Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp: RECEIVED JAN 28 2020

CALIFORNIA FORM 460

Page 1 of 5

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2019
through 12/31/2019

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

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER: 1405021

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Bill Halldin for Rocklin City Council 2018

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
[redacted]

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Bill Halldin

MAILING ADDRESS
[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE
[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1/27/2020 (Date) By Bill Halldin (Signature of Treasurer or Assistant Treasurer)

Executed on 1/27/2020 (Date) By Bill Halldin (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Halldin

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

Rocklin City Councilmember

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

[redacted]

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

COMMITTEE NAME	I.D. NUMBER
C	
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 7/1/2019
through 12/31/2019

CALIFORNIA FORM 460

Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 0	$ 3,424.03
2. Loans Received	Schedule B, Line 3	0	(2,700)
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 0	$ 724.03
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 0	$ 724.03

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 65	$ 653.36
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 65	$ 653.06
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 65	$ 653.06

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 302.40
13. Cash Receipts	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	65
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 237.40

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 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	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

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

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

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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 7/1/2019
through 12/31/2019

CALIFORNIA FORM 460

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Bill Halldin [redacted] †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Rocklin City Councilmember	$ 1,800	$ 0	☐ PAID $ 0 ☐ FORGIVEN $	$ 1,800 N/A DATE DUE	0 % RATE $ 0	$ 5,500 10/15/2018 DATE INCURRED	CALENDAR YEAR $ 0 PER ELECTION** $ 5,500
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
	SUBTOTALS	$ 0	$ 0		$ 1,800	$ 0		

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

Schedule B Summary

1. Loans received this period ..... $ 0
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 0
   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 E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period
from 7/1/2019
through 12/31/2019

CALIFORNIA FORM 460

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

* 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.) ..... $ 0
2. Unitemized payments made this period of under $100 ..... $ 65
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 65

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 8

For Official Use Only

Date Stamp: RECEIVED JUL 31 2019

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2019
through 6/30/2019

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

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER: 1405021

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Bill Halldin for Rocklin City Council 2018

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

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Bill Halldin

MAILING ADDRESS
[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 7/31/2019 (Date) — By Bill Halldin (Signature of Treasurer or Assistant Treasurer)

Executed on 7/31/19 (Date) — By Bill Halldin (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Halldin

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

Rocklin City Councilmember

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

[redacted]

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 1/1/2019
through 6/30/2019

CALIFORNIA FORM 460

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 3,424.03	$ 3,424.03
2. Loans Received	*Schedule B, Line 3*	(2,700)	(2,700)
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 724.03	$ 724.03
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 724.03	$ 724.03

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 588.36	$ 588.36
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 588.36	$ 588.36
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 588.36	$ 588.36

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 166.73
13. Cash Receipts	*Column A, Line 3 above*	724.03
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	588.36
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 302.40

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0

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

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

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

Expenditure Limit Summary for State Candidates

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

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

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 1/1/2019
through 6/30/2019

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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)
1/3/19	Placer Charter Advocates for Great Schools FPPC # 1403984 [redacted] K	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$200	$200	
1/20/19	Friends of Greg Janda for Rocklin City Council 2016 FPPC #1386250 [redacted] ourt	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$250	$250	
1/14/19	Friends of Scott Yuill for Rocklin City Council 2014 FPPC #1286872 [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500	500	
2/7/19	West Roseville LLC 1[redacted] R[redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	500	
1/16/19	Stanford Ranch I LLC [redacted] y	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		300	300	
			SUBTOTAL $	1,750		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 3,424,03
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 3,424.03

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1/1/2019
through 6/30/2019

CALIFORNIA FORM 460

Page 5 of 8

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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)
4/18/19	Capital Valley Investments [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	500	
4/15/19	Village at Loomis [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000	1000	
5/9/19	Friends of Susan Halldin for Rocklin School [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		174.03	174.03	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	1674.03		

*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 B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 1/1/2019
through 6/30/2019

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER

1405021

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Bill Halldin [redacted] †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO, Halldin PR	$ 4,500	$ 0	☑ PAID $ 2,700 ☐ FORGIVEN $	$ 1,800 N/A DATE DUE	0 % RATE $ 0	$ 4,000 10/15/19 DATE INCURRED	CALENDAR YEAR $ 5,500 PER ELECTION** $ 5,500
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
	SUBTOTALS	$	$	$	$	$ (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 2,700
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ (2,700)
   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 D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D

Statement covers period
from 1/1/2019
through 6/30/2019

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/2/19	Brian Dahle for State Senate 2019 #1415244 [redacted] ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		500	500	
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL $	500		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 500

2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** .. $ 500

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period
from 1/1/2019
through 6/30/2019

CALIFORNIA FORM 460

Page 8 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Brian Dahle for State Senate 2019 #1415244 [redacted]	CTB	Contribution	500

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

SUBTOTAL $ 500

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 500
2. Unitemized payments made this period of under $100 ..... $ 88.36
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 588.36

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 9

For Official Use Only

Date Stamp

RECEIVED
JAN 30 2019
By

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/21/2018
through 12/31/2018

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

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER: 1405021

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Bill Halldin for Rocklin City Council 2018

[redacted]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Bill Halldin

MAILING ADDRESS
[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1/30/2019 (Date) By Bill Halldin (Signature of Treasurer or Assistant Treasurer)

Executed on 1/30/2019 (Date) By Bill Halldin (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Halldin

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

Rocklin City Councilmember

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

[redacted]

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA FORM 460

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

Contributions Received

		Column A (TOTAL THIS PERIOD, FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 8,850	$ 38,140
2. Loans Received	*Schedule B, Line 3*	500	4,500
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 9,350	$ 42,640
4. Nonmonetary Contributions	*Schedule C, Line 3*	433.45	3,655
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 9,783.45	$ 46,295

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 11,730.11	$ 43,774.57
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 11,730.11	$ 43,774.57
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 11,730.11	$ 43,774.57

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 2,546.84
13. Cash Receipts	*Column A, Line 3 above*	9,350
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	11,730.11
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 166.73

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 4,500

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

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

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

Expenditure Limit Summary for State Candidates

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

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

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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)
11/5/2018	Chrysa Demos [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO AKT Investments	2,000	2,000	
11/7/2018	Comittee for Home Ownership of the Northstate Building Industry Association ID #782240 [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		4,100	5,000	
11/5/2018	Jerry Dizon Insurance & Financial Services [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	500	
10/29/2018	AT&T California Employee PAC ID #981470 [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		250	250	
10/29/2018	Friends of Scott Yuill for Rocklin City Council 2014 ID 1286872 [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		700	950	
			SUBTOTAL $	7,550		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 8,850
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 8,850

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA FORM 460

Page 5 of 9

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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)
10/22/2018	John Mourier Construction [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	1,000	
11/3/2018	Evergreen/Rocklin Land J.V. [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	500	
12/4/2018	Peter Hill [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	350	
12/10/2018	David Attaway [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Placer Valley Tourism	100	200	
12/2/2018	Jim Holmes [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Placer County Supervisor	100	175	
			SUBTOTAL $	1,300		

*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 B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Bill Halldin [redacted] †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Halldin Public Relations Inc.	$ 4,000	$ 1,500	☑ PAID $ 1,000 ☐ FORGIVEN $	$ 4,500 N/A DATE DUE	0 % RATE $ 0	$ 4,000 10/15/201 DATE INCURRED	CALENDAR YEAR $ 5,500 PER ELECTION** $ 5,500
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
	SUBTOTALS	$	$	$	$ (Enter (e) on Schedule E, Line 3)			

Schedule B Summary

1. Loans received this period ..... $ 1,500
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 1,000
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 500
   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.

SCHEDULE C

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER

1405021

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2018	Friends of Susan Halldin for Rocklin School Board 2018 ID#1407890 [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		In-kind contribution for Rocklin phone calls	336.95	336.95	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $**

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 336.95
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 96.50
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 433.45

*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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Gold Country Media [redacted]	PRT	Newspaper advertisement	600
JC Evans [redacted]	LIT		1,766.86
Park Family Insurance [redacted]	CNS		2,500

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

SUBTOTAL $ 4,866.86

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$	11,695.11
2. Unitemized payments made this period of under $100	$	35
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	**TOTAL $**	11,730.11

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JC Evans [redacted]	LIT			2,500
Gold Country Media [redacted]	PRT			300
JC Evans [redacted]-121	LIT			1,528.85
Park Family Insurance [redacted]	CNS			2,500

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

SUBTOTAL $ 6,828.85

Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp

RECEIVED
SEP 28 2018
By

CALIFORNIA FORM **460**

Page 1 of 18

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2018
through 9/22/2018

Date of election if applicable: (Month, Day, Year)
11/6/2018

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

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

2. Type of Statement:

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

The original filing had the wrong start date for the period covered by this report.

3. Committee Information

I.D. NUMBER: 1405021

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Bill Halldin for Rocklin City Council 2018

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

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Bill Halldin

MAILING ADDRESS
[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 9/28/18 (Date) — By Bill Halldin (Signature of Treasurer or Assistant Treasurer)

Executed on 9/28/18 (Date) — By Bill Halldin (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Halldin

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

Rocklin City Council

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

[redacted]

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 7/23/2018
through 9/22/2018

CALIFORNIA FORM 460

Page 3 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 10,914	$ 18,940
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 10,914	$ 18,940
4. Nonmonetary Contributions	Schedule C, Line 3	1,262.71	2,375.82
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 12,176.71	$ 21,315.82

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 12,262.20	$ 12,711.22
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 12,262.20	$ 12,711.22
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 12,262.20	$ 12,711.22

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 7,576.98
13. Cash Receipts	Column A, Line 3 above	10,914
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	12,262.20
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 6,228.78

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0

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

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

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

Expenditure Limit Summary for State Candidates

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

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

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 7/23/2018
through 9/22/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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)
7/17/2018	ENGEO [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100	100	
7/17/2018	Scott Yuill Insurance & Financial Services [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100	225	
7/17/2018	Victoria Curtis [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
7/24/2018	Allard Residential Services [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100	100	
7/18/2018	David Bass [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney David Bass Esq.	100	100	
			SUBTOTAL $	500		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 10,145
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 769
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 10,914

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/23/2018
through 9/22/2018

CALIFORNIA FORM 460

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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)
7/18/2018	Ron Adams [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Businessman College Funding Advisors	100	100	
7/18/2018	Wendy Lang [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager California Department of Motor Vehicles	100	100	
7/18/18	Peter Hill [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
7/18/2018	Laura McClellan [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Energy 2001	150	150	
7/18/2018	John Murray [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner Westpark Communities	500	500	
			SUBTOTAL $	950		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/23/2018
through 9/22/2018

CALIFORNIA FORM 460

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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)
7/18/2018	Westpark MPC-5 [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	500	
7/11/2018	Sarah Aquino [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Broker Integrated Benefits and Insurance Services	150	150	
7/24/2018	Martin A. Harmon and Auburn Manor Holding Corporation [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Businessman Auburn Manor Holding Corporation	1000	1000	
7/25/2018	Laborers Local 185 PAC #870122 [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500	500	
8/2/2018	Rob Angell [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Businessman Gold Country Distributors	100	100	
			SUBTOTAL $	2,250		

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/23/2018
through 9/22/2018

CALIFORNIA FORM 460

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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)
8/10/2018	Eli Broad and Affiliated Entity Placer Ranch Inc. [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250	
8/23/2018	Mary Conkey [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO J.R. Conkey & Associates	500	500	
8/31/2018	Bill Halldin [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Small Business Owner Halldin Public Relations	250	410	
9/6/2018	Al Johnson Consulting LLC [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100	100	
9/6/2018	Bonnie Gore for Supervisor #1397998 [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		250	250	
			SUBTOTAL $	1,350		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/23/2018
through 9/22/2018

CALIFORNIA FORM 460

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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)
9/10/2018	USA Properties Fund Inc. [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	500	
9/11/2018	Citizens to Elect Bruce Houdesheldt #1403917 [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		100	100	
9/11/2018	Roger Peterson [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Writer Roger Peterson	100	100	
9/14/2018	Roger Niello [redacted] ive	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Auto Dealer The Niello Company	200	200	
9/17/2018	Tim Taron [redacted] 4	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Hefner, Stark and Marois	100	100	
			SUBTOTAL $	1,000		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/23/2018
through 9/22/2018

CALIFORNIA FORM 460

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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)
9/16/2018	Bob and Kathy Reeve [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200	200	
9/17/2018	Aaron Klein [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Riskalyze	100	200	
9/20/2018	Jim Sperlazza [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Jemtown Inc. dba Five Star Auto Care	500	500	
9/20/2018	CEO Holdings Inc. [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		200	200	
9/21/2018	FSB Core Strategies [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500	500	
			SUBTOTAL $	1,500		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/23/2018
through 9/22/2018

CALIFORNIA FORM 460

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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)
9/20/2018	Friends of Scott Yuill for Rocklin City Council [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		250	250	
9/20/2018	Tom DeLapp [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Communication Resources for Schools	100	100	
9/20/2018	Uhler for Supervisor #1298941 [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		100	100	
9/20/2018	Integal Financial Management [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150	150	
9/20/2018	Sun Ridge Real Estate [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100	100	
			SUBTOTAL $	700		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/23/2018
through 9/22/2018

CALIFORNIA FORM 460

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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)
9/20/2018	Haney Business Ventures [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150	150	
9/20/2018	Geoff McLennan 3[redacted] R[redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
9/20/2018	Aldo Pineschi Consulting 1[redacted]e	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		50	145	
9/20/2018	Ron Lawrence [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Police Chief City of Citrus Heights	150	150	
9/20/2018	Ken Broadway [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Corporate Pricing Manager United Parcel Service	100	200	

SUBTOTAL $ 550

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/23/2018
through 9/22/2018

CALIFORNIA FORM **460**

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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)
9/20/2018	Randall R. Wilson [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Sinclair Wilson Baldo & Chamberlain	250	250	
9/21/2018	Rocklin Area Chamber of Commerce PAC #1360300 [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1000	1000	
7/18/2018	Aldo Pineschi Consulting [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		95	145	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	1,345		

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

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 7/23/2018
through 9/22/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/18/2018	Bill Halldin 5 [redacted] F	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business owner, Halldin Public Relations	Food/La Bou Restaurant	65.	1028.11	
9/15/2018	Placer Charter Advocates for Great [redacted]	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		Literature	156.71	156.71	
9/15/2018	Halldin Public Relations [redacted]	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Booth space	125	125	
9/20/2018	Bob Sinclair [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Sinclair Wilson Baldo & Chamberain	Food/beverages for fundraiser	916	916	

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 1,262.71

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 1,262.71
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ 1,262.71

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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/23/2018
through 9/22/2018

SCHEDULE E
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Landslide Communications 30011 Ivy Glenn Drive Laguna Niguel, CA 92677	LIT			$4,166.50
Budget Watchdogs FPPC #9345115 22410 Hawthorne Blvd., #5 Torrance, CA 90505	LIT			$1,493
Signworx 1468 Sky Harbor Drive, #J Olivehurst, CA 95961	CMP			992.06

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

SUBTOTAL $ 6651.56

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 12,172.20
2. Unitemized payments made this period of under $100 ..... $ 90
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 12,262.20

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 7/23/2018
through 9/22/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Republican Taxpayers Association FPPC #1286315 1130 Fremont Blvd., Suite 100-115 Seaside, California 93965	LIT			670.70
California Voter Guide FPPC #595-004 22410 Hawthorne Blvd., #5 Torrance, CA 90505	LIT			713
Conservative Voter Guide FPPC #1336975 9321 Silverbend Lane Elk Grove, CA 95624	LIT			622.27
Upstream Administration P.O. Box 204 Roseville, CA 95661	PRO			100
California Taxpayer Protection Voter Guide FPPC #1299482 9321 Silverbend Lane Elk Grove, CA 95624	LIT			679.03

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

SUBTOTAL $ 2785

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 7/23/2018
through 9/22/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
JC Evans Inc. 150 S. Highway 160 #8-121 Pahrump, NV 89048	LIT		2111.38
Placer County Clerk Recorder 2956 Richardson Drive Auburn, CA 95603	FIL		500
efundraising Connections 2831 G Street Sacramento, CA 95816	FND	online contribution processing	124.26

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

SUBTOTAL $ 2735.64

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

Amounts may be rounded to whole dollars.

Statement covers period
from 7/23/2018
through 9/22/2018

SCHEDULE G
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Landslide Communications

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

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

* 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
Save Prop 13 FPPC #598040 c/o Landslide Communications 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677	LIT			833.30
Jim Lacy's Taxifornia Tax Fighters Guide FPPC #1378949 c/o Landslide Communications 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677	LIT			833.30
Woman's Voice #1293667 c/o Landslide Communications 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677	LIT			833.30
California Policy Safety Voter Guide FPPC #1298740 c/o Landslide Communications 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677	LIT			833.30

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 3,333.20

** 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.

SCHEDULE G

Statement covers period
from 7/23/2018
through 9/22/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Bill Halldin for Rocklin City Council 2018

I.D. NUMBER
1405021

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Landslide Communications

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

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

* 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
National Tax Limitation Committee Early Voter Guide FPPC #1306386 c/o Landslide Communications 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677	LIT			833.30

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 833.30

** 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.*