BALANCE AT PAID THIS	ORIGINAL CUMULATIVE CONTRIBUTIONS TO DATE
Ken Broadway Pricing/Marketing Manager United Parcel Service 5,000.00 5,000.00 0.00 10 10 10 10 10 10 10	N RATE \$	\$\frac{5,000.00}{\\$.\frac{5,000.00}{\\$}} \begin{array}{cccc} & CALENDAR YEAR \\ \\$.\frac{0.00}{\\$} \\ \\ \\$.\frac{8/18/2020}{\\$} \\ \\ \\$.\frac{8/18/2020}{\\$} \end{array}
T IND COM OTH PTY SCC PAID \$===================================	DATE DUE%	\$ PER ELECTION**
T IND COM OTH PTY SCC S PAID S PAID S FORGIVER	DATE DUE \$% N RATE	DATE INCURRED CALENDAR YEAR \$ PER ELECTION**
† IND COM OTH PTY SCC \$ \$	\$	DATE INCURRED \$
SUBTOTALS \$ 0.00 \$ 0.0	00 \$ 5,000.00 \$ 0.00 (Enter (e) on Sch	
Schedule B Summary 1. Loans received this period\$	0.00	
(Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period\$ (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.)	0.00	†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

(May be a negative number)

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

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov **Recipient Committee** Date Stamp **CALIFORNIA Campaign Statement FORM Cover Page** Page 1 Statement covers period Date of election if applicable: FEB 01 (Month, Day, Year) For Official Use Only from October 18, 2020 through December 31, 2020 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. **Preelection Statement** Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure **Quarterly Statement** Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report **Termination Statement** O Recall Controlled O Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Sponsored Small Contr Primarily Formed Candidate/ Officeholder Committee Small Contributor Committee O Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1388741 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Ken Broadway for City Council 2020 Ken Broadway MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Kim Wines MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE CITY CITY OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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. Signature of Treasurer or Assistant Trea Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA 460

FORM

Page 2 of 56

5. C	fficeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Ballot	Measure C	ommittee		
N	AME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
F	Ken Broadway							
ō	FFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
F	Cocklin City Council] [OPPOSE
R	ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling officeh	older, candid	ate, or state	measure pro	ponent, if any.
_				NAME OF OFFICEHOLDER, CAN	DIDATE, OR PE	ROPONENT		
n	telated Committees Not Included in this State of included in this statement that are controlled by you or a	re primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO). IF ANY
C	ontributions or make expenditures on behalf of your candid	lacy.						
c	OMMITTEE NAME	I.D. NUMBER	•					
N	AME OF TREASURER	CONTROLLED COMMITTEE?	. 7	Primarily Formed Candi officeholder(s) or candidate(s) if	date/Office	holder Co	mmittee L	ist names of
		YES NO			01 11111011 0110 0			
C	OMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)	-	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELD	□ SUPPORT
								OPPOSE
C	ITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT
_			=					OPPOSE
C	OMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELI	1—
								SUPPORT OPPOSE
N	AME OF TREASURER	CONTROLLED COMMITTEE?	-	NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOL	JGHT OR HELI	
		☐ YES ☐ NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOC	IGHT OR HELL	SUPPORT
c	OMMITTEE ADDRESS STREET ADDRESS (NO P.O. B							OPPOSE
C	ITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	h continuatio	n sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA October 18, 2020 **FORM** through December 31, 2020 Page _3

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Ken Broadway for City Council 2020 1388741 Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 23,724.66 1,503.00 1/1 through 6/30 7/1 to Date 0.00 5.000.00 20. Contributions 1.503.00 28,724.66

Received 0.00 429.71 4. Nonmonetary Contributions...... Schedule C. Line 3 21. Expenditures 1.503.00 29.154.37 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 5,895.40 24.953.91 Candidates 0.00 0.00 7. Loans Made..... Schedule H. Line 3 22. Cumulative Expenditures Made* 5,895.40 24,953.91 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 0.00429.71 (mm/dd/yy) 5,895.40 25,383.62 **Current Cash Statement** 8,276.49 To calculate Column B, 1,503.00 add amounts in Column

0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 5,895.40 15. Cash Payments Column A, Line 8 above 3.884.09 If this is a termination statement, Line 16 must be zero. 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ Cash Equivalents and Outstanding Debts 0.00 18. Cash Equivalents...... See instructions on reverse \$ _____ 0.00

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.

> FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	A Contributions Received		nts may be rounded whole dollars.	Statement coverage of the from October 18,			schedule FORNIA 460 DRM
SEE INSTRUCTION	ONS ON REVERSE			through December	er 31, 2020	Page	4 of 56
NAME OF FILER Ken Broadwa	ay for City Council 2020					I.D. NU 138874	
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/19/2020	California Apartment Association PAC	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500.00	5	600.00	
10/21/2020	Rocklin Chamber of Commerce PAC	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		200.00	2	200.00	
10/24/2020	Kari Giampaoli	IND COM OTH PTY SCC	Physical Therapist	100.00	1	100.00	
11/10/2020	USA Properties Fund, Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	2	250.00	

SUBTOTAL \$ 1,050.00 **Schedule A Summary** *Contributor Codes

1. Amount received this period – itemized monetary contributions. 1,050.00 (Include all Schedule A subtotals.)

☐ IND ПСОМ OTH ☐ PTY □ scc

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

3. Total monetary contributions received this period. 1,503.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$

IND - Individual

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

				SCHEDULE			
Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statement covers period	CALIFORNIA	460	
Payments Made				from October 18, 2020	FORM		
SEE INSTRUCTIONS ON REVERSE				through December 31,2020	Page 5 of	56	
NAME OF FILER					I.D. NUMBER		
Ken Broadway for City Council 2020					1388741		
CODES: If one of the following codes accurately described 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 com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv PRO professional si PRT print ads	munications I appearances es ating urvey researc very and mes	s h senger services	rwise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production randidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees VOT voter registration WEB information technology costs	uction costs d meals and meals s of the same candidate,	s/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DES	CRIPTION OF PAYMENT	AMOU	INT PAID	
Alphagraphics		LIT	Mailer		4,579.16		
Joe Patterson for Rocklin City Council		LIT	Mailer		1,316.24		
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.		SU	BTOTAL \$ 5,895.40	Ů	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)	,			\$5,895.40		
2. Unitemized payments made this period of under \$100					0.00		
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Par	t 1, Colum	n (e).)		\$0.00		
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summ	ary Page, Column	A, Line 6.) TO	TAL \$ 5,895.40		

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period from October 18, 2020	CALIFORNIA 460
through December 31. 2020	Page 6 of 6
	I.D. NUMBER
	1388741

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ken Broadway for City Council 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Joe Patterson for Rocklin City Council

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

MBR member communications

MTG meetings and appearances

OFC office expenses

OFC office expenses

PET petition circulating

MBR member communications

MER member communications

RAD radio airtime and production costs

returned contributions

campaign workers' salaries

TEL t.v. or cable airtime and production costs

FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals 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 LEG legal defense PRO professional services (legal, accounting) TSF transfer between committees of the same candidate/sponsor VOT voter registration

T campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
99designs	LIT		70.00
PoliticalDataInc	LIT		93.01
IPS Printing	LIT		423.00
Automate Mailing	LIT		730.23

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1.316.24

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Recipient Committee Campaign Statement Cover Page	Statement covers period from September 20, 2020	Date of election if applicable (Month, Day, Year)	Date Stamp 2 2 2020	CALIFORNIA 460 FORM Page 1 of 14 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through October 17, 2020	November 3, 2020		
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		*
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Spec	terly Statement ial Odd-Year Report
	D. NUMBER 388741	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Ken Broadway for City Council 2020		NAME OF TREASURER Ken Broadway MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY NAME OF ASSISTANT TREASURER, IF AN	STATE ZIP CO	DDE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	X	Kim Wines MAILING ADDRESS		
OPTIONAL: FAX / E-MAIL ADDRESS	DDE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CO	DDE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewi certify under penalty of perjury under the laws of the State of Executed on 10/22/2020 Date	California that the foregoing is true and By By Signature of Control By	Signature of Treasurer or Assistant Treasurer rolling Officeholder, Candidate, State Measure Proponent or Signature of Controlling Officeholder, Candidate, State Measure	Responsible Officer of Sponse	
Date	,	Signature of Controlling Officeholder, Candidate, State Meas	ure Proponent	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

5.

COVER PAGE - PART 2

california 460

Page 2 of _____

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Ken Broadway							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
Rocklin City Council							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY STATE ZIP		Identify the controlling offic	eholder, candi	date, or state	measure pro	ponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO), IF ANY
COMMITTEE NAME	I.D. NUMBER						
		7	Primarily Formed Can	didate/Offic	eholder Co	ommittee <i>I</i>	ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s) for which this	committee is	primarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELI	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SO	UGHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SO	UGHT OR HELI	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SO	UGHT OR HELI	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO	O P.O. BOX)						☐ OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		Att	ach continuati	ion sheets if r	necessary	
	•						

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov

Statement covers from September 20,		CALIFOF FORM		460
through October 17,	2020	Page 3	of .	14
		I.D. NUMBER	2	
		1388741		

Ken Broadway for City Council 2020 **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 9,739.00 22,285,66 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 7/1 to Date 5.000.00 0.00 2. Loans Received Schedule B. Line 3 20. Contributions 9,739.00 27,285.66 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 100.00 429.71 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 9,839.00 27,715,37 Made 5. TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 13,201.31 19,058.51 **Candidates** 0.00 7. Loans Made..... Schedule H. Line 3 22. Cumulative Expenditures Made* 13,201.31 19.058.51 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Total to Date . Date of Election 100.00 429.71 (mm/dd/yy) 13,301.31 19,488,22 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ **Current Cash Statement** 11.838.80 To calculate Column B. 9,739.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0.00 amounts from Column B reported in Column B. of your last report. Some 13,301.31 amounts in Column A may 8.276.49 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 0.00 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ _____ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 18. Cash Equivalents...... See instructions on reverse \$ _____ 0.00 FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period om September 20, 2020 rough October 17, 2020	california 460			
through October 17, 2020	Page 4 of 14			
	I.D. NUMBER 1388741			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ken Broadway for City Council 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER **AMOUNT CUMULATIVE TO DATE** PER ELECTION DATE CONTRIBUTOR CALENDAR YEAR TO DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CODE * RECEIVED PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME **IND** 9/26/2020 Peter and Janet Hill Retired 250.00 1,000.00 COM OTH ☐ PTY SCC IND 9/26/2020 **Dyan Hart** 100.00 100.00 Retired ПСОМ OTH PTY □scc ☐ IND Laborers Local 185 PAC 9/28/2020 1,000.00 1,000.00 **COM** □отн ☐ PTY SCC **IND** George Phillips 10/1/2020 125.00 125.00 Attorney □ СОМ Потн □ PTY □ scc **IND** 10/1/2020 **Bruce Houdesheldt** Treasurer, Pacific Ethanol, 125.00 125.00 ПСОМ Inc Потн **□**PTY □ SCC

SUBTOTAL \$ 1,600.00

Schedule A Summary

*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

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from September 20, 2020	CALIFORNIA 460
		through October 17, 2020	Page 5 of 14
IAME OF FILER			I.D. NUMBER
Ken Broadway for City Council 2020			1388741

	ay tot only countries now o				100011	-
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/01/2020	Jeff Brower	☑ IND □ COM □ OTH □ PTY □ SCC	Business Owner, Brower Mechanical	200.00	200.00	
10/01/2020	Bill McEnroe	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	125.00	125.00	
10/01/2020	Doug and Kim Wines	☑ IND □ COM □ OTH □ PTY □ SCC	Programmer, Independent Contractor	100.00	100.00	
10/01/2020	Josh Alpine	☑IND □COM □OTH □PTY □SCC	Electric Transmission System Operator PG&E	100.00	100.00	
10/01/2020	Recology	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		250.00	250.00	
			SUBTOTAL	\$ 775.00		

*Contributor Codes

IND - Individual

NAME OF FILER

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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

SCC - Small Contributor Committee

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole dollars.		ement covers period ptember 20, 2020	CALIFOR FORM	NIA 460
		-	through	October 17, 2020	Page	of
NAME OF FILER					I.D. NUMBER	₹
Ken Broadwa	ay for City Council 2020				1388741	

DATE	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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/01/2020	ENGEO	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150.00	150.00	
10/01/2020	Committee for Home Ownership of the North State	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		5,000.00	6,000.00	
10/07/2020	Aman Gahoonia	☑IND □COM □OTH □PTY □SCC	Microelectronics Engineer at Defense MicroElectronics Activity	100.00	100.00	
10/09/2020	Cresleigh Homes	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		750.00	750.00	
10/09/2020	Bonnie Gore for Supervisor	☐IND COM ☐OTH ☐PTY ☐SCC		150.00	150.00	
	*1		SUBTOTAL	\$ 6,150.00		

*Contributor Codes

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(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.)

CALIFORNIA 4

Statement covers period

				from September 2	20, 2020	FO	ORM 400
		31		through October	17, 2020	Page _7	
NAME OF FILER Ken Broadwa	ay for City Council 2020					1.D. NUI 138874	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
10/06/2020	Pacific Erectors, Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		200.00	200.00		^
10/17/2020	SAFE Credit Union	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00		
-		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC			-		
		□IND □COM □OTH □PTY □SCC					
		*	SUBTOTAL	\$ 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

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Schedu Nonmo	le C netary Contributions Received		Amounts may be rounded to whole dollars.		fron	Statement covers p		CALIF(RM 400
SEE INSTRUC	CTIONS ON REVERSE				thro	October 17,	2020	Page 8	
Ken Broads	way for City Council 2020							1388741	
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 GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/01/20 20	Venita Rhea's	□IND □COM ☑OTH □PTY □SCC		Food for fund	raiser	100.00	8	429.71	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$ 100.00			
Schedul	e C Summary		×					ntributor Co	

1. Amount received this period – itemized nonmonetary contributions. 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 $$\frac{0.00}{}$

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

3. Total nonmonetary contributions received this period.

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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9 of 14
MBER
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87

COL	JES. If one of the following codes accurately describes	riie	payment, you may enter the code.	Outer wise,	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
	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)

CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
CMP	Yard Signs	503.58
,		
CMP	Face masks	145.16
LIT	Slates	454.00
	CMP	CMP Yard Signs CMP Face masks

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

SUBTOTAL \$ 1,102.74

Sche	edule	E Su	ımmary
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Schedule	E	
(Continuat	tion	Sheet)
Payments	Mad	de

Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers period

Payments Made	to whole dollars.	from September 20, 2020	FORM	460
SEE INSTRUCTIONS ON REVERSE		through October 17, 2020	Page	of
NAME OF FILER			I.D. NUMBER	
Ken Broadwya for City Council 2020			1388741	

Ker 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 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 transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CalSal Voter Guide LIT 375.00 Slates California Voter Guide LIT 389.00 Slates **Budget Watchdogs** LIT 876.00 Slates

Alphagraphics LIT Mailer 241.58

Joe Patterson for Rocklin City Council Lit Mailer 558.29

SUBTOTAL \$ 2,439.87

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

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded

SCHEDULE E (CONT.)

Continuation Sheet) Payments Made	to whole dollars.	September 20, 2020 from	CALIFORNIA 460
EE INSTRUCTIONS ON REVERSE		through October 17, 2020	Page of
AME OF FILER			I.D. NUMBER
Ken Broadwya for City Council 2020			1388741

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 independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND LEG legal defense PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **Alphagraphics** LIT Mailer \$8,322.11 Bonneville Media **WEB Digital Advertising** \$500.00 Joe Patterson for Rocklin City Council LIT Slates \$786.59

SUBTOTAL \$ 9,608.70

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

Schedule G	
Payments Made by an A	gent or independent
Contractor (on Behalf of	f This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE O
Statement covers period from September 20, 2020	CALIFORNIA 460
through October 10, 2020	Page 12 of 14
	I.D. NUMBER

1388741

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ken Broadway for City Council 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Joe Patterson for Rocklin City Council

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
	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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
IPS Printing Inc	LIT	\$148.83
ZAMO Creative	LIT	\$21.88
PoliticalDataInc	LIT	\$39.50
Automate Mailing	LIT	\$313.08

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 523.29

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

chedule G
ayments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G		
Statement covers period from September 20, 2020	CALIFORNIA 460		
through October 10, 2020	Page 13 of 14		
	I.D. NUMBER		
	1388741		

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Ken Broadway for City Council 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Joe Patterson for Rocklin City Council

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
	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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
IPS Printing Inc	LIT	\$222.58
ZAMO Creative	LIT	\$25.83
PoliticalDataInc	LIT	\$33.14
Automate Mailing	LIT	\$478.78

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 760.33

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from September 20, 2020	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE		through October 10, 2020	Page 14 of 18	
NAME OF FILER			I.D. NUMBER	
Ken Broadway for City Council 2020			1388741	
NAME OF AGENT OR INDEPENDENT CONTRACTOR				

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)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

Joe Patterson for Rocklin City Council

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRI	RIPTION OF PAYMENT AMOUNT PAID
99designs	LIT	\$35.00
9designs	LIT	\$26.25

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 61.25

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Desirient Committee		COVER PAGE
Recipient Committee Campaign Statement Cover Page		Date Stamp CALIFORNIA 460 FORM OCT 2 2 2020 Page 1 of 6
	Statement covers period from July 1, 2020	Date of election if applicable (Month, Day, Year) Page 1 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through September 22, 2020	November 3, 2020
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) Correct contributor name Schedule A, correct expenses Scheduled E and provide amended summary page reflecting updated expenses and balance
	D. NUMBER 388741	Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER
Ken Broadway for City Council 2020		Ken Broadway MAILING ADDRESS
		2004 Denton Ct
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONI
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY
		Kim Wines
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	X	MAILING ADDRESS
CITY STATE ZIP CO	ODE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHON
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS
OF HOMAL TAXY E-MINICADDINESS		OF HORAL. FAX / E-IMAL ADDRESS
Verification I have used all reasonable diligence in preparing and review	ing this statement and to the best of my k	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	f California that the foregoing is true and	correct.
Executed on 10/20/2020	Ву	
Date 10/20/2020		Signature of Treasurer or Assistant Treasurer
Executed on Date	BySignature of Control	olling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	Bysi	ignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	By	signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNI	^A 460
Page 2	of _6_

Officeholder or Candidate Controlled Committee	ee	6.	Primarily Formed Ballo	Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Ken Broadway							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	ON		SUPPORT
Rocklin City Council			***************************************				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY		Identify the controlling office	holder, candi	date, or state	measure propo	nent, if any.	
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	PROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or ar contributions or make expenditures on behalf of your candidate.	e primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME	D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	eholder Co	ommittee Lis	t names of
	☐ YES ☐ NO		onicenduer(s) or candidate(s)	ioi winch ans	committee is	primarny formed	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	UGHT OR HELD	SUPPORT
							OPPOSE
CITY STATE ZIP COL	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	UGHT OR HELD	☐ SUPPORT
							OPPOSE
COMMITTEE NAME	.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	UGHT OR HELD	
							SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	UGHT OR HELD	SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	^)						
CITY STATE ZIP COL	DE AREA CODE/PHONE						
SIAIL ZIF COL	- ANLA CODE/FRONE		Atta	ch continuati	on choose if n		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2020

CALIFORNIA 460

FORM

CALIFORNIA FORM

FORM

FORM

LD. NUMBER

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ken Broadway for City Council 2020 1388741 Column A Column B **Calendar Year Summary for Candidates Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 12,546.66 12,546.66 1/1 through 6/30 7/1 to Date 5.000.00 5.000.00 2. Loans Received Schedule B. Line 3 20. Contributions 17,546.66 17,546.66 Received 329.71 329.71 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 17.876.37 17.876.37 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 5.857.20 6. Payments Made...... Schedule E, Line 4 \$ _____ Candidates 0.00 0.00 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 5,857.20 5,857,20 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 329.71 329.71 (mm/dd/yy) 6,186.91 6.186.91 **Current Cash Statement** 149.34 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 17,546.66 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding 0.00 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 5,857.20 of your last report. Some amounts in Column A may 11.838.80 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 0.00 filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ __ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 18. Cash Equivalents See instructions on reverse \$ 0.00 FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A (Continuation Sheet) Moneta

Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from July 1, 2020	california 460
through September 22, 2020	Page # of #
	I.D. NUMBER
	1388741

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
John and Shirley Carter	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
Trevor Vass	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Systems Engineer, Sacramento County Office of Education	100.00	100.00	
Committee for Home Onweshihp North State BIA	☐ IND COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.00	
Friends of Rachelle Price for Rocklin School Board	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		200.00	200.00	
Michael Kramer	IND COM OTH PTY SCC	Treasurer, Pacific Ethanol, Inc	200.00	200.00	
	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) John and Shirley Carter Trevor Vass Committee for Home Onweshihp North State BIA Friends of Rachelle Price for Rocklin School Board	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) John and Shirley Carter John and Shirley Carter PTY SCC Trevor Vass Committee for Home Onweshihp North State BIA Committee for Home Onweshihp North State BIA Friends of Rachelle Price for Rocklin School Board Trevor Vass Committee for Home Onweshihp North State BIA IND Committee for Home Onweshihp North State BIA	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) John and Shirley Carter IND	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) John and Shirley Carter John and Shirley Car	CONTRIBUTOR CODE CODE CODE CODE CONTRIBUTOR CODE CODE COM CODE COM CODE COM COM COM COM COM COM COM COM COM CO

*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	

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA** FORM July 1, 2020 through September 22, 2020 I.D. NUMBER 1388741

SEE INSTRUCTIONS ON REVERSE

Ken Broadway for City Council 2020

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

MBR member communications RAD radio airtime and production costs campaign paraphernalia/misc. campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CTB petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET candidate filing/ballot fees TRC candidate travel, lodging, and meals PHO phone banks fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services

legal defense professional services (legal, accounting) LEG campaign literature and mailings PRT print ads

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 PAII
Placer County Elections	FIL	Filing Fee	550.00
Costco	POS	Stamps	164.50
Save Prop 13 #598040	LIT	Slates	1022.60

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

SUBTOTAL \$ 1,737.10

Schedule E Summary

5,857.20 0.00 2. Unitemized payments made this period of under \$100......\$ 0.00 5.857.20

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule E
(Continuation Sheet)
Payments Made

Starbucks

Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA to whole dollars. July 1, 2020 **FORM** from through September 22, 2020 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Ken Broadwya for City Council 2020 1388741 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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 MTG OFC	member communication meetings and appearar office expenses petition circulating phone banks polling and survey resepostage, delivery and reprofessional services (I print ads	ns nces arch nessenger services	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		
Expense deleted (amended form submitted - expense not incurred)				0.00		
Taxifornia Tax Fighters' Newsletter #1378949	LIT	Slates		1,022.60		
Expense deleted (amended form submitted - expense not incurred)				0.00		
California Public Safety Voter Guide #1298740	LIT	Slates		1,022.60		

FND

Fundraiser Breakfast

SUBTOTAL \$ 2,081.10

35.90

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

Recipient Committee			Date Stamp	COVER PAGE
Campaign Statement			Date Stamp	CALIFORNIA 460
Cover Page				FORM TOO
3			DEED BUND	Page 1 of 15
	Statement covers period	Date of election if applicable: (Month, Day, Year)		For Official Use Only
	from July 1, 2020	(Month, Day, Tear)	SEP 2 3 2020	For Official Use Only
		November 3, 2020	The state of the s	U)
SEE INSTRUCTIONS ON REVERSE	through September 22, 2020		By Saria Freu	W.
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	arterly Statement ocial Odd-Year Report
	D. NUMBER 388741	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	550,11	NAME OF TREASURER		
Ken Broadway for City Council 2020		Ken Broadway		
		MAILING ADDRESS		
OTDEET ADDRESS (NO DO DOV)				
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP (CODE AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	DED IE ANV	
	t	Kim Wines	CEN, II 7041	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	×	MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP C	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification			411-100-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
I have used all reasonable diligence in preparing and reviewin	ng this statement and to the best of my k	nowledge the information contained	herein and in the attached so	chedules is true and complete. I
certify under penalty of perjury under the laws of the State of				
Executed on 9/23/2020	By			
S/22 Pate	Бу	Signature of Treasurer or Assistan	† Treasurer	
Executed on	BySignature of Control	illing Officeholder, Candidate, State Measure P	roponent or Responsible Officer of Spor	isor
Executed on	By —————Si	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed onDate	By ————————Si	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

COVER PAGE

5.	Officeholder or Candidate Controlled Committee				6. Primarily Formed Ballot Measure Committee						
	NAME OF OFFICEHOLDER OR CANDIDATE		-	NAME OF BALLOT MEASURE							
	Ken Broadway										
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)	-		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT		
	Rocklin City Council								OPPOSE		
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP	-		Identify the controlling office	older, candid	ate, or state	measure pr	oponent, if any.		
			-	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT							
	Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candidate.	are primarily formed to receive			OFFICE SOUGHT OR HELD			DISTRICT N	O. IF ANY		
	COMMITTEE NAME	I.D. NUMBER	-								
	NAME OF TREASURER	CONTROLLED COMMITTEE?	- 7		Primarily Formed Cand officeholder(s) or candidate(s)	date/Office for which this o	holder Co	mmittee orimarily for	List names of ned.		
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)	-		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEI	D SUPPOR		
	CITY STATE ZIP CO		Ē =		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEI	.D SUPPOR		
		I.D. NUMBER	_		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HEI	D SUPPOR		
	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE? YES NO OX)			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HE	D SUPPOR		
	CITY STATE ZIP CO	DDE AREA CODE/PHON	Ē		Attac	h continuatio	n sheets if n	ecessary			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from July 1, 2020 FORM through September 22, 2020 Page 3 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ken Broadway for City Council 2020 1388741

Contributions Received 1. Monetary Contributions	\$ Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) 12,546.66 5,000.00 17,546.66 329.71	\$	Column B CALENDAR YEAR TOTAL TO DATE 12,546.66 5,000.00 17,546.66 329.71	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 \$ \$
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ 17,876.37	\$	17,876.37	Made \$ \$
Expenditures Made 6. Payments Made	\$ 7,902.40 0.00 7,902.40 0.00 0.00 7,902.40	\$ \$	7,902.40 0.00 7,902.40 0.00 0.00 7,902.40	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 7,902.40 9,793.60	ac A ar of ar be sh pr th file or	calculate Column B, Id amounts in Column to the corresponding nounts from Column B your last report. Some nounts in Column A may negative figures that lould be subtracted from evious period amounts. If is is the first report being ad for this calendar year, ly carry over the amounts om Lines 2, 7, and 9 (if	*Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents	0		ny).	FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.g

Schedule A Monetary Contributions Received			ts may be rounded			SCHEDULE	
		το	whole dollars.	Statement covers from July 1, 2020	Sec. 10. 10. 10. 10. 10.	CALIFORNIA 4(
SEE INSTRUCTIONS ON REVERSE				through September	er 22, 2020	Page	4 of <u>15</u>
NAME OF FILER Ken Broadway for City Council 2020						1.D. NU 138874	JMBER 1
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)

DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO DATE	PER ELECTION
RECEIVED	CONTRIBUTOR	CODE *	OCCUPATION AND EMPLOYER	RECEIVED THIS	CALENDAR YEAR	TO DATE
TEOLIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	(IF SELF-EMPLOYED, ENTER NAME	PERIOD	(JAN. 1 - DEC. 31)	(IF REQUIRED)
7/17/2020	Friends of Scott Yuill for Rocklin City Council 2180	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	
8/3/2020	Roger Peterson	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00	
8/14/2020 and 8/25/2020	Peter Hill	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	750.00	750.00	
8/15/2020	Joe Asaro	IND COM OTH PTY SCC	Synergist V&E Neurology PVU-West at UCB	100.00	100.00	
8/15/20	Rich Vallone	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00	

SUBTOTAL \$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

	S	C	h	e	d	u	le	A	S	u	m	m	a	n	1
--	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---

3. Total monetary contributions received this period.

Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 10,350.00
Amount received this period – unitemized monetary contributions of less than \$100	2,196.66

IND – Individual COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

12,546.66

*Contributor Codes

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

				from July 1, 2020		FO	RM 40	U
	through September 2				r 22, 2020 Page _			_
NAME OF FILER						I.D. NUM		
Ken Broadwa	y for City Council 2020					1388741	L	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
8/16/2020	Ron Dolinsek	IND COM OTH PTY	Retired	150.00	150,00			
8/17/2020	Dave Rogelstad	☑IND □COM □OTH □PTY □SCC	Pilot, Virgin America	200.00	280.80			
8/19/2020	Brett Storey	☑IND □COM □OTH □PTY □SCC	Retired	100.00	190.00			
8/17/2020	Doug Felice	☑IND □COM □OTH □PTY □SCC	Analyst, Walmart	100.00	100.00			
8/19/2020	Dan Rodarte	☑IND □COM □OTH □PTY □SCC	Salesperson, Aqualung	200.00	200.00			
SUBTOTAL \$ 750.00								

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from July 1, 2020		FORM 400		
	through September				er 22, 2020	Page _	6 of/ <i>5</i>	
NAME OF FILER Ken Broadwa	ay for City Council 2020					1.D. NU 138874	74	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
8/16/2020	Richard and Anita Jenkins	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	150.00	/50.00			
8/16/2020	Kathy and Greg Turner	☑ IND □ COM □ OTH □ PTY □ SCC	Realtor, Coldwell Banker Realty	150.00	150.00			
8/19/2020	Bill and Susan Halldin	☑ IND □ COM □ OTH □ PTY □ SCC	Manager, Bank of America	250.00	250.00			
8/19/2020	Jerry Lund	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	200.00	200.00			
8/22/2020	LoriLea and Tom Dahl	☑IND □ COM □ OTH □ PTY □ SCC	Educator, LOL Preschool	100.00	100-00	•		
			SUBTOTAL	\$ 850.00		1 56 5		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary	Contributions Received	to whole t	ioliars.	Statement coverage from July 1, 2020	ers period		ORNIA 460		
				through September	er 22, 2020	Page _	7 of 15		
Ken Broadwa	ay for City Council 2020					1.D. NU 138874			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
8/22/2020	John and Shirley Carter	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100 - 00		100-00		
8/23/2020	Trevor and Michele Vass	☑IND □COM □OTH □PTY □SCC	Systems Engineer, Sacramento County Office of Education	100.00	100-0	Ð			
8/24/2020	Committee for Home Ownership North State BIA	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00	1,000.0	Õ			
9/1/2020	Friends of Rachelle Price for Rocklin School Board	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		200.00	200,00				
9/1/2020	Michael Kramer	☑ IND □ COM □ OTH □ PTY	Treasurer, Pacific Ethanol, Inc.	200.00	200,00	>			

SUBTOTAL \$ 1,600.00

SCC

*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		to whole (dollars.	Statement cov from July 1, 2020	ers period	california 460		
				through September	er 22, 2020	Page _		
NAME OF FILER Ken Broadwa	ay for City Council 2020					1.D. NU		
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)	AMOUNT CUMULATIVE TO RECEIVED THIS CALENDAR Y PERIOD (JAN. 1 - DEC		'EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/3/2020	G & H Bains Inc Arco AM/PM	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.0	Ð		
9/3/2020	Dan and Jill Gayaldo	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250.00			
9/3/2020	Paul Ruhkala	☑IND □COM □OTH □PTY □SCC	Owner, Ruhkala Monument Co	200.00				
9/3/2020	Moniz Family Wines	□ IND □ COM ☑ OTH □ PTY □ SCC						
9/3/2020	James Allen	☑ IND □ COM □ OTH □ PTY □ SCC	EVP, SAFE Credit Union	125.00	125,00			
			SUBTOTAL	\$ 1,200.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 4

Statement covers period

July 1, 2020

						1 Ortin			
		×	through September	r 22, 2020		9 of <u>15</u>			
NAME OF FILER Ken Broadwa	y for City Council 2020				1.D. NU 13887				
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
9/3/2020	Greg Janda	☑IND □COM □OTH □PTY □SCC	Controller, Applied Materials Landscape Inc	125.00	125.00		125,80		
9/3/2020	Chris and Mike Anderson	☑IND □COM □OTH □PTY □SCC	Retired	100.00	170-80				
9/8/2020	Kalkat Inc ARCO AMPM	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250,00				
9/10/2020	Nicole Tooley	☑IND □COM □OTH □PTY □SCC	Owner, Tooley Oil	100.00	100.00	>			
9/14/2020 Re-Elect Robert Wegandt for Supervisor IND COM OTH PTY SCC			100.00	100.00					
		\$ 675.00							

*Contributor Codes IND – Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

		from July 1, 2020	ORM 400	J				
NAME OF THE P.			through September	er 22, 2020	Page 10 of 15			
NAME OF FILER Ken Broadwa	ry for City Council 2020					13887		
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/15/2020	PCAR California Real Estate PAC (CREPAC)	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		3,500.00	3,500,00			
9/15/2020	Diana and Dave Ruslin	☑ IND □ COM □ OTH □ PTY □ SCC	Consultant, Home Depot	125.00	125,00			
9/19/2020	Twiana Armstrong Bryant	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Owner, It's Personal Enterprises	100.00	180,00			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 3,725.00				

*Contributor Codes

IND - Individual COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

1. Loans received this period\$ (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 5.000,000

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.

Schedule C Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.			itement covers p July 1, 2020	eriod	CALIFO FOR	SCHEDULE DRNIA 46(RM	
SEE INSTRUCTIONS ON REVERSE				throug	September 2	2, 2020	Page 12		
Ken Broadway for City Council 2020							1.D. NUMB 1388741	ER	
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION O GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE		AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
9/3/2020 Friends of Scott Yuill for Rocklin City Co	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		Food for fundrai	iser	329.71		329.71		
	□IND □COM □OTH □PTY □SCC								
	□IND □COM □OTH □PTY □SCC								
	☐IND ☐COM ☐OTH ☐PTY ☐SCC								
Attach additional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	329.71				
Schedule C Summary 1. Amount received this period – itemized nonmonetal (Include all Schedule C subtotals.)				\$	329.71	IND	ntributor Cod – Individual M – Recipien (other tha		
2. Amount received this period – unitemized nonmone		\$	0	PT\	l – Other (e.d ′ – Political P	g., business entity)	-		
Total nonmonetary contributions received this perio (Add Lines 1 and 2. Enter here and on the Summar		mn A, Lines 4 and 10.)	TOTAI	L \$	329.71	_			_

		3	SCHEDULE E				
Payments Made EE INSTRUCTIONS ON REVERSE	Amounts may be rounded to whole dollars.	Statement covers period from July 1, 2020	CALIFORNIA 460				
SEE INSTRUCTIONS ON REVERSE		through September 22, 2020	Page 13 of 15				
NAME OF FILER			I.D. NUMBER				
Ken Broadway for City Council 2020			1388741				

COL	It one of the following codes accurately de	escribes the p	payment, you may enter	the code.	Otnerwise,	describe the payment.	
CMP	campaign paraphernalia/misc.	MBR	member communications		RAD	radio airtime and production costs	
	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	ı)* POS	postage, delivery and messeng	ger services	TSF	transfer between committees of the same candidate/spor	nsor
LEG	legal defense	PRO	professional services (legal, ac	ccounting)	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 C	DESCRIPTION OF PAYMENT	AMOUNT PAID
Placer County Elections	FIL	Filing Fee	550.00
Costco	POS	Stamps	164.50
Save Prop 13 #598040	LIT	Slates	1022.60

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

SUBTOTAL \$ 1,737.10

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	7,902.40
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.)	7,902.40

Schedule E Continuation Sheet) Payments Made	Amounts may be to whole do			from .	July 1, 2020	CALIFO FOR	
EEE INSTRUCTIONS ON REVERSE IAME OF FILER				throu	gh <u>September 22, 2020</u>	Page1.D. NUME	
Ken Broadway for City Council 2020						1388741	
CODES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv	munications I appearance es ating urvey researd very and mes	s	RAD RFD SAL TEL TRC	describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, at transfer between committees voter registration information technology costs	uction costs d meals and meals s of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR D	ESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
National Tax Limitation Committee Early Voter Guide #1306386		LIT	Slates				1,022.60

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
National Tax Limitation Committee Early Voter Guide #1306386	LIT	Slates	1,022.60
Taxifornia Tax Fighters' Newsletter #1378949	LIT	Slates	1,022.60
Woman's Voice #1293667	LIT	Slates	1,022.60
Califronia Public Safety Voter Guide #1298740	LIT	Slates	1,022.60
Starbucks	FND	Fundraiser Breakfast	35.90

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

SUBTOTAL \$ 4,126.30

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded

SCHEDULE E (CON	T.)
-----------------	-----

Continuation Sheet) Payments Made	to whole dollars.	July 1, 2020 from	CALIFORNIA FORM	460
EE INSTRUCTIONS ON REVERSE		through September 22, 2020	Page c	of
AME OF FILER			I.D. NUMBER	
Ken Broadway for City Council 2020			1388741	

CODES: If one of the following codes accurately describes the payment, you 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 commonetary meetings and office expense petition circulary petition circulary petition circulary phone banks polling and surposition dependent expenditure supporting/opposing others (explain)* POS postage, delivered professional surpositions professional	munications appearances es ating urvey research very and mess	RAD rate RFD	escribe the payment. radio airtime and production costs returned contributions campaign workers' salaries .v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals cransfer between committees of the same voter registration information technology costs (internet, e-	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION	N OF PAYMENT	AMOUNT PAID
COPS Voter Guide	LIT	Slates		1,061.00
No Party Preference	LIT	Slates		645.00
Bel Air	POS	Stamps		55.00
Californians for Quality Education	LIT	Slates		278.00

SUBTOTAL \$ 2,039.00

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

Recipient Committee Date Stamp CALIFORNIA **Campaign Statement FORM Cover Page** 1 Page . Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 01/01/2020 from 06/30/2020 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement **Primarily Formed Ballot Measure** ✓ Officeholder, Candidate Controlled Committee Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report ○ Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ Amendment (Explain below) ☐ General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Kenneth Broadway Ken Broadway for City Council 2016 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS ZIP CODE AREA CODE/PHONE CITY CITY STATE STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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. certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 07/28/2020 Executed on Date 07/28/2020 Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

	COVER PAGE - PART	2
	ORNIA 460	
Page _	2 of 3	

Officeholder or Candidate Controlle	d Committee	6.	Primarily Formed Ballot N	leasure Committe	е	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Ken Broadway						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER J	IURISDICTION	I	SUPPORT
Rocklin City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	REET) CITY STATE ZIP				-	
	,		Identify the controlling officeho	lder, candidate, or sta	te measure prop	onent, if any.
			NAME OF OFFICEHOLDER, CANDID	ATE, OR PROPONENT		
Polotod Committees Not Included in	this Statement:					
Related Committees Not Included in not included in this statement that are controlle			OFFICE SOUGHT OR HELD		DISTRICT NO.	FANY
contributions or make expenditures on behalf o						
COMMITTEE NAME	I.D. NUMBER					
						,
		7	Primarily Formed Candid	ate/Officeholder (Committee Lie	et names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s) for	r which this committee	is primarily forme	d.
	YES NO		NAME OF OFFICEHOLDER OR CAND	DIDATE LOFFICE DE	DUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANI	DIDATE OFFICE SC	DUGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANI	DIDATE OFFICE SO	DUGHT OR HELD	
						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER					- GIT GOL
			NAME OF OFFICEHOLDER OR CANI	DIDATE OFFICE SO	DUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANI	DIDATE OFFICE SO	DUGHT OR HELD	
	☐ YES ☐ NO					SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)					

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	covers period 1/01/2020	CALIFORNIA 4			
through	06/30/2020	Page3	of	f3	
		I.D. NUMBER			

Contributions Received	(F	Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$	0	\$	0	General Elections 1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3				0	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0	\$	0	20. Contributions Received \$ \$
4. Nonmonetary Contributions		0		0	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	0	\$	0	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	0	\$	0	Candidates
7. Loans Made Schedule H, Line 3		0		0	20 Computation Formanditures Made
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	0	\$	0	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0		0	Date of Election Total to Date
10. Nonmonetary Adjustment		0		0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	0	\$	0	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		To	calculate Column B.	
13. Cash Receipts Column A, Line 3 above		0		ld amounts in Column to the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0	an	nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		0		your last report. Some nounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	149.34	be	negative figures that	
If this is a termination statement, Line 16 must be zero.			pr	ould be subtracted from evious period amounts. If is is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file	ed for this calendar year, ally carry over the amounts	
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0	al	·y/-	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0			FPPC Form 460 (Jan/2016)
					FPPC Advice: advice@fppc.ca.gov (866/275-3772)
					www.fppc.ca.gov

Cover Page			AN 31
SEE INSTRUCTIONS ON REVERSE	Statement covers period 07/01/2019 12/31/2019	Date of election if applicable: (Month, Day, Year)	By Official Use Only
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	<u> </u>
O State Candidate Election Committee O Recall (Also Complete Part 5) C (Al General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	st Special Odd-Year Report
3. Committee Information	NUMBER	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Ken Broadway for City Council 2016		NAME OF TREASURER Kenneth Broadway MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	ER, IF ANY
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of the	By Signature of Cont		roponent or Responsible Officer of Sponsor State Measure Proponent

COVER PAGE

CALIFORNIA 46

CALIFORNIA FORM 460

Page 2 of 3

. Of	ficeholder or Candidate Controlled Commi	ttee	6	3 .	Primarily Formed Ballot	Measure C	ommittee		
NAN	ME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Ke	en Broadway								
OFF	FICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)			BALLOT NO. OR LETTER	JURISDICTION	N		SUPPORT OPPOSE
R	ocklin City Council								☐ OPPOSE
RES	SIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	TY STATE	ZIP		Identify the controlling office	nolder, candid	late, or state	measure pr	oponent, if any.
					NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	PONENT		
De	elated Committees Not Included in this Stat	ement: Listeny comm	nittage						
not	t included in this statement that are controlled by you or a ntributions or make expenditures on behalf of your candi	are primarily formed to re			OFFICE SOUGHT OR HELD			DISTRICT N	O. IF ANY
COL	MMITTEE NAME	I.D. NUMBER							
			7	7.	Primarily Formed Candi	date/Office	holder Co	mmittee	List names of
NAM	ME OF TREASURER	CONTROLLED COMMITTI	EE?	-	officeholder(s) or candidate(s)	for which this	committee is	primarily for	med.
-		YES NO			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	CHT OR HEI	n I
COI	MMITTEE ADDRESS STREET ADDRESS (NO P.O. BC)X)			NAME OF OFFICE PER OR OF	HOIDALE	011102 000	OTT OTTIE	SUPPORT OPPOSE
CIT	Y STATE ZIP CO	DDE AREA CODE	PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HEL	D
	MMITTEE NAME	I.D. NUMBER							SUPPORT OPPOSE
<u></u>	MINITI EC NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HEL	SUPPORT OPPOSE
NAI	ME OF TREASURER	CONTROLLED COMMITT	EE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HEL	D
CO	MMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO	-						SUPPORT OPPOSE
	•								
CIT	Y STATE ZIP CO	DDE AREA CODE	E/PHONE		Attac	h continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 07/01/2019 from_ 3 12/31/2019 through_

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COIUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 0 0	\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$ 0 0 0 0	0	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 149.34	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,	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Executed on.

Executed on

Executed on _

Date

Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 01/01/2019 from 06/30/2019 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. □ Preelection Statement ✓ Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Controlled O Recall ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee ☐ Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Kenneth Broadway Ken Broadway for City Council 2016 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Rocklin CA 95765 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY CA 95765 Rocklin MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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 the and correct 7/25/19 Executed on -Date Freasurer or Assistant Treasurer 7/25/19

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

COVER PAGE

CALIFORNIA

FORM

Date Stamp

COVER PAGE - PART 2					
CALIF	ORN ORM	^{IA} 4	60		
Page _	2	_ of	3		

. Officeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Ballot	Measure Committe	е	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Ken Broadway						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	1 =	SUPPORT OPPOSE
Rocklin City Council						
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	STATE ZIP CA 95765		Identify the controlling officel	holder, candidate, or sta	te measure prop	onent, if any.
ROCKIII	OA 30103		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candidate.	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER					
С		-	Daine and by Farmand County	idata/Officalacidan/	Samana 144 a.a	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	 Primarily Formed Cand officeholder(s) or candidate(s) 	for which this committee	sommittee Li is primarily form	st names of ed.
	YES NO					
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	X)		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO			Attac	ch continuation sheets i	f necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
State	ement covers period 01/01/2019	CALIFORNIA 460
through.	06/30/2019	Page3 of3
l.		I.D. NUMBER

www.fppc.ca.gov

Ken Broadway for City Council 2016			138874
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0 0 0	\$	1/1 through 6/30 7/1 to Date 20. Contributions
Expenditures Made 6. Payments Made	\$ 0 0 0 0	\$0 \$0 0 \$0	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 0 0 0 149.34	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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	0	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Recipicat Committee Campaign Statement Cover Page

FORM Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 07/01/2018 from 12/31/208 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☐ Preelection Statement ✓ Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure **Quarterly Statement** State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Controlled O Recall ☐ Termination Statement O Sponsored (Also Complete Part 5) (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee O Sponsored Primarily Formed Candidate/ Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 138874 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Kenneth Broadway Ken Broadway for City Council 2016 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) AME OF ASSISTANT TREASURER, IF AN MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of pay 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. 01/21/19 Executed on .. Date 01/21/19 Executed on ature of Controlling Officeholder, Candidate, State Measure Proportent or Responsible Officer of Sponsor Executed on .. Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

VER PAGE

CALIFORNIA

Date Stamp

	COVER PA	GE - PART 2
CALII FO	FORNIA DRM	460
Page _	of	3

5.	Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure (Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Ken Broadway							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
	Rocklin City Council							☐ OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office	holder, candid	late, or state	measure pro	oponent, if any.
				NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	PONENT		
	Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candit	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
	COMMITTEE NAME	I.D. NUMBER						
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s)	for which this	committee is _l	primarily forn	ned.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	,		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
				NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Stater from	nent covers period 07/01/2018	california 460				
through _	12/31/208	Page3 of3				
		I.D. NUMBER				
		138874				

			138874
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0 0	\$	20. Contributions Received \$ \$ 21. Expenditures Made \$ \$ \$
Expenditures Made 6. Payments Made	\$ 0 0 0 0	\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 149.34	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	*Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents		any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

D - 1-1				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2018 through06/30/2018	Date of election if applicable: (Month, Day, Year)	JUL 27	Page 1 of 3 For Official Use Only
1. Type of Recipient Committee: All Committees - Co	emplete Parts 1, 2, 3, and 4.	2. Type of Statement:		The second second second
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Quarterly Statement Special Odd-Year Report
	D. NUMBER 138874	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Ken Broadway for City Council 2016 STREET ADDRESS (NO. P.O. BOX)		Kenneth Broadway	ER, IF ANY	
MAILING ABBRECO (II DII I LINLINI) NO. AND STREET OR P.O. BOA	_	MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of the Sta	California that the foregoing is true and o	nowledge the information contained correct. Signature of Treasurer or Assistant liling Officeholder, Candidate, State Measure Pr	t Treasurer	
Executed on	By	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ____

Date

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

CALIFORNIA 460
FORM 2 of 3

Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot	t Measure Committe	9	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Ken Broadway						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)	_	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Rocklin City Council][OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZI	IP	Identify the controlling officel	holder, candidate, or state	measure pro	ponent, if any.
			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT		
Related Committees Not Included in this Sta	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	. IF ANY
contributions or make expenditures on behalf of your cand	idacy.					
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeholder C	ommittee L	ist names of
	YES NO					
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHO	ONE	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	UGHT OR HELD	
	_					SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	JGHT OR HELD	C cupport
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES NO	_				SUPPORT OPPOSE
ONNET ADDRESS (NOT.S. D.	<i>ON</i>)					
CITY STATE ZIP C	ODE AREA CODE/PHO	ONE	Δttac	ch continuation sheets if i	necessarv	
			Allac	vounuuuvii siieels II l	revessary	

Campaign Disclosure Statement Summary Page

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		through	06/30/2018	Page of
NAME OF FILER		*		I.D. NUMBER
				138874
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0	\$ 0 0 0 0 0 0 0	20. Contributions Received \$	9 Trough 6/30 7/1 to Date
Expenditures Made 6. Payments Made	\$ 0 0 0 0	0		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$	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 reported in Column B.	s

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

C	ampaign Statement over Page			Date Stamp	CALIFORNIA 460 FORM
SEI	E INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)	JAN 2 9 2018	For Official Use Only
1.	Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b	st Specification)	rterly Statement cial Odd-Year Report
3.		NUMBER 138874	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Ken Broadway for City Council 2016 STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER Kenneth Broadway MAILING ADDRESS		
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		NAME OF ASSISTANT TREASURE	ER, IF ANY	
	CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
1.	Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of 0 Date Executed on 01/28/18 Date Executed on Date Executed on Date	California that the foregoing is true and call by By Signature of Controll		t Treasurer	_
	Executed onDate	BySig	nature of Controlling Officeholder, Candidate,	State Measure Proponent	

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

COVER PAGE

	COVE	R PAGE	- PART	2
CALIF	FORN	IIA 4	160	
Page	2	_ of	4	

5.	Officeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Ballot	t Measure Commit	ee	
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
	Ken Broadway						
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
	Rocklin City Council						
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling office	holder, candidate, or st	ate measure pr	roponent, if any.
				NAME OF OFFICEHOLDER, CANE	DIDATE, OR PROPONENT		
	Related Committees Not Included in this State	ement: Liet any committees					
	not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid	re primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
	COMMITTEE NAME	I.D. NUMBER					
			_				
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeholder for which this committee	Committee is primarily for	List names of med.
		☐ YES ☐ NO					
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO.	X)		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	SOUGHT OR HEL	D SUPPORT OPPOSE
	CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	SOUGHT OR HEL	.D
							SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	SOUGHT OR HEL	D SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	SOUGHT OR HEL	SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO						☐ OPPOSE
	CITY STATE ZIP CO	DE AREA CODE/PHONE		Attac	ch continuation sheets	if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period

Summary Page	from	07/01/2017		FORNIA DR M	^A 2	160
SEE INSTRUCTIONS ON REVERSE	through _	12/31/2017	Page _	3	of	4
NAME OF FILER			I.D. NUN	/BER		
Ken Broadway for City Council 2016			13887	'4		

Contributions Received Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0 0	\$	Column B CALENDAR YEAR TOTAL TO DATE 0 0 0 0 0 0	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 \$ \$
Expenditures Made 6. Payments Made	\$ 0 50.00 0	\$ \$	216.66 0 216.66 0 0 216.66	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	199.34 0 0 50.00 149.34	add A to arm of y arm be she	calculate Column B, d amounts in Column of the corresponding founts from Column B your last report. Some founts in Column A may found be subtracted from found be subtracted from found the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ 0	file onl	s is the first report being d for this calendar year, y carry over the amounts m Lines 2, 7, and 9 (if y).	FPPC Form 460 (Jan/201) FPPC Advice: advice@fppc.ca.gov (866/275-377

										SCHEDULE	
Schedule E Payments Made	Amounts may be rounded to whole dollars.					nt covers perio	od	CALIF	ORNIA RM	460	
				from		07/01/2017		. 0	IZIVI		
SEE INSTRUCTIONS ON REVERSE				throu	ugh	12/31/2017		Page _	4 0	f <u>4</u>	
IAME OF FILER				-			1	.D. NUM	BER		
Ken Broadway for City Council 2016							1	38874			
CODES: If one of the following codes accurately describes	s the payment, yo	ou may ent	er the code. C	therwise, d	lescrib	e the paym	ent.				
CMP campaign paraphernalia/misc.	MBR member com	munications		RAD	radio air	time and produ	uction cost	ts			
CNS campaign consultants	MTG meetings and					contributions					
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expens PET petition circul					gn workers' sal able airtime an		nn roete			
FIL. candidate filing/ballot fees	PHO phone banks					te travel, lodgi					
ND fundraising events	POL polling and su			TRS	staff/spc	ouse travel, lod	dging, and	meals			
ND independent expenditure supporting/opposing others (explain)*	POS postage, deliv					between comm	mittees of t	the sam	e candida	te/sponsor	
EG legal defense IT campaign literature and mailings	PRO professional s	services (lega	, accounting)			gistration tion technology	v costs (inte	ernet. e	-mail)		
	, , , , , , , , , , , , , , , , , , ,						, , , , , , , , , , , , , , , , , , , ,				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R	DESCRIPTION	OF PAY	MENT			AMO	OUNT PAID	
											_
Secretary of State											
1500 11th Street		FIL								50.00	
Sacramento, CA 95814											
											_
Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.					SUBTO	OTAL \$	3	50.00	
Schedule E Summary											=
. Itemized payments made this period. (Include all Schedule	E subtotals.)							\$		50.00	
2. Unitemized payments made this period of under \$100										0	
3. Total interest paid this period on loans. (Enter amount from										0	
		,	\ - /-/					· · · · -			

50.00

Desinient Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	california 460 form
	Statement covers period 01/01/2017	Date of election if applicable: (Month, Day, Year)	JUL 2 8 2017	Page1 of4 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2017	By	The same of the sa	
1. Type of Recipient Committee: All Committees - 0	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ 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)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termi ☐ Amendment (Explain below	☐ Special	rly Statement il Odd-Year Report
3. Committee Information	I.D. NUMBER 138874	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Ken Broadway for City Council 2016		Ken Broadway		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	-	······································	7841	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP (CODE AREA CODE/PHONE	СПҮ	STATE ZIP COD	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State Executed on O7/27/17 Date Executed on O7/21/17 Date	of California that the foregoing is true and	knowledge the information contained her correct. Signature of Treasurer or Assistant Treasurely Continued to the contained her correct.	isurer	dules is true and complete. I
Executed on	By	Signature of Controlling Officeholder, Candidate, State		_
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State	Measure Proponent	_

CALIFORNIA FORM 460

Page 2 of 4

. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure Committe	•	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Ken Broadway						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)	_	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
Rocklin City Council						
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	ry state zip		Identify the controlling officel	holder, candidate, or state	measure pro	ponent, if any.
•		_	NAME OF OFFICEHOLDER, CANE	DIDATE, OR PROPONENT		
Related Committees Not Included in this Stat	ement: List any committee	•				
not included in this statement that are controlled by you or	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
contributions or make expenditures on behalf of your candi	dacy.					
COMMITTEE NAME	I.D. NUMBER				and the same of th	
NAME OF TREASURER	CONTROLLED COMMITTEE?	_ 7.	 Primarily Formed Cand officeholder(s) or candidate(s): 	idate/Officeholder C	ommittee L	ist names of
	☐ YES ☐ NO		Officeriorder(s) of carroldate(s)	ior winch this committee is	primarny torin	eu.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC		_	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	JGHT OR HELD	☐ SUPPORT
				4		OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHON	NE	NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	JGHT OR HELD	—
						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE CO.	JGHT OR HELD	
			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	JGHT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?	_				OPPOSE
NAME OF TREASURER			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SO	JGHT OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO						☐ OPPOSE
	- v					-
CITY STATE ZIP CO	DDE AREA CODE/PHON	NE	Attac	ch continuation sheets if	necessarv	
			77866			

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

		otement covers period 01/01/2017		CALIFORNIA 460				
	through06/30	/2017	Page _	3 .	of4			
_			I.D. NUM	BER				
			13887	4				

NAME OF FILER Ken Broadway for City Council 2016	I.D. NUMBER 138874					
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0	\$ 0 0 0 0 0 0	20. Contributions Received \$ \$ 21. Expenditures Made \$ \$			
Expenditures Made 6. Payments Made	\$ 0 166.66 0	\$ \(\frac{156.66}{0} \) \$ \(\frac{156.66}{0} \) \$ \(\frac{0}{0} \) \$ \(\frac{0}{156.66} \) \$ \(\frac{156.66}{0} \)	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$			
Current Cash Statement 12. Beginning Cash Balance	0.00 0.00 166.66 \$ 199.34	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	*Amounts in this section may be different from amounts reported in Column B.			
17. LOAN GUARANTEES RECEIVED	\$0.00	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			

	Amounts may be rounded to whole dollars.				SCHEDULE E					
Schedule E				S	Statement covers period CALI			IIA /	60	
Payments Made				from	from01/01/2017 FORM					
SEE INSTRUCTIONS ON REVERSE			thro	ugh06/30/2	2017 P	age 4	_ of	4		
NAME OF FILER					1.1	D. NUMBER				
Ken Broadway for City Council 2016						13	38874			
			nmunications id appearances ises ulating		erwise, describe the payment. 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 cand				oonsor	
LEG legal defense LIT campaign literature and mailings	PRO professional services (legal, accounting) PRT print ads			VOT						
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT			AMOUNT	PAID	
Secretary of State 1500 11th Street Sacramento, CA 95814		FIL							50.00	
Gold Country Media 188 Cirby Way Roseville, CA 95678		PRT						1	16.66	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTOTAL \$							TAL\$	1	66.66	
Schedule E Summary										
Itemized payments made this period. (Include all Schedule E subtotals.)							. \$	166	.66	
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	0.00	

166.66

CALIFORNIA Campaign Statement FORM Cover Page 1 Page _ Date of election if applicable Statement covers period (Month, Day, Year) For Official Use Only 1/1/2017 from 6/30/2017 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Controlled O Recall Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee ☐ Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1346763 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Ken Broadway for City Council 2012 Peter Hill MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS AREA CODE/PHONE CITY AREA CODE/PHONE CITY STATE ZIP CODE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS 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 Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee

COVER PAGE

Date Stamp

Recipient Committee Campaign Statement Cover Page — Part 2

CALIF FC	ORN	IIA 4	160
Page	2	-5	5

. Officeholder or Candidate Controlled Commi	ttee		6.	Primarily Formed Ballot	Measure Comm	ittee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Ken Broadway							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF AP	PLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Rocklin City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	TY	STATE ZIP		Identify the controlling officel	holder, candidate, or	state measure p	proponent, if any.
				NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONEN	IT	
Related Committees Not Included in this Stat	ement: Lie	t any committees					
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily fo			OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLER	COMMITTEE?	7.	Primarily Formed Cand	idate/Officehold	er Committee	List names of
NAME OF TREASURER				officeholder(s) or candidate(s)	for which this commi	ttee is primarily fo	ormed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES	□ NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFIC	E SOUGHT OR HE	
							SUPPORT OPPOSE
CITY STATE ZIP CO	DDE A	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFIC	E SOUGHT OR HE	LD SUPPORT
							OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFIC	E SOUGHT OR HE	LD
							SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED	COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFIC	E SOUGHT OR HE	LD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES	□ NO			1		OPPOSE
OCIVILATION OF THE TABLES (NO F.O. BL							
CITY STATE ZIP CO	ODE /	AREA CODE/PHONE		Atta	ch continuation shee	ets if necessary	
				711111			

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		OOMMANTTAGE
Statem	ent covers period 1/1/2017	CALIFORNIA 460
through	6/30/2017	Page3 of5
		I.D. NUMBER

SHAMARY DAGE

Ken Broadway for City Council 2012						1346763
Contributions Received	(FI	Column A TOTAL THIS PERIOD ROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0 0 0 0 0	\$ \$	0 0 0 0 0	1/1 th 20. Contributions Received \$	\$\$
Expenditures Made 6. Payments Made	\$	0 186 0	\$	186 0 0 0 186	Expenditure Limit S Candidates 22. Cumulatir (If Subject to Date of Election (mm/dd/yy)	Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$	0 0 186 0	ad A i an of an be sh pro thi file on	calculate Column B, id amounts in Column to the corresponding mounts from Column B your last report. Some mounts in Column A may regative figures that ould be subtracted from evious period amounts. If is is the first report being ed for this calendar year, ly carry over the amounts on Lines 2, 7, and 9 (if yy).	*Amounts in this section reported in Column B.	may be different from amounts
18. Cash Equivalents					FPPC Advice: adv	FPPC Form 460 (Jan/2016 rice@fppc.ca.gov (866/275-3772 www.fppc.ca.gov

	A						SCHE	OULE B - PART 1
Schedule B – Part 1 Loans Received	Am	ounts may be rou to whole dollars			Statement coverage from1/1/2	ers period 2017	CALIFORN FORM	
SEE INSTRUCTIONS ON REVERSE					through6/3	0/2017	Page4	of5
NAME OF FILER							I.D. NUMBER	
Ken Broadway for City Council 2012							1346763	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD		CUMULATIVE CONTRIBUTIONS TO DATE
Ken Broadway	UPS Pricing Mgr			PAID \$ 47	ş0	O%	\$ <u>250</u>	\$ 0 PER ELECTION**
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$10150	\$0	\$ <u>10103</u>	DATE DUE	\$		\$
				\$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION*
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID \$ FORGIVEN	s	RATE	\$	\$PER ELECTION*
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS S	5	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line		
Loans received this period (Total Column (b) plus unitemized loar				\$	0			
Loans paid or forgiven this period	,			\$	10150		†Contributor Codes IND – Individual COM – Recipient C	

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

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PTY - Political Party

(May be a negative number)

(other than PTY or SCC)

OTH - Other (e.g., business entity)

Schedule E	Amounts may b	e rounded					SCHEDULE E
Payments Made	to whole dollars.			Staten	nent covers period	CALIFO	- 7 0 1 0 1
ayillelits Made				from	1/1/2017	FOR	RIVI
SEE INSTRUCTIONS ON REVERSE				through_	6/30/2017	Page	of5
IAME OF FILER						I.D. NUMB	BER
Ken Broadway for City Council 2012						1346763	3
CODES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv PRO professional si PRT print ads	munications I appearances es ating urvey research very and mess	ı enger services	RAD radio RFD return SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	ribe the payment. airtime and production of the contributions of the contribution	uction costs I meals nd meals of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R D	ESCRIPTION OF P	PAYMENT		AMOUNT PAID
Jmpqua Bank 6061 Stanford Ranch Rd Rocklin, CA 95765			Bank Fees				139
Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SUI	BTOTAL \$	139
Schedule E Summary							
Itemized payments made this period. (Include all Schedule	E subtotals.)			*********	***************************************	\$	139
2. Unitemized payments made this period of under \$100							47
3. Total interest paid this period on loans. (Enter amount from							0
o. Total interest paid this period officialis. (Effet afficiant from	i Scriedule D, Par	t i, Coluitif	· (&)./		*************************	D	

186

Statement of (Recipient Con				RECEIVED AND FILE	CALIFORNIA FORM	^A 410
Statement Type	☐ Initial	☐ Amendment	☑ Termination – See Part 5	in the office of the Secretary of S of the State of California	tate For Official	Use Only
	O Not yet qualified	LI Amendment	El Termination - See Fait C			. 1
	or	, ,	6 , 30 , 2017	JUL 1 7 2017		
	O Date qualified as committee	Date qualified as committee	Date of termination			
	/	(If amending to provide this date)				
1. Committee li		I.D. Number (if applica 1346763	2. Treasurer an	d Other Principal Officers		
NAME OF COMMITTEE		20 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	NAME OF TREASURER	ing Shaminga (alike Tabus MARK ya 1916 A 1941) ka	and the second s	
Ken Broadway fo	r City Council Committee 2	2012	Peter Hill			
			STREET ADDRESS (NO P.O). BOX)		
			•			
STREET ADDRESS (NO P.C	D. BOX)		c			
			Name of Assistant The	ADDICEN, IT ANT		
				200		
		,	STREET ADDRESS (NO P.O	i. BOX)		
E-MAIL ADDRESS (REQUI	RED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE AF	REA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHER	RE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFF	ICER(S)		
			STREET ADDRESS (NO P.O	b. BOX)		
			CITY	STATE	ZIP CODE A	REA CODE/PHONE
Attach additional	information on appropriately	labeled continuation shee	ts.			
3 Verification						100000
			he best of my knowledge the info	ormation contained herein is tru	e and complete. I cer	tify under
penalty of perju	ry under the laws of the State	e of California that the fore	going is true and correct.		•	
Executed on	7/12/17 BV	+FORE	Ain			
	DATEL		SIGNATURE OF TREASURER OR ASSISTANT	TREASURER		
Executed on	DATE By	fer	This	*		
Evacuted	_	SIGNATURE	OF CONTROLLING OFFICEHOLDER, CANDIDATE, OF	R STATE MEASURE PROPONENT		
Executed on	DATE By	SIGNATURE	OF CONTROLLING OFFICEHOLDER, CANDIDATE, OF	STATE MEASURE PROPONENT		
Executed on	Ву					
	DATE	SIGNATUR	F OF CONTROLLING OFFICEHOLDER CANDIDATE OF	R STATE MEASURE PROPONENT		

FPPC Form 410 (May/2017)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of (•				Date Stamp	N IEI	CALIFOR	
Recipient Con						WE	FORM	410
Statement Type	☐ Initial	☐ Amendment	Termina	tion - See Part 5	III) JUL 1 4	2017	For (Official Use Only
	O Not yet qualified		6 3	20 2017	ILIU		וע	
	O Date qualified as committee	D-1	6 / 3	2017	By	-		
	1 1	Date qualified as committee (If amending to provide this date)	Date of te	ermination	and the state of the second	and the second second second to the second s		
1. Committee Ir	nformation	I.D. Number (if applicable 1346763	e) 2.	. Treasurer and O	ther Principal O	fficers	and a	all Miles
NAME OF COMMITTEE	0" 0 "0 "" 0	010		NAME OF TREASURER				
Ken Broadway for	r City Council Committee 2	012		Peter Hill				
				STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.C	D. BOX)			d				
			2		,			
MAILING ADDRESS (IF DI	FFERENT)			STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUI	RED) / FAX (OPTIONAL)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
	Lunaniera							
COUNTY OF DOMICILE	JURISDICTION WHER	E COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S	5)			
				STREET ADDRESS (NO P.O. BOX)				
				,				
Attach additional	information on appropriately	labeled continuation cheets		CITY		STATE	ZIP CODE	AREA CODE/PHONE
Attach additional	injormation on appropriately	lubeled continuation sileets	•					
3. Verification								
I have used all r	easonable diligence in prepar	ing this statement and to the	e best of my k	nowledge the inform	ation contained her	ein is true	and complete.	I certify under
penalty of perju	iry under the laws of the State	1 // .	oing is true ar	nd correct.				
Executed on	DATE By	- TERRE VIL	AIGNATURE OF	TREASURER OF ASSISTANT TREAS	HIDED			
Executed on 7	1/12/17	16.	GIVATORE OF	TREASURER OF SSISTANT TREAS	OUNER			
LACCULEU OII	DATE BY	SIGNATURE O	F CONTROLLING OFFI	ICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONENT			
Executed on	By							
Formula dans		SIGNATURE O	F CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONENT			
Executed on	DATE By	SIGNATURE C	OF CONTROLLING OFF	CICEHOLDER, CANDIDATE, OR STAT	TE MEASURE PROPONENT			

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www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page		Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period 9/25/2016 from 10/22/2016	Date of election if applicable: (Month, Day, Year) 11/8/2016	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored So Complete Part 6) rimarily Formed Candidate/ Officeholder Committee So 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
	NUMBER 388741 DE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Ken Broadway MAILING ADDRESS To F NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS CITY STATE OPTIONAL: FAX / E-MAIL ADDRESS	NE ZIP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on 10-27-16 Executed on Date Executed on Date Executed on Date	By Signature of Control By Signature of Control By Signature of Control By Signature of Control	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officeholder, Candidate, Candidate, State Measure Proponent or Responsible Officeholder, Candidate, State Measure Proponent	

VER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	R PAGE - PART 2
CALIFORN FORM	^{IA} 460
Page Z	of <u>9</u>

j.	Officeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Ballot	Measure Co	mmittee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Ken Broadway							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION			SUPPORT
	Rocklin City Council							OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling officer	nolder, candidat	e, or state i	measure pro	ponent, if any.
				NAME OF OFFICEHOLDER, CAND	IDATE, OR PROPO	DNENT		
	Related Committees Not Included in this Stat							
	not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candi			OFFICE SOUGHT OR HELD			DISTRICT NO.	. IF ANY
	COMMITTEE NAME	I.D. NUMBER						
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeh for which this co	older Co mmittee is p	mmittee L	ist names of ed.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE C	FFICE SOU	GHT OR HELD	
	COMMITTEE ADDRESS (NO P.O. BC	^)						SUPPORT OPPOSE
	CITY STATE ZIP CC			NAME OF OFFICEHOLDER OR CA	ANDIDATE C	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE C	OFFICE SOU	GHT OR HELD	SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO						OPPOSE
		. 4						
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	ch continuation	sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Ken Broadway for City Council 2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars

SUMMARY PAGE

to whole dollars.	Stateme	ent covers period 9/25/2016	CALIFORNIA 460
	through	10/22/2016	Page of
			I.D. NUMBER 1388741

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{0}{7273}\$	\$ \frac{14392}{1800}\$ \$ \frac{16192}{6162}\$ \$ \frac{22354}{1800}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ \$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$ 6066 0 0	\$ 6739 0 \$ 6739 0 0 0 \$ 6739	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 0 \$ 0 \$ 0 \$ 9453	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. FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement covers period 9/25/2016			california 46		
SEE INSTRUCTIONS	S ON REVERSE			through	10/22/2016	Page	- <u>4</u> of	9	
NAME OF FILER						I.D. N	JMBER		
Ken Broadw	ay for City Council 2016					13887	741		
			IF AN INDIVIDUAL ENTER	AMOUNT	CUMULATIV	VE TO DATE	PER ELECTI	ION	

The state of the s		and the second second				
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)
9/29/14	JAT BECKER	IND COM OTH PTY SCC	RESTNT SR. FIELD SSEVICE TECH	100	100	
9/29/16	LORICEA DAHL	IND COM OTH PTY SCC	TEACHER LOUZ OF LEARNING PRESCHOOL	100	100	
9/30/16	CALIFORNIA ASSN. OF ALALTONS	☐ IND SCOM ☐ OTH ☐ PTY ☐ SCC		3500	3500	
9/30/16	PETER Him	IND COM OTH PTY	Petires	250	500	
9/30/14	SCOTT YVILL INSURLACE &	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		100	600	
				4 50		

SUBTOTAL \$	4050
-------------	------

Schedule A Summary

1. Amount received this period – itemized monetary contributions. 625.1 (Include all Schedule A subtotals.)\$ 522 2. Amount received this period – unitemized monetary contributions of less than \$100\$

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

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

9/25/2016

Ken Broadway for City Council 2016 SATE STATE STATE STATE STATE AMOUNT	CUMULATIVE TO E	
IF AN INDIVIDUAL ENTER AMOUNT	CUMULATIVE TO E	DATE PER ELECTION
IF AN INDIVIDUAL ENTER AMOUNT	HIS CALENDAR YEA	
RECEIVED RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVED THE COMMITTEE OF BUSINESS		
9/30/16 HALDIN PUBLIC PECATED NS # DOTH DETY DECC	326	
9/30/16 DAVID BUSCA-TRUET COM CHALRMAN CHALLY FAMILY OTH PTY SCC SCC	125	
9/30/16 PORTE SINCLAR SINCLAR BALAD, 100 PTY WILDOW, CHAMBERCAIN	100	
10/18/16 NICOLE TOULET COM OTH PTY SCC SCC	200	
10/18/16 RECOUDE INC STATE OF	250	
SUBTOTAL\$ 751		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

NAME OF FILER

Amounts may be rounded to whole dollars.

Ken Broadw	ray for City Council 2016			19	13887	41
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)
10/18/16	SACRATERO BULLDEN EYCHAUGE	□ IND COM □ OTH □ PTY □ SCC		500	500	
10(1e/16	PLAGE SONCATION - PARENTS PER GREAT SCHOOLS	□IND □COM MOTH □PTY □SCC		100	106	
7/28/16	DYAN HAVOT	IND COM OTH PTY SCC	GAP, INC	100	100	
9/30/16	LORIE FOCZ	⊠IND □ COM □ OTH □ PTY □ SCC	ACCOUNT EXECUTIVE	100	100	
10/3/16	LAVER MCCULLAN	IND COM OTH PTY SCC	ENGRET 2001 INC.	100	100	
			SUBTOTAL \$	9,00		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 9/25/2016

CALIFORNIA FORM
FORM

10/22/2016

Page 7 of 9

I.D. NUMBER

NAME OF FILER						I.D. NOW	IDEN
Ken Broadw	ay for City Council 2016					138874	1
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/13/16	MIKE KRANER	IND COM OTH PTY	PACIFIC STABOOL	750	250		
10/22/16	TOM DE CAPP # 170-504	IND COM OTH PTY	DARSLDEUT COMMUNICATION PLEIDURGS ROE SCHOOLS	100	100		
10/14/16	chances com 125 Mac	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500	500		
10/18/16	SIN MAUL	DIND COM OTH PTY SCC	PINT POINT MANAGEMENT	200	200		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL S	1050			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule E	Amounts may be rounded					SCHEL				
Payments Made	to whole dollars.				ent covers period 9/25/2016	CALIFO				
				from	9/23/2010	- -	· · · · · · · · · · · · · · · · · · ·			
SEE INSTRUCTIONS ON REVERSE				through _	10/22/2016	_ Page	8 of 9			
NAME OF FILER				<u> </u>		I.D. NUMI	BER			
Ken Broadway for City Council 2016						138874	1			
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli PRO professional si PRT print ads	munications d appearances ses lating urvey research very and mess	enger services	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/ TSF trans VOT voter	ibe the payment. airtime and productioned contributions raign workers' salaries cable airtime and product to travel, lodging, aspouse travel, lodging for between committe registration registration	n costs duction costs and meals , and meals es of the sam	e candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DES	CRIPTION OF P	AYMENT	9	AMOUNT PAID			
PETES RESTAURANT & BERWHON	920	EnD					403			
CAUFORNIA VOTER GUIDE #P		LIT					500			
PLACIS MAILLING SCROLLE		LIT					5043			
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.			S	UBTOTAL S	5946			
Schedule E Summary							***************************************			
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$	6063			
2. Unitemized payments made this period of under \$100							3			
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Pai	rt 1, Column	(e).)			\$	0			

Schedure E (Continuation Sheet) Payments Made	Amounts may be to whole dol			Statement from	9/25/2016 10/22/2016	S CALIFO FOR	
NAME OF FILER Ken Broadway for City Council 2016						1.D. NUMB 1388741	ER
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member common meetings and OFC office expens PET petition circulary phone banks POL polling and suppostage, deliver professional support print ads	munications I appearances es ating urvey research very and mess	enger services	RAD radic RFD retur SAL cam TEL t.v. c TRC canc TRS staff, TSF trans VOT vote	cribe the payment. To airtime and production of the contributions paign workers' salaries or cable airtime and production airtime and production that the contribution is a contribution of the contribution of the contribution that is a contribution to the contribution of the contributi	uction costs i meals and meals of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DES	CRIPTION OF	PAYMENT		AMOUNT PAID
GOLD COUNTER! MEDIA		PET					117
					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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

* SUBTOTAL \$ 1\7

Recipient Committee Date Stamp **CALIFORNIA Campaign Statement FORM Cover Page** Page Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 9/25/2016 from 10/22/2016 11/8/2016 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☐ Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee ☐ Semi-annual Statement Special Odd-Year Report O Recall O Controlled ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ✓ Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored
O Small Contributor Committee Corrections to payments and totals. Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1388741 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Ken Broadway for City Council 2016 Ken Broadway MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knewledge 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 Executed on Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on ... Signature of Controlling Officeholder, Candidate, State Measure Proponent

ER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA	160
FORM	400
2	a

Officeholder or Candidat	e Controlled C	ommittee		6.	Primarily Formed Ballo	t Measure C	ommittee		
NAME OF OFFICEHOLDER OR CAN	DIDATE				NAME OF BALLOT MEASURE				
Ken Broadway									
OFFICE SOUGHT OR HELD (INCLUI	DE LOCATION AND D	ISTRICT NUMBER	(IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION			SUPPORT
Rocklin City Council									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET) CITY	STATE 7/9						
					Identify the controlling office			measure propo	nent, if any.
		A CONTRACTOR OF THE PROPERTY O			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT		
Related Committees Not									
not included in this statement th contributions or make expenditu	at are controlled by eres on behalf of vo	y you or are prim our candidacy.	arily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
		•							
COMMITTEE NAME		I.D. NUI	MBER						
				109	Delevanth Farmed Occ	-11 -1 4 100 ee	de a lala v O a		
NAME OF TREASURER		CONTR	OLLED COMMITTEE?	1	 Primarily Formed Can officeholder(s) or candidate(s) 	gigate/Office) for which this	enolder Co committee is p	primarily formed	t names of I.
			ES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	LOFFICE SOLI	GHT OR HELD	
COMMITTEE ADDRESS ST	FREETADDRESS (N	IO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	GH I OK HELD	SUPPOR
CITY	STATE	ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOR
									OPPOSI
COMMITTEE NAME		I.D. NU	MBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	
									SUPPOR
NAME OF TREASURER		CONT	ROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	
			YES NO		THE SECTION SHEET SHEET THE PROPERTY OF A SHEET STATE OF THE SHEET	nort is the thore is but	3,,,,,,,,,,	The second secon	SUPPOS
COMMITTEE ADDRESS S	TREET ADDRESS (1	NO P.O. BOX)							
CITY	STATE	ZIP CODE	AREA CODE/PHONE		-				
OIT	SIAIC	ZIF CODE	AREA CODE/FRONE		At	tach continuati	on sheets if r	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period 9/25/2016 from		california 460
through	10/22/2016	Page3 of9

SUMMARY PAGE

Summary Page	from	9/25/2016	FORM	60		
SEE INSTRUCTIONS ON REVERSE		through	10/22/2016	Page3	_ of	9
NAME OF FILER				I.D. NUMBER		
Ken Broadway for City Council 2016				1388741		

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
 Monetary Contributions Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 	\$7	$ \begin{array}{c} 172 \\ \hline 0 \\ \hline 172 \\ \hline 0 \\ \hline 172 \\ \hline 0 \\ \hline 172 \\ \hline 0 \end{array} $	\$\frac{14291}{1800}\$\$ \$\frac{16091}{6162}\$\$ \$\frac{22253}{1800}\$\$	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$			
Expenditures Made 6. Payments Made	\$6	114 0	\$ 6860 0 \$ 6860 0 6162 \$ 13022	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$			
Current Cash Statement 12. Beginning Cash Balance	\$\$	0 114 1231	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.			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$			FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			

Schedule A **Monetary Contributions Received**

Schodule A Summary

Amounts may be rounded to whole dollars.

	S	CHEDULE A
nt covers period	CALIFORNIA	460

Statem	ent covers period 9/25/2016	CALIF FO	ORNI RM	A /	460
through	10/22/2016	Page _	4	_ of _	9
		1.D. NUN 138874			

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Ken Broadway for City Council 2016 **AMOUNT CUMULATIVE TO DATE** PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) **IND** Jay Becker **AESYNT** □ сом 9/29 100 100 Sr. Field Service Tech □отн PTY □ scc **☑** IND Loricea Dahl Teacher, Love of COM 100 100 9/29 Learning Preschool ☐ OTH PTY SCC California Real Estate PAC **COM** 3500 9/30 California Assn of Realtors 3500 □отн ☐ PTY SCC ✓ IND Peter Hill Retired □ сом 250 500 9/30 □oтн ☐ PTY □ scc ☐ IND Scott Yuill Insurance and Financial Псом 100 600 9/30 **☑** OTH ☐ PTY □ scc **SUBTOTAL \$** 4050

ochedule A odnimary	
Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	6551
2. Amount received this period – unitemized monetary contributions of less than \$100\$	621
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	7172

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA ACI	
		from 9/25/2016	FORM 460	J
		through10/22/2016	Page5 of9	-
NAME OF FILER			I.D. NUMBER	
Ken Broadway for City Council 2016			1388741	

Relibioadw	ray for City Council 2016		1388741			
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)
9/30	Halldin Public Relations	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		76	326	
9/30	David Busch Trust	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chairman Legacy Family Entertainment	125	125	
9/30	Robert Sinclair	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney, Sinclair, Baldo, Wilson and Chamberlain	100	100	
10/18	Nicole Tooley	IND COM OTH PTY	Tooley Oil	200	200	
10/18	Recology, Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250	
SUBTOTAL \$ 751						

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
State	ement covers period	CALIFORNIA ACO
from	9/25/2016	FORM 400
through	10/22/2016	Page6 of 9
		I.D. NUMBER

						1 5 10 10	4 Ph Ph Ph
NAME OF FILER						I.D. NUI	MBER
Ken Broadw	ay for City Council 2016					13887	41
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/18	Sacramento Builder Exchange PAC	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500	5	00	
10/18	Placer Education-Parents for Great Schools	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100	1	00	
10/28	Dyan Hart	☑IND □COM □OTH □PTY □SCC	Gap, Inc	100	1	00	
9/30	Lorie Jocz	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	UPS Account Executive	100	1	00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		\$ 800					

*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
State	ment covers period	CALIFORNIA 160
from	9/25/2016	FORM 400
through .	10/22/2016	Page7 of9
		I.D. NUMBER

NAME OF FILER						I.D. NUI	MBEK
Ken Broadw	ray for City Council 2016					13887	41
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER J.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/13	Mike Kramer	☑IND □COM □OTH □PTY □SCC	Controller, Pacific Ethanol	250	2	250	
10/14	Laborers Local 185 PAC	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500	Ē	500	,
10/18	Sid Paul	☑IND □COM □OTH □PTY □SCC	V.P. Acquisition First Point Management	200	2	200	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
	SUBTOTAL \$ 950						

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

6						7
Schedule E Payments Made	Amounts may be round to whole dollars.	ded		covers period /25/2016	CALIFORNI FORM	A 460
SEE INSTRUCTIONS ON REVERSE			through1	0/22/2016	Page 8	of
Ken Broadway for City Council 2016					I.D. NUMBER 1388741	
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense	the payment, you ma MBR member communica MTG meetings and appea OFC office expenses PET petition circulating PHO phone banks POL polling and survey re POS postage, delivery an PRO professional services PRT print ads	tions rances search d messenger services	RAD radio airtii RFD returned o SAL campaign TEL t.v. or cab TRC candidate TRS staff/spou TSF transfer b VOT voter regi	me and production cost contributions n workers' salaries ble airtime and product that travel, lodging, and not use travel, lodging, and the tween committees of	tion costs neals I meals f the same cand	idate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	COD	E OR D	ESCRIPTION OF PAYMI	ENT	А	MOUNT PAID
Pete's Restaurant and Brewhouse	FN	D				403
California Voters Guide	LI	Т				500
Placer Mailing Service	LI	Т				5043
* Payments that are contributions or independent expenditures must also be s	ummarized on Schedule D			SUB	TOTAL \$	5946

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

Schedule E Summary

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

6063

6114

0

Amounts may be rounded to whole dollars. Statement covers period to whole dollars. Statement covers period to whole dollars.			-	CALIFORNIA 46			
SEE INSTRUCTIONS ON REVERSE		***************************************		through_	10/22/2016	r age	9 of
NAME OF FILER Ken Broadway for City Council 2016						1.D. NUMB 1388741	ĒR
CODES: If one of the following codes accurately CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (exp legal defense LIT campaign literature and mailings	MBR member cor MTG meetings an OFC office expen PET petition circl PHO phone bank POL polling and	nmunications of appearance ses ulating s survey researd livery and mes	s ch ssenger services	RAD rad RFD retu SAL can TEL t.v. TRC can TRS stat TSF tran VOT vot	cribe the payment. io airtime and production irrned contributions inpaign workers' salaries or cable airtime and produdidate travel, lodging, arff/spouse travel, lodging, isfer between committee or registration irrnation technology cost	duction costs nd meals and meals es of the same	,
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER	3)	CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID
Gold Country Media		PRT					117
	MARCO MARCO DISCO MISCO DIMENSIONE MARCO		and the second second	modes a ser concentration			

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

SUBTOTAL \$ 117 FPPC Form 460 (Jan/2016) Recipient Committee Date Stamp **CALIFORNIA Campaign Statement FORM Cover Page** Page Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 10/23/16 from 12/31/16 11/8/16 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee ☑ Preelection Statement Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall O Controlled ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored O Small Contributor Committee Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1388741 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Ken Broadway for City Council 2016 Ken Broadway MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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 Signature of Treasurer or Assistant Treasurer Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on, Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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Recipient Committee Campaign Statement Cover Page — Part 2

	COVER PAGE - PA	RT 2
	FORNIA 46	0
Page _	2 of 7	-

5.	Officeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Ballot	Measure Comm	nittee	
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
	Ken Broadway						
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
	Rocklin City Council						OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling office	holder, candidate, or	r state measure p	roponent, if any.
				NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONEN	NT	
	Related Committees Not Included in this State not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candidate.	re primarily formed to receive		OFFICE SOUGHT OR HELD	· · · · · · · · · · · · · · · · · · ·	DISTRICT	IO. IF ANY
	COMMITTEE NAME	I.D. NUMBER					
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)			
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFIC	CE SOUGHT OR HEL	D SUPPORT OPPOSE
	CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFIC	CE SOUGHT OR HEL	D SUPPORT OPPOSE
				NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFIC	CE SOUGHT OR HEL	D SUPPORT OPPOSE
	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	CONTROLLED COMMITTEE? YES NO X)		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFIC	CE SOUGHT OR HEL	D SUPPORT OPPOSE
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		Atta	ch continuation she	ets If necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period

Column A Column	- D	0-1		-12-1
Ken Broadway for City Council 2016			1388741	
NAME OF FILER			I.D. NUMBER	
SEE INSTRUCTIONS ON REVERSE	through	12/31/2016	Page3	of7
Summary Page	from	10/23/2016	FORM	^A 460

Contributions Received	(1	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	3243	\$	17534	General Elections 1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0		1800	_
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	3243	\$	19334	20. Contributions Received \$ \$
4. Nonmonetary Contributions		2525		8687	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	5768	\$	28021	Made \$ \$
Expenditures Made		40400		40000	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$		\$	18968	Candidates
7. Loans Made Schedule H, Line 3		0		0	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	12108	\$	18968	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0		0	Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3		2525		8687	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	14633	\$	27665	\$
Current Cash Statement					/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	9231	То	calculate Column B.	
13. Cash Receipts Column A, Line 3 above		3243	2000 200	d amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0	an	to the corresponding nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		12108		your last report. Some nounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	366	be	negative figures that	
If this is a termination statement, Line 16 must be zero.			pr	ould be subtracted from evious period amounts. If s is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file	ed for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0	l an	у).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0			FPPC Form 460 (Jan/2016
			1		FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Amounts may be rounded

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	irom	8/2016 31/2016		ORNIA RM	700
	NS ON REVERSE			through	7172010	Page _		of
Ken Broad	way for City Council 2016					1.D. NUN 138874		
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 CALENDAR YE (JAN. 1 - DEC.	AR	TO	ELECTION DATE EQUIRED)
10/24	Rob Perez	IND COM OTH PTY SCC	UPS Marketing Analyst	100	10	00		
10/26	North State Building Industry Association	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		1000	100	00		
10/28	Al Johnson Consulting	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		200	20	00		
11/4	Dr. Joe Whalen	☑ IND □ COM □ OTH □ PTY □ SCC	Psychotherapist	150	1	50		
11/3	George Phillips Law Firm	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		125	2	50		
			SUBTOTAL \$	1575				
1. Amount re	A Summary eceived this period – itemized monetary contributions Il Schedule A subtotals.)		\$		IND -	ributor Co Individua – Recipie (other t	al	
2. Amount re	eceived this period – unitemized monetary contributio	ns of less tha	n \$100\$	318			e.g., busir	ness entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line	1.) TOTAL \$	3243				r Committee

NAME OF FILER

Amounts may be rounded to whole dollars.

		SCHEDOLE A (CONT.)
State	ment covers period	CALIFORNIA AGO
from	10/23/2016	FORM 40U
through .	12/31/2016	Page5 of7
And I was a second of the seco		I.D. NUMBER
		13887/11

Ken Broadw	Ken Broadway for City Council 2016									
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)				
11/11	Sacramento Chamber of Commerce PAC	□ IND ☑ COM □ OTH □ PTY □ SCC		250	250					
11/11	Daniel Cole	IND COM OTH PTY SCC	Principal, Evergreen Company	1000	1000					
10/24	Tom DeLapp	☑IND □COM □OTH □PTY □SCC	President, Communications Resources for Schools	100	100					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			-					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
			SUBTOTAL	\$ 1350						

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule C **Nonmonetary Contributions Received**

3. Total nonmonetary contributions received this period.

Amounts may be rounded

SCHEDULE C to whole dollars. Statement covers period CALIFORNIA 10/23/2016 **FORM** from 12/31/2016 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Ken Broadway for City Council 2016 1388741 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET ZIP CODE OF CONTRIBUTOR TO DATE GOODS OR SERVICES RECEIVED CODE * CALENDAR YEAR (IF SELF-EMPLOYED, ENTER VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) IND Peter Hill Retired Printing/Mailing ПСОМ 2525 11/7 2525 OTH **PTY** SCC ☐ IND ☐ COM □ OTH □ PTY SCC COM □ OTH □ PTY □ scc □ IND ☐ COM OTH ☐ PTY □scc Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$** 2525 Schedule C Summary *Contributor Codes 1. Amount received this period – itemized nonmonetary contributions. IND - Individual 2525 COM - Recipient Committee (other than PTY or SCC) 0 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ OTH - Other (e.g., business entity) PTY - Political Party

> FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

2525

Schedule E Payments Made	Amounts may be rounded to whole dollars.					CALIFO FOR	RNIA	460
SEE INSTRUCTIONS ON REVERSE				through_	12/31/2016	Page7	of _	7
NAME OF FILER						I.D. NUMBE	R	
Ken Broadway for City Council 2016						1388741		
CODES: If one of the following codes accurately describe 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 com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications I appearances es ating urvey research very and mess	n senger services	RAD radic RFD retur SAL cam; TEL t.v. o TRC cano TRS staff, TSF trans VOT votes	ribe the payment. a airtime and production of the payment of the productions or cable airtime and productions or cable airtime and production of the production of the payment of the pay	uction costs I meals and meals of the same		/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DES	CRIPTION OF F	PAYMENT	į.	AMOU	NT PAID
Placer Mailing Service	3 20 20 20 20 20 20 20 20 20 20 20 20 20	LIT						10728
Surewest Directions			Facebook Ads					1380
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	edule D.			SU	BTOTAL \$		12108
Schedule E Summary			and the second s					
1. Itemized payments made this period. (Include all Schedul	e E subtotals.)				***************************************	\$		12108
2. Unitemized payments made this period of under \$100						\$		0
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Par	t 1, Columr	ı (e).)	*************	***************************************	\$		0

12108

				VER PAGE
Reciplet Committee Campaign Statement Cover Page			Date Stamp	california 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period 7/1/2016	Date of election if applicable: (Month, Day, Year)	SEP 2 9 2016	Page of For Official Use Only
1. Type of Recipient Committee: All Committees - Con		2 Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Uso Complete Part 6) Crimarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	2. Type of Statement:	nt	uarterly Statement pecial Odd-Year Report
	NUMBER 388741	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Ken Broadway for City Council 2016		NAME OF TREASURER Ken Broadway MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	dustriment des des en des de commence e de emplace de la mace de side médical de la commence de la commence de			
	ΙE	NAME OF ASSISTANT TREASURE	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	iss	
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on 9-28-16 Executed on Date Date	California that the foregoing is true and o	Signature of Treasurer or Assistantialing Officeholder, Candidate, State Measure P	nt Treasurer	
Executed on	BySi	ignature of Controlling Officeholder, Candidate,	, State Measure Proponent	AND THE PARTY OF T
Executed on	ByS	ignature of Controlling Officeholder, Candidate,	, State Measure Proponent	

Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

21	INA	AAA	DV	DA	GE
3	3171	IVI	TI	r_{A}	GE

Summary Page	to whole deliate.	7/1/2016		FORM 46	
EE INSTRUCTIONS ON REVERSE		through	9/24/2016	Page of	11
AME OF FILER				I.D. NUMBER	
Ken Broadway for City Council 2016				1388741	
			*	***	

Contributions Received 1. Monetary Contributions	\$ 1800 8919 6162	\$ \$	Column B CALENDAR YEAR TOTAL TO DATE 7119 1800 8919 6162 15081	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	\$ 0 673 0		673 0 673 0 0 0 673	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) /
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 8919 0 673 8246	and A arm of arm been shown the file or from the file or	calculate Column B, d amounts in Column to the corresponding nounts from Column B your last report. Some nounts in Column A may negative figures that ould be subtracted from evious period amounts. If is is the first report being ad for this calendar year, ly carry over the amounts in Lines 2, 7, and 9 (if y).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA 460

FORM

Page 2 of 11

5. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure Committe	10	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		-	
Ken Broadway						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	1 -	SUPPORT
Rocklin City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling officel	holder, candidate, or sta	te measure proj	oonent, if any.
			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeholder (for which this committee	Committee L is primerily form	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SI	OUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Atta	ch continuation sheets i	f necessary	

Schedule A

3. Total monetary contributions received this period.

Amounts may be rounded

SCHEDULE A

Monetary	Monetary Contributions Received		wildle doligis.	Statement covers period 7/1/2016 from		california 460		
SEE INSTRUCTION	ONS ON REVERSE			through9/24	4/2016	Page.	4 of 11	
NAME OF FILER	MO ON NEVERGE					I.D. NUI		
Ken Broad		1388741						
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)			EAR	PER ELECTION TO DATE (IF REQUIRED)	
थार्गा८	PETER Him	IND COM OTH PTY SCC	Retired	250	250			
8/19/16	RICHMAN VALIONE	IND COM OTH PTY SCC	Periors	100	100			
8/19/16	TUSEPH PATTERSON	IND COM OTH PTY SCC	FREWTIVE DIRECTOR CAUFORNIA GAMING ASSOCIATION	100	100			
शिव/16	cours McEN 808	IND COM OTH PTY SCC	PETRED	250	250			
8(19/16	MARK DIELE	IND COM OTH PTY SCC	INSURANCE WHITHEY OAKS INSURANCE	125	125			
			SUBTOTAL	\$ 825				
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)			5800 1319	IND COM OTH	(other	ient Committee than PTY or SCC) (e.g., business entity)	

SCC - Small Contributor Committee

7119

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULEA (CONT.) CALIFORNIA

FORM

Statement covers period

from.

7/1/2016

				through 9/24	/2016	Page	5 of
NAME OF FILER Ken Broadw	ay for City Council 2016				1.D. NUM 138874		
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
8/19/16	CARE FAMOR	IND COM OTH PTY SCC	Design	125	125		
8/19/16	Frenncine Yorne	DIND COM OTH PTY SCC	Brirko	125	125		
8/19/16	ELECT DINE BUTUR	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100	100		
8/15/16	HALDIN PUBLIC BELLETIONS	□IND □COM ○OTH □PTY □SCC		250	250		
8/19/16	PALLIPS LAND LAND, INC	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		125	125	massociation de Santación de Santación (Archeol	
			SUBTOTAL	\$ 725			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

Schedule	A (Continuatio	n Sheet)
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULEA (CONT.)

CALIFORNIA

FORM

Statement covers period

from .

7/1/2016

				through 9/24	/2016		of
NAME OF FILER Ken Broadw	ay for City Council 2016					1.D. NUM 138874	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/16/16	FICHEMS OF SCOTT TUIL	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500	500		
9/14/16	GRORGETTA POLINSZK	IND COM OTH PTY SCC	RETIRED	125	125		
9/16/16	SAFE CAROLT UNION #100	□IND □COM ☑OTH □PTY □SCC		250	250		
9/16/16	MUL ABOUT PEALTT	□IND □COM ❷OTH □PTY □SCC		150	150		
वीय्ये।	UNITED AUBURN IMAIN COMMUNITY	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	500	arcanocha anna chéalachta	
			SUBTOTAL	\$ 1525			

*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.

SCHEDULEA (CONT.)

CALIFORNIA **FORM**

Statement covers period

7/1/2016

NAME OF FILER		through 9/24		Page 7 of 1		
Ken Broadw	vay for City Council 2016			1	388741	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	TO DATE
9/22/16	FUDIE DAT	IND COM OTH PTY SCC	MARKETING MGR PSOMAS	100	100	
9/22/16	KATARYN TUMBR	IND COM OTH PTY SCC	REALTER BINKER	125	125	
2/26/16	DENIO'S FARMERS MARKET H	□IND □COM □OTH □PTY □SCC		100	100	
9/26/16	SCOTT TAYLOR	DIND COM OTH PTY	HUMAN PRIOURCE DIRECTOR GOUD RUSH CHEVROLET	150	150	
9/26/14	Rockin Anna Chariste of	IND COM SAOTH PTY		2000	2000	
			SUBTOTAL	\$ 2475		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

								J
	Schedule A (Continuation Sheet)		e rounded			SCHEDULEA (CONT.		
Monetary Contributions Received		to whole d	ollars.	Statement cove	ers period	CALIFORNIA /		460
				from7/1/2	2016	FC	DRM	400
				through 9/24	/2016	-Page _	8 0	11
NAME OF FILER						I.D. NU	MBER	
Ken Broadw	ay for City Council 2016					13887	41	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBL	ITOR CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE T			LECTION

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)
9/26/16	JILL GHYALDO	IND COM OTH PTY SCC	TRINSPORTATION PINELTUR SUK GROUE SCHOOL DISTRICT	250	250	
		IND COM OTH PTY SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
		IND COM OTH PTY				
			SUBTOTAL	\$ 250		

*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

	-	Om	ers period 2016 4/2016		DULL 8 - PART 1 A 460 of	2
				1388741		
(c) OUNT PA FORGIVE IS PERIO	EN	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
PAID O ORGIVEN		\$ 1800 12/31/17 DATE DUE	RATE *	\$ 1800 E/27/16 DATE INCURRED	CALENDAR YEAR \$ 1800 PER ELECTION**	
PAID	_	\$	% RATE	\$	\$ PER ELECTION **	
		DATE DUE	\$	DATE INCURRED	\$	
PAID		\$	9/	•	CALENDAR YEAR	

Loans Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ken Broadway for City Council 2016 (a) OUTSTANDING IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE **AMOUNT** AMO OCCUPATION AND EMPLOYER BALANCE OF LENDER RECEIVED THIS OR (IF SELF-EMPLOYED, ENTER BEGINNING THIS PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** NAME OF BUSINESS) THI □ P MMNURR KINBEGMWAY UPS \$___ ΠF 1800 0 \$___ ☐ COM ☐ OTH ☐ PTY ☐ SCC □ P \$___ F \$___ COM OTH PTY SCC □ P RATE FORGIVEN PER ELECTION** DATE DUE DATE INCURRED ☐ COM ☐ OTH ☐ PTY ☐ SCC SUBTOTALS \$ 1800 0 \$ 1800 0 (Enter (e) on Schedule B Summary Schedule E, Line 3) Loans received this period...... (Total Column (b) plus unitemized loans of less than \$100.) †Contributor Codes IND - Individual COM - Recipient Committee (Total Column (c) plus loans under \$100 paid or forgiven.) (other than PTY or SCC) (Include loans paid by a third party that are also itemized on Schedule A.) OTH - Other (e.g., business entity) PTY - Political Party 1800 SCC - Small Contributor Committee 3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ Enter the net here and on the Summary Page, Column A. Line 2. (May be a negative number)

Amounts may be rounded

to whole dollars.

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

Schedule B - Part 1

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

NAME OF FILE	N.						I.D. NUMB	ER
Ken Broa	dway for City Council 2016						138874	1
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	CUMULAT DAT CALENDA (JAN 1 - I	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
बीद्यीह	UENITA BHZZ'S	□IND □COM SOTH □PTY □SCC		Food	125	125		
3/8/16	DREADNE BEORDWAY	IND COM OTH PTY	PRESENTED L	COMMUNICATIONS	5985	5985		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL \$	6110			
Sahadul	o C Summon			aaraa daanaan keensii aa ka ahaa ahaa ahaa ahaa ahaa a				

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

			SCHEDULE E				
Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460				
	to whole dollars.	from	FORM 400				
SEE INSTRUCTIONS ON REVERSE		through 9/24/16	Page of				
NAME OF FILER		The state of the s	I.D. NUMBER				

KEN BLONDWAT FOR GOT COUNCIL	2016			1388741
CNS campaign consultants	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, delir	munications d appearances les lating	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the returned contributions TRC candidate travel, lodging, and staff/spouse travel, lodging, are	ction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
J. PRASSA PRINTERS		LIT		673

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

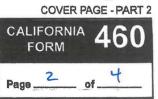
* SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 673
2. Unitemized payments made this period of under \$100	\$ 50
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ U
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	7.23

RPAGE Recipiem Committee Date Stamp **CALIFORNIA Campaign Statement FORM Cover Page** Page . Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 7/1/2016 from 9/24/2016 11/8/2016 SEE INSTRUCTIONS ON REVERSE through. 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☐ Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall O Controlled **Termination Statement** (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Entered wrong dates. O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1388741 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Ken Broadway for City Council 2016 Ken Broadway MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS MAILING ADDRESS OF DIFFERENTI NO. AND STREET OR CITY ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE STATE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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/(2/16 ature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on .. Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on ... Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate	Controlled Commi	too	6	Primarily Formed Ballot	Magaura Committe		(A)
			·····		t weasure Committe	18	
NAME OF OFFICEHOLDER OR CANE	DIDATE			NAME OF BALLOT MEASURE			
Ken Broadway for City Cou							
OFFICE SOUGHT OR HELD (INCLUD	E LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Rocklin City Council							PPOSE
RESIDENTIAL /BUSINESS ADDRESS	(NO AND STREET) CI	Y STATE	ZIP	Identify the controlling office	holder, candidate, or sta	te measure propon	ent, if any.
				NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT		
Related Committees Not not included in this statement that				OFFICE SOUGHT OR HELD		DISTRICT NO. IF	ANY
contributions or make expenditur	res on behalf of your cand	dacy.		or road document of the same		DIOTINO NO. II	441
COMMITTEE NAME		I.D. NUMBER					
NAME OF TREASURER		CONTROLLED COMMITTE	7	 Primarily Formed Canc officeholder(s) or candidate(s) 	didate/Officeholder	Committee List	names of
		☐ YES ☐ NO		Officeriolder(s) of candidate(s)	TOT WINCH WIS COMMING	is primarily tornied.	
COMMITTEE ADDRESS STI	REET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP C	DDE AREA CODE	/PHONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE S	OUGHT OR HELD	1
COMMITTEE NAME		I.D. NUMBER					SUPPORT OPPOSE
				NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		CONTROLLED COMMITTE	EE?	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS ST	REET ADDRESS (NO P.O. B	YES NO					OPPOSE
CITY	STATE ZIP C	ODE AREA CODE	/PHONE			46	
			.,	Atta	ach continuation sheets	n necessary	

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

Answorser PAGE 3 OF 4

Statement covers period

SCHEDULEA (CONT.)

				from 7/1/20 through 9/24/	2016	FORM 460 -Page 7 of 11
IAME OF FILER Ken Broadwa	ay for City Council 2016				1.0. NUMBER 1388741	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	YEAR TO DATE
9/22/16	TODIE DAT	MIND COM OTH PTY SCC	MARKETING MGR PSOMAS	100	100	
9/22/16	KAPARTN TURNER	IND COM OTH PTY SCC	ELUNATE BUNKES	125	125	
9/10/16	DENIO'S FARMERS MARKET +	□ IND □ COM □ OTH □ PTY □ SCC		100	100	
9/25/16	SCOTT TAYLOR	SLIND COM OTH PTY SCC	HUMIN PRESURCE CHEY ROLL CHEY ROLL	150	150	
2/25/14 2/23/14	Pocken ANTA CHARBER OF CENTRACE PAC	□ IND □ COM □ SOTH □ PTY □ SCC		2000	2000	
			SUBTOTA	L\$ 2475		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

Ansvomen	PAGE	0= 4
	SCHEDULEA	(CONT.)

•	Contributions Received	to whole u	Jital 6.	### Statement cove 17/1/2	016	CALIFO FOR Page	
VAME OF FILER Ken Broadw	ay for City Council 2016					1.D. NUMB 1388741	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/20/16 9/22/16	JILL GATALIO	SIND COM OTH PTY SCC	TRANSPURITURE PLINETURE PLINETURE PLINETURE SCHOOL DISTRICT	520	250		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		OTH SCC					
		□ IND □ COM □ OTH □ PTY □ SCC					
		IND COM OTH PTY SCC					
			SUBTOTA	11\$ 250			

*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

Recipient Committee Date Stamp CALIFORNIA **Campaign Statement FORM Cover Page** of II Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 7/1/2016 from 9/24/2016 11/8/2016 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. ☐ Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Controlled O Recall ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ✓ Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored Corrections in dollar amounts and summary page. Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1388741 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Ken Broadway Ken Broadway for City Council 2016 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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 Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent

VER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2



. Officeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Ballot	Measure Committee)	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Ken Broadway						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Rocklin City Council				145 Maria Sant.		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CIT	V STATE ZID		identify the controlling office	holder, candidate, or state	measure prop	onent, if any.
			NAME OF OFFICEHOLDER, CANE	DIDATE, OR PROPONENT		
Related Committees Not included in this Stat	ement: List any committees					
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7	 Primarily Formed Cand officeholder(s) or candidate(s) 	idate/Officeholder C for which this committee i	ommittee L	ist names of ed.
	☐ YES ☐ NO					
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO)X)	,	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SC	DUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	•	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE SC	DUGHT OR HELD	☐ SUPPORT
		•				SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE S	OUGHT OR HELD	
						SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	•	NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT
	YES NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)					
CITY STATE ZIP C	ODE AREA CODE/PHONE		Atte	ach continuation sheets	f necessarv	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period 7/1/2016	CALIFORNIA 460
through	9/24/2016	Page3 of \ \
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE		through _		Fage OI
NAME OF FILER				I.D. NUMBER
Ken Broadway for City Council 2016			Sing design of homotopes which is likely of	1388741
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Running in Both the	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 1800 \$ 8919 6162	\$ 7119 1800 \$ 8919 6162 \$ 15081	20. Contributions Received \$	\$\$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 746 0 6162	\$ 746 0 \$ 746 0 6162 \$ 6908	Expenditure Limit S Candidates 22. Cumulating (If Subject to Date of Election (mm/dd/yy)	Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	8919 0 746 \$ 8173	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,	*Amounts in this section reported in Column B.	may be different from amounts
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Advice: adv	FPPC Form 460 (Jan/2016 vice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedu	A	
Monetary	Contributions	Received

Amounts n e rounded to whole dollars.

S. DULE A

CALIFORNIA 460

Statement covers period

vioriotai y	Contributions accourage			from7/1/2	016	FOF	
tee instruction	NS ON REVERSE		4	through 9/24	/2016	Page	4 01 11
NAME OF FILER	way for City Council 2016				1	1.D. NUME 1388741	1
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 (IP SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
धार्गाः	PETER Him	IND COM OTH PTY SCC	Retired	250	2	50	
8/19/14	RICHMAN VALIONE	DAIND COM OTH PTY SCC	Petrons	100		00	
8/19/16	FOSENA PATTERSON	IND COM OTH PTY SCC	FRECUTIVE DICELTOR CALIFORNIA CAMING ASSOCIATION	100		PO	
8/19/16	COULEN MCEN ROE	DIND COM OTH PTY SCC	PETRED	250	2	250	
8(19/16	MINER DIELE #	□ COM □ OTH □ PTY □ SCC	INSURANCE WHITHEY OKKS INSURANCE	125	12	-5-	
			SUBTOTAL	\$ 825			
 Amount r (include a Amount r Total more 	A Summary received this period – itemized monetary contributions all Schedule A subtotals.) received this period – unitemized monetary contributions received this period. res 1 and 2. Enter here and on the Summary Page, Contributions received	ons of less tha	an \$100\$	5000 1319 7119	OTI PT	(other H – Other Y – Politics C – Small	lal
						FP	PC Form 460 (Jan/20 16)

Sched A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULEA (CONT.)

CALIFORNIA /

Statement covers period

				from7/1/20)16	FORM TOO
				through 9/24/	2016	Page 5 of 11
NAME OF FILER						I.D. NUMBER
Ken Broadw	ay for City Council 20 16					1388741
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUBINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR TO DATE
Blialib	CARL FAMIA	⊠IND □COM □OTH □PTY □SCC	Duringthounge Cho Pros PCB Derica	125	125	
8/19/16	FUNNCINE YORNE	SIND COM OTH PTY SCC	RETIRED	125	125	-
8/19/16	ELECT DAVE BUTUR. POEKUW CUTT COUNCIL	IND IND IND IND IND IND IND IND		100	100	e e
8/15/16	MALLOIN PUBLIC DELATIONS	□IND □COM ØOTH □PTY □SCC	i.	250	250	
8/62/16	PALLIPS CAPP CAN, INC.	IND COM SOTH PTY SCC		125	125	
			SUBTOTA	L\$ 725		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

Schedu A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULEA (CONT.)

CALIFORNIA

Statement covers period

				from7/1/20)16	FOR	M 400
				through 9/24/	2016	-Page	William William
NAME OF FILER Ken Broadw	ay for City Council 2016					1.5. NUMB 1388741	ER
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/16/16	FIREMIS OF SCOTT TUILL	□IND □SCOM □OTH □PTY □SCC		500	500		
9/14/16	GRORGETTA WOLLNSZE	IND COM OTH PTY SCC	RETIRED	125	125		
9/16/16	SAFE CAROLT UNION #100	IND COM SOTH PTY SCC		250	250		
9/16/16	MLL ABOUT REALTY	□IND □COM SOTH □PTY □SCC		150	150		
9/22/16	UNITED MIBURN INDIAN COMMUNICA	□ IND □ COM ☑ OTH □ PTY □ SCC		500	500	2)	
			SUBTOTA	IL\$ 1525	and described		

*Contributor Codes

IND - individual

COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party

Schedu A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULEA (CONT.)

CALIFORNIA

Statement covers period

_				from7/1/20	16	FOR	M 400
				through 9/24/	2016	-Page	7 of 11
AME OF FILER	7 014 0 11 00 10					I.D. NUME	
Ken Broadwa	ay for City Council 2016					1388741	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.O. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
9/22/16	JUDIE DAT	区IND COM	MARKETHE MGR				
12416		OTH PTY SCC	Psonks	100	100		
-/ !	KAPARTN TURNER	☑IND ☐ COM	PENLTOR				
9/22/16		OTH	EUCHWALL BROKER	125	125	'	
		Scc					
2/26/4	DENIO'S FRENSES MARKET H	☐ IND ☐ COM					
9/11/16		ØOTH □PTY		100	100		
Moste		□scc					
9/ 6	Scott TAYLON	□ COM	HUMAN RESOURCE				
9/25/16		OTH	CHEVROLET	150	150		
alralia		□scc	CM-CA IRRAN				
9/26/114	ROCKIN ANTA CHATISTE OF	☐ IND ☐ COM					
1	700	Ø OTH □ PTY		2000	2000		
9/25/18		scc					
			SUBTOTA	L\$ 2475			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

Schedu A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

CALLEGRALA ACA

Statement covers period

				from 7/1/2	018	FOR	
				through 9/24	/2016	-Page	3 of 11
IAME OF FILER						I.D. NUME	BER
Ken Broadw	ay for City Council 2016					138874	
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 SELP-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/20/16	JILL OHYLUDO	SUND COM OTH PTY SCC	TRANSPORTATION DINETTER ELK GROVE SCHOOL DISTRICT	250	250		
		IND COM OTH PTY SCC					polas bi China dell'Annoccomi del Nova dell'Annoccomi dell'Annocco
		OTH SCC					
		OND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
			SUBTOTA	L\$ 250	to and more than		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

Schedule Loans Re	B - Part 1
Logiis Ne	rceived
SEE INSTRUCTION	ONS ON REVERSE

** If required.

Amounts may be rounded to whole dollars.

SCHEDULE - PART 1

Statement covers period

oans Received	rs Received 7/1/2018					016	FORM 46U		
SEE INSTRUCTIONS ON REVERSE 9/24/2016 NAME OF FILER						//2016	Page 9 of		
Ken Broadway for City Council 2016							1388741		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELP-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIV THIS PERIO	EN CLOSE OF THIS	(9) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
KENBEGNINNT TRIND COM COTH CPTY CSCC	MMNGER	ş	s 1800	PAID S FORGIVER \$	\$ 1800 12/\$1/17 DATE DUE	O % RATE	E/27/1L DATE INCURRED	CALENDAR YEAR \$ 1 800 PER ELECTION**	
† IND GOM OTH PTY SCC		\$	\$	PAID \$ FORGIVE	N S DATE DUE	% RATE	\$DATE INCURRED	\$ PER ELECTION **	
TO IND OOM OTH PTY SCC				PAID \$ FORGIVE	\$	RATE	\$	CALENDAR YEAR \$ PER ELECTION**	
TO IND COM OTH PTY SCC		\$	\$	- \$	DATE DUE	\$	DATE INGURRED	\$	
		SUBTOTALS	\$ 1800	\$ 0	\$ 1800	\$ 0			
Schedule B Summary 1. Loans received this period		***************************************	*****************	\$	1800	(Enter (e) on Schedule E, Line	3)		
 (Total Column (b) plus unitemized loa Loans paid or forgiven this period (Total Column (c) plus loans under \$1 (Include loans paid by a third party the Net change this period. (Subtract Line Enter the net here and on the Summa	ns of less than \$100.) 00 paid or forgiven.) at are also Itemized on Sch	edule A.)		\$	(May be a negative number)	- (†Contributor Code IND – Individual COM – Recipient (other than OTH – Other (e.g. PTY – Political Pa SCC – Small Cont	Committee PTY or SCC) , business entity) rty	
*Amounts forgiven or paid by another party also							FPPC Fo	rm 460 (Jan/2016	

Schedu C Amounts may be , _ anded SCHEDULE C to whole dollars. **Nonmonetary Contributions Received** Statement covers period CALIFORNIA 7/1/2016 **FORM** from 11 10 9/24/2016 through Page ___ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Ken Broadway for City Council 2016 1388741 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION **FULL NAME, STREET ADDRESS AND** CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * **GOODS OR SERVICES** RECEIVED CALENDAR YEAR (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) UENITA BAZA'S ☐ IND FOOD 125 125 ☐ COM **MTO 2** □ PTY SCC DREADUR BROKOWAY MIND LOVE OF LENENING COMMUNICATIONS ☐ COM DOLS WYDO L 5985 5985 OTH □ PTY □ SCC ☐ IND COM OTH □ PTY SCC

Attach additional information on appropriately labeled continuation sheets.

□IND
□COM
□OTH
□PTY
□SCC

Schedule C Summary

Amount received this period – Itemized nonmonetary contributions. (Include all Schedule C subtotals.)	.\$	6110	ookselessynmen jankala
2. Amount received this period – unitemized nonmonetary contributions of less than \$100		Andread States	*
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.)	\$	4162	

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

								SCHEDULE B	
Schedule E Payments Made	Amounts may be rounded to whole dollars.			Sta	7/1/2016			LIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				throu	gh	9/24/2016	I.D. NUME		
Ken Broadway for City Council 2016							138874	1	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member common meetings and OFC office expensions PET petition circulty PHO phone banks POL polling and suppose postage, deliver professional support print ads	munications appearances es ating urvey researc yery and mes	s h senger services	RAD r. RFD r. SAL control to TRC control to TRS satisfactors.	radio ain returned campaiq .v. or ca candida staff/spo transfer voter re	e the payment. rtime and production of contributions groworkers' salaries able airtime and produte travel, lodging, and ouse travel, lodging, and between committees gistration technology costs	uction costs I meals and meals of the same	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DES	SCRIPTION	OF PAY	MENT		AMOUNT PAID	
J.Prassa Printers		LIT						673	
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.				SU	BTOTAL \$	673	
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)						\$	673	

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746