| D 11 10 111 | | COVER PAG |
|---|---|--|
| Recipient Committee Campaign Statement Cover Page | | Date Stamp CALIFORNIA 460 FORM Page 1 of 3 |
| | Statement covers period from 07/01/2021 | (Month, Day, Year) JAN 2 To Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | through <u>12/31/2021</u> | n/a |
| 1. Type of Recipient Committee: All Committees - Cor | nplete 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 Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7) | ☐ Preelection Statement ☐ Quarterly Statement ☐ Semi-annual Statement ☐ Special Odd-Year Report ☐ Termination Statement ☐ (Also file a Form 410 Termination) ☐ Amendment (Explain below) |
| 3. Committee information | 0. NUMBER 386250 | Treasurer(s) |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Greg Janda for Rocklin City Council 2020 | | NAME OF TREASURER Greg Janda MAILING ADDRESS |
| STREET ADDRESS (NO P.O. BOX) | | CITY STATE ZIP CODE AREA CODE/PHON |
| CITY STATE ZIP CO | DE AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, IF ANY |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | | MAILING ADDRESS |
| CITY STATE ZIP CO | DE AREA CODE/PHONE | CITY STATE ZIP CODE AREA CODE/PHONI |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRESS |
| 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 I 26 2022 Executed on Date | California that the foregoing is true and | knowledge the information contained herein and in the attached schedules is true and complete. I correct. Sendura of Treasurer or Assistant Treasurer trolling Office holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor |
| Executed onDate | Ву | Signature of Controlling Officeholder, Candidate, State Measure Proponent |
| Executed onDate | Ву | Signature of Controlling Officeholder, Candidate, State Measure Proponent |

| Officeholder or Candidate Controlled Comm | nittee | | 6. | Primarily Formed Ballot | Measure Con | nmittee | | |
|---|---------------------|----------------|------|---------------------------------|--------------------|---------------|--------------------|--------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | _ | NAME OF BALLOT MEASURE | | | | |
| Greg Janda | | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST | RICT NUMBER IF | F APPLICABLE) | _ | BALLOT NO. OR LETTER | JURISDICTION | | | SUPPORT |
| Rocklin City Council | | | | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE ZIP | _ | Identify the controlling office | nolder, candidate, | , or state m | easure prop | onent, if any. |
| | | | _ | NAME OF OFFICEHOLDER, CAN | IDIDATE, OR PROP | PONENT | | |
| Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your can | or are primarily fo | | | OFFICE SOUGHT OR HELD | | | DISTRICT NO. | IF ANY |
| COMMITTEE NAME | I.D. NUMBER | | 7 | Primarily Formed Cand | idata/Officabo | older Com | amittaa <i>tii</i> | of warman of |
| NAME OF TREASURER | CONTROLLE | D COMMITTEE? | - /. | officeholder(s) or candidate(s) | for which this com | nmittee is pr | imarily forme | d. |
| | ☐ YES | □ NO | _ | NAME OF OFFICEHOLDER OR O | ANDIDATE LOS | FEICE SOLIG | HT OR HELD | |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. | . BOX) | | | WWE OF OFFICEROLDER ON | , ALDIDATE OF | 1102 0000 | ATT OTTTLED | ☐ SUPPORT ☐ OPPOSE |
| | | AREA CODE/PHON | ĪĒ | NAME OF OFFICEHOLDER OR C | CANDIDATE OF | FFICE SOUG | HT OR HELD | SUPPORT OPPOSE |
| COMMITTEE NAME | I.D. NUMBER | | | NAME OF OFFICEHOLDER OR O | CANDIDATE OF | FFICE SOUG | HT OR HELD | SUPPORT OPPOSE |
| NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. | ☐ YES | D COMMITTEE? | _ | NAME OF OFFICEHOLDER OR (| CANDIDATE OF | FFICE SOUG | HT OR HELD | SUPPORT OPPOSE |
| CITY STATE ZIP | CODE / | AREA CODE/PHON | ĪĒ | Attac | ch continuation s | heets if ned | cessary | • |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{07/01/2021}{12/31/2021}$ CALIFORNIA FORM FORM FORM Page $\frac{3}{2}$ of $\frac{3}{2}$

SUMMARY PAGE

| SEE INSTRUCTIONS ON REVERSE | | through _ | 12/31/2021 | Page of |
|--|---|---|---|---|
| NAME OF FILER | | 1.50 | | I.D. NUMBER |
| Friends of Greg Janda for Rocklin City Council 2020 | | | | 1386250 |
| Contributions Received | COlumn A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE | Calendar Year Sum Running in Both the General Elections | mary for Candidates 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}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ | \$\frac{0}{-1516}\$ \$\frac{-1516}{0}\$ \$\frac{-1516}{0}\$ | 20. Contributions Received \$ | rough 6/30 7/1 to Date \$ |
| Expenditures Made 6. Payments Made | \$\frac{0}{0}\$ \$\frac{0}{0}\$ 0 0 0 0 0 0 0 | \$\frac{303}{0}\$ \$\frac{303}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{303}\$ \$\frac{0}{303}\$ | | Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date |
| Current Cash Statement 12. Beginning Cash Balance | \$ \(\frac{4255}{0}\) \(\frac{0}{0}\) \(\frac{0}{4255}\) | 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 n | \$sss |
| 17. LOAN GUARANTEES RECEIVED | \$ <u>0</u> | 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

Recipient Committee Date Stamp CALIFORNIA **Campaign Statement FORM Cover Page** Page 1 Statement covers period Date of election if applicable (Month, Day, Year) For Official Use Only from $\frac{01/01/2021}{}$ n/a through <u>06/30/2021</u> SEE INSTRUCTIONS ON REVERSE 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** 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** Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1386250 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Greg Janda for Rocklin City Council 2020 Greg Janda MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE CITY STATE ZIP CODE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY CITY AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE ZIP CODE 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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

| COVER PAGE - PART 2 |
|---------------------|
| CALIFORNIA 460 |
| FORM 400 |
| NAME OF STREET |
| Page 2 of 5 |

| . Officeholder or Candidate Controlled Commit | tee | 6. | Primarily Formed Ballot | Measure C | ommittee | | |
|---|---|----|---|----------------------------------|---------------|-------------|-----------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | |
| Greg Janda | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC | CT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICTIO | N | | SUPPORT |
| Rocklin City Council | | | | | | 1.5 | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT | Y STATE ZIP | | Identify the controlling officeh | nolder, candid | ate, or state | measure pro | pponent, if any. |
| Related Committees Not Included in this State | ement: List any committees | | NAME OF OFFICEHOLDER, CAN | IDIDATE, OR PF | ROPONENT | | |
| 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 NO | O. IF ANY |
| NAME OF TREASURER | I.D. NUMBER CONTROLLED COMMITTEE? YES NO | 7. | Primarily Formed Candi officeholder(s) or candidate(s) | idate/Office for which this o | holder Co | ommittee i | List names of ned. |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO | | | NAME OF OFFICEHOLDER OR C | CANDIDATE | OFFICE SOL | JGHT OR HEL | D SUPPORT OPPOSE |
| CITY STATE ZIP CO | DE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OR C | CANDIDATE | OFFICE SOL | JGHT OR HEL | D SUPPORT OPPOSE |
| | | | NAME OF OFFICEHOLDER OR C | CANDIDATE | OFFICE SOL | JGHT OR HEL | D SUPPORT OPPOSE |
| NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BE | CONTROLLED COMMITTEE? YES NO DX) | | NAME OF OFFICEHOLDER OR C | CANDIDATE | OFFICE SOL | JGHT OR HEL | D SUPPORT OPPOSE |
| CITY STATE ZIP CO | DE AREA CODE/PHONE | | Attac | ch continuatio | n sheets if n | ecessary | |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from $\frac{01/01/2021}{}$ Page 3 through $\underline{06/30/2021}$ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2021 1386250

| , | | | |
|--|---|---|--|
| 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 | \$\frac{0}{-1516}\$ \$\frac{0}{0}\$ \$\frac{-1516}{0}\$ | \$\frac{0}{-1516}\$ \$\frac{0}{0}\$ \$\frac{-1516}{0}\$ | 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ |
| Expenditures Made 6. Payments Made | \$\frac{303}{0}\$ \$\frac{303}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{303}\$ \$\frac{0}{0}\$ \$\frac{303}{303}\$ | \$\frac{303}{0}\$ \$\frac{303}{0}\$ \frac{0}{0}\$ \frac{0}{303}\$ \frac{0}{0}\$ \frac{303}{303}\$ | 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 | \$\frac{6074}{-1516}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 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 | \$ <u>0</u> \$ <u>0</u> | filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). | FPPC Form 460 (Jan/2010 FPPC Advice: advice@fppc.ca.gov (866/275-377 |

www.fppc.ca.gov

| Schedule B – Part Loans Received | 1 |
|-------------------------------------|---|
| | |

Amounts may be rounded

| SCHEDU | JLE | B - | PA | RT | • |
|--------|-----|-----|----|----|---|
|--------|-----|-----|----|----|---|

| Schedule B – Part 1 Loans Received | to whole dollars. | | | Statement cover from <u>01/01/2021</u> | • | CALIFORN FORM | ^{1A} 460 | |
|---|---|---|--|---|-------------------------------------|--|---|---|
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Counci | 1 2020 | | | | through <u>06/30/20</u> |)21 | Page 4 | of5 |
| 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 PAI OR FORGIVE THIS PERIO | N BALANCE AT | (e) INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
| Greg Janda | Manager, ALM Inc. | \$ 1516 \$ | \$ <u></u> | \$ PAID \$ 1516 FORGIVEN | | 0% | \$ 1516 | \$ 1516 PER ELECTION** |
| TXIND COM OTH PTY SCC | | \$ | s | \$\$ | \$DATE DUE | % RATE | \$ DATE INCURRED | \$PER ELECTION** |
| † IND COM OTH PTY SCC | | s | \$ | PAID S————— FORGIVEN S——————————————————————————————————— | \$I DATE DUE | % RATE | \$ DATE INCURRED | \$ PER ELECTION** |
| | \$ | SUBTOTALS \$ | . | \$ | \$ | \$ | | |
| Schedule B Summary 1. Loans received this period | s of less than \$100.)00 paid or forgiven.) t are also itemized on Sche | edule A.) | | \$ 15 | 516 1516 (May be a negative number) | C F | Contributor Codes ND – Individual COM – Recipient C | ommittee PTY or SCC) business entity) |

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

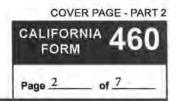
FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

| | | | | | | SCHE | DULE |
|---|---|--|---------------------------|---|--|-----------------|--------|
| Schedule E | Amounts may b | | | Statement covers period | | CALIFORNIA 460 | |
| Payments Made | | | | from 01/01/2021 | FO | RM T | |
| SEE INSTRUCTIONS ON REVERSE | | | | through <u>06/30/2021</u> | Page _ | of | 5 |
| NAME OF FILER | | | | | I.D. NUM | | |
| Friends of Greg janda for Rocklin City Council 2020 | | | | | 138625 | 50 | |
| 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 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 circu PHO phone banks POL polling and s POS postage, deli PRO print ads | munications d appearance ses lating urvey researd very and mes | s h senger services | radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, an staff/spouse travel, lodging, TSF transfer between committees voter registration WEB information technology costs | duction costs and meals and meals s of the sam | ne candidate/sp | oonsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE | OR I | DESCRIPTION OF PAYMENT | | AMOUNT | PAID |
| Whitney High School | | CVC | Scholarship Fu | nd Contribution | | 300 | |
| | | | | | | | |
| | | | | | | | |
| * Payments that are contributions or independent expenditures must also be | e summarized on Sche | edule D. | | SU | JBTOTAL S | \$ 300 | |
| Schedule E Summary | | | | | | | |
| Itemized payments made this period. (Include all Schedule | e E subtotals.) | | | | \$_3 | 800 | - |
| 2. Unitemized payments made this period of under \$100 | - | | | | _ | 3 | |
| 3. Total interest paid this period on loans. (Enter amount from | \$_0 |) | | | | | |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. I | | | | | | | |

Recipient Committee Date Stamp CALIFORNIA Campaign Statement **FORM** Cover Page Page 1 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only from 10/18/2020 11/03/2020 through 12/31/2020 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee
State Candidate Election Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement Semi-annual Statement Committee Special Odd-Year Report O Controlled Sponsored Termination Statement O Recall (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) Committee Information 1386250 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Friends of Greg Janda for Rocklin City Council 2020 Greg Janda MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) AREA CODE/PHONE ZIP CODE Rocklin STATE ZIP CODE AREA CODE/PHONE OF ASSISTANT TREASURER, IF ANY CITY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS AREA CODE/PHONE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE 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. Signature of Controlling Office holder, 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



| Officendide of Gandidate Gont | olled Committee | Primarily Form | led ballot weasur | e committee | | |
|---|--|----------------------------------|--|--------------------|--|---------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT | NAME OF BALLOT MEASURE | | | |
| Greg Janda | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCA | TION AND DISTRICT NUMBER IF APPLICABLE) | BALLOT NO. OR LE | TTER JURISDIC | TION | | SUPPORT |
| Rocklin City Council | | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. A | ND STREET) CITY STATE ZIP | Identify the contro | olling officeholder, can | didate, or state i | measure propo | nent, if any. |
| | | NAME OF OFFICEH | OLDER, CANDIDATE, O | R PROPONENT | | |
| | d in this Statement: List any committees trolled by you or are primarily formed to receive half of your candidacy. | OFFICE SOUGHT C | DR HELD | | DISTRICT NO. IF | ANY |
| | | | | | | |
| COMMITTEE NAME | I.D. NUMBER | | | | | |
| | CONTROLLED COMMITTEE? | 7. Primarily Form | ned Candidate/Off candidate(s) for which ti | iceholder Co | ommittee List primarily formed. | names of |
| NAME OF TREASURER | | officeholder(s) or o | ned Candidate/Off candidate(s) for which the HOLDER OR CANDIDATE | his committee is p | ommittee List primarily formed. UGHT OR HELD | names of |
| NAME OF TREASURER COMMITTEE ADDRESS STREET ADD CITY S | CONTROLLED COMMITTEE? YES NO PRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE | NAME OF OFFICEH | candidate(s) for which t | OFFICE SOU | primarily formed. | ☐ SUPPOR |
| NAME OF TREASURER COMMITTEE ADDRESS STREET ADD | CONTROLLED COMMITTEE? YES NO PRESS (NO P.O. BOX) | NAME OF OFFICER | candidate(s) for which the | OFFICE SOU | primarily formed. | SUPPOR |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 4 Page 3 I.D. NUMBER

from 10/18/2020 through $\frac{12/31/2020}{}$ SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2020 1386250

| Contributions Received | | 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 | \$ | 1839 | \$ | 18339 | General Elections | | | | |
| | | 0 | | 1516 | 1/1 through 6/30 7/1 to Date | | | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | s | 1839 | \$ | \$ 19855 1500 | 20. Contributions Received \$\$ | | | | |
| 4. Nonmonetary Contributions | | | | | 21. Expenditures | | | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED | \$ | 1839 | 5 | 21355 | Made \$\$ | | | | |
| Expenditures Made | | A second | | 778745 | Expenditure Limit Summary for State | | | | |
| Payments Made | \$ | 7535 | S | 16269 | Candidates | | | | |
| | | 0 | | 0 | 22 Cumulativa Evanadituras Mades | | | | |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ | 7535 | \$ | 16269 | 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 | \$ | 7535 | \$ | 16269 | \$ | | | | |
| Current Cash Statement | | 0.000 | Т | | \$ | | | | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ | 11770 | To calculate Column B, add amounts in Column | | | | | | |
| 13. Cash Receipts | | 1839 | | | ALCOHOLIS ELECTRON | | | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 0 | ar | 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 | | 7535 | | your last report. Some nounts in Column A may | | | | | |
| 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 | \$ | 6074 | be | e negative figures that | | | | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | | | pr | evious period amounts. If is is the first report being | 1 | | | | |
| | s <u>0</u> | | file | ed for this calendar year, nly carry over the amounts | | | | | |
| Cash Equivalents and Outstanding Debts | | | | om Lines 2, 7, and 9 (if | 1 | | | | |
| 18. Cash Equivalents See instructions on reverse | \$ | 0 | | *** | | | | | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ | 1516 | | | FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772 | | | | |

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

| Monetary | Contributions Received | | | from 10/18/2020 | vers period | CALI | ORM 460 |
|-------------------------------|--|--------------------------------------|--|-----------------------------------|--------------------------------------|-------------------|------------------------------------|
| SEE INSTRUCTI | ONS ON REVERSE | | | through 12/31/20 | 20 | Page | 4of_7 |
| NAME OF FILER Friends of G | reg Janda for Rocklin City Council 2020 | | | | | 1.D. NI 138625 | UMBER 50 |
| 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 OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE CALENDA (JAN. 1 - D | RYEAR | PER ELECTION TO DATE (IF REQUIRED) |
| 10/19/2020 | Sutter Retail Development | □IND □COM □OTH □PTY □SCC | | 500 | 500 | | 500 |
| 10/26/2020 | Rocklin Area Chamber of Commerce PAC | □ IND ☑ COM □ OTH □ PTY □ SCC | | 200 | 200 | | 200 |
| 10/26/2020 | California Apartment Assoc. PAC | □ IND □ COM □ OTH □ PTY □ SCC | | 500 | 500 | | 500 |
| 11/19/2020 | USA Properties Fund, Inc. | □IND □COM □OTH □PTY □SCC | | 500 | 500 | | 500 |
| | | □IND □COM □OTH □PTY □SCC | | | | | |
| | | | SUBTOTAL | \$ 1700 | | | |
| 1 Amount re | A Summary eceived this period – itemized monetary contribution II Schedule A subtotals.) | ns. | \$ | 00 | 11 | | |
| 2. Amount re | eceived this period – unitemized monetary contributers etary contributions received this period. | tions of less than | 1 \$100\$ <u>13</u> | 9 | P | TH - Other | (e.g., business entity) |
| (Add Lines | s 1 and 2. Enter here and on the Summary Page, (| Column A, Line 1 | .)TOTAL \$ 10 | | | FPE | PC Form 460 (Jan/2016)) |

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

| | ă- | | owded. | | | | SCHED | ULE B - PART |
|---|---|---|--|---|---|--|---|--|
| Schedule B – Part 1 Loans Received | An | nounts may be ro to whole dollar | | | Statement cov from <u>10/18/2020</u> | The section of | CALIFORN FORM | STATE OF TAXABLE PARTY. |
| 7.00 - 20 A. 200 12 Jan 20 4 1 2 | | | | | through 12/31/2 | 020 | Page 5 | of <u>7</u> |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | | | | unough | | I.D. NUMBER | 01 |
| Friends of Greg Janda for Rocklin City Cour | ncil 2020 | | | | | | 1386250 | |
| 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 PAIL OR FORGIVE THIS PERIOD | BALANCE AT | (e) INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTION TO DATE |
| Greg Janda | Manager, ALM Inc. | | | PAID \$ | \$ 1516 | 0% | ş_1516 | s 1516 |
| | | 1516 | s 0 | FORGIVEN | 2/15/2021 | RATE 5 0 | 07/27/20 | PER ELECTION |
| TO IND COM OTH PTY SCC | | 8 | 5 | , | DATE DUE | * | DATE INCURRED | \$ |
| | | | | PAID \$ | | RATE ** | 5 | CALENDAR YEAR |
| | | | 2 | FORGIVEN \$ | | \$ | | PER ELECTION |
| T IND COM OTH PTY SCC | | \$ | 5 | | DATE DUE | | DATE INCURRED | |
| | | | | PAID | | | | CALENDAR YEAR |
| | | | | FORGIVEN | | RATE | | PER ELECTION |
| †□ IND □ COM □ OTH □ PTY □ SCC | | 3 | \$ | \$ | DATE DUE | \$ | DATE INCURRED | \$ |
| | | SUBTOTALS | \$ | \$ | \$ | \$ | | |
| Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized lo 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$ (Include loans paid by a third party the strength of the summer services of t | ans of less than \$100.) 100 paid or forgiven.) nat are also itemized on Schine 2 from Line 1.) | edule A.) | www. | \$ | | | †Contributor Codes IND – Individual COM – Recipient C | Committee PTY or SCC) business entity) ty |

(May be a negative number)

SCC - Small Contributor Committee

*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

Schedule E

Amounts may be rounded

| Statement covers period from 10/18/2020 | CALIFORNIA 460 |
|---|----------------|
| through_12/31/2020 | Page 6 of 7 |
| | I.D. NUMBER |

| SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2020 through 12/31/2020 Page 6 of 7 I.D. NUMBER 1386250 | Payments Made | to whole dollars. | from 10/18/2020 | FORM 460 |
|--|-----------------------------|-------------------|--------------------|------------|
| | SEE INSTRUCTIONS ON REVERSE | | through_12/31/2020 | Page of |
| | | | | 1.37.4.3.5 |

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

NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Joe Patterson for Rocklin City Council 2020 FPPC # 1388707 LIT Mailer 1316.24 **Right Angle Productions** LIT Mailer 3550.50 Right Angle Productions Lit Mailer 1191.39

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

SUBTOTAL \$ 6058

| Sch | redi | ule I | ES | umr | nary |
|-----|------|-------|----|-----|------|
|-----|------|-------|----|-----|------|

| Schedule | E | |
|-----------------|------|--------|
| (Continua | tion | Sheet) |
| Payments | Mad | de |

Amounts may be rounded

SCHEDULE E (CONT.)

| Continuation Sheet) Payments Made | to whole dollars. | from | FORM 460 |
|--|--|-----------------------------------|-------------|
| EE INSTRUCTIONS ON REVERSE | | through 12/31/2020 | Page of |
| AME OF FILER | | | I.D. NUMBER |
| riends of Greg Janda for Rocklin City Council 2020 | | | 1386250 |
| ODER. If one of the following codes appropriately dens | without the nationant trail many enter the o | ada Othanuina dasariha tha nauman | |

| 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 | OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de | nd appearant nses culating cs survey resea elivery and me | es | RAD RFD SAL TEL TRC TRS TSF VOT WEB | returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, an staff/spouse travel, lodging, transfer between committees voter registration | luction costs d meals and meals s of the same candidate/sponsor |
|--|---|--|-------------|---|---|--|
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER) | | CODE | OR | DESCRIPTI | ON OF PAYMENT | AMOUNT PAID |
| Pivot Strategies | | WEB | On-line Ads | | | 750 |
| -0.73.7 F | | 3.5.5 | 200.00 | | | |

| Pivot Strategies | WEB | On-line Ads | 300 |
|--------------------------|-----|------------------|-----|
| Political Data, Inc | LIT | Mail Lists | 378 |
| First Foundation Bank | PRO | Bank Fees | 6 |
| eFundraising Connections | PRO | Transaction Fees | 43 |
| | | | |

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

SUBTOTAL \$ 1477

Recipient Committee CALIFORNIA Campaign Statement FORM Cover Page of. Page Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 07/01/2019 from 12/31/2019 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 Committee Semi-annual Statement O State Candidate Election Committee ☐ 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/ Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1386250 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Greg Jada Firends of Greg Janda for Rocklin City Council 2016 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE CITY STATE ZIP CODE 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 CITY STATE 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 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 Executed on Executed on Signature of Confrolling 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

Executed on.

COVER PAGE

| Recipient Committee Campaign Statement Cover Page | | Date Stamp CALIFORNIA 460 FORM |
|--|--|--|
| | Statement covers period from 9/20/2020 | Date of election if applicable: OCT 2 2 7070 Page 1 of 8 For Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | through 10/17/2020 | 11/03/2020 |
| 1. Type of Recipient Committee: All Committee | mittees - 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 Camplete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Camplete Part 7) | Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) |
| 3. Committee Information | I.D. NUMBER 1386250 | Treasurer(s) |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO C | | NAME OF TREASURER |
| Friends of Greg Janda for Roocklin City Co | ouncil 2020 | Greg Janda MAILING ADDRESS |
| STREET ADDRESS (NO P.O. BOX) | - | CITY STATE ZIP CODE AREA CODE/PHONE |
| CITY STAT | E ZIP CODE AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, IF ANY |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET | OR P.O. BOX | MAILING ADDRESS |
| CITY | E ZIP CODE AREA CODE/PHONE | CITY STATE 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 certify under penalty of perjury under the laws of | 이 보는 보다 생겨있다. 지구하는 맛있으면 교육일은 생물이 모두 이번 가지만이 나도 하고요? 뛰어난 5억 | y knowledge the information contained herein and in the attached schedules is true and complete. I ad correct. |
| Executed onDate | Ву | Signature of Treasurer or Assistant Treasurer |
| Executed onDate | By | entrolling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Spansor |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, State Measure Proponent |
| Evecuted on | Ву | |
| Date | | Signature of Controlling Officeholder, Candidate, State Measure Proponent |

Recipient Committee Campaign Statement Cover Page — Part 2

| COVE | R PAGE - PART 2 |
|---------|-----------------|
| CALIFOR | NIA 460 |
| FORM | |
| Page 2 | of_8 |

| Officeholder or Candidate Cont | rolled Committee | 6. Primarily Formed Ball | ot Measure C | ommittee | |
|------------------------------------|---|---------------------------------|---------------------|------------------------------|---------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | * | NAME OF BALLOT MEASURE | | | |
| Greg Janda | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOC | ATION AND DISTRICT NUMBER IF APPLICABLE) | BALLOT NO, OR LETTER | JURISDICTIO | N | SUPPORT |
| Rocklin City Council | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO.) | AND STREET) CITY STATE ZIP | Identify the controlling office | ceholder, candid | ate, or state measure prop | onent, if any. |
| - | | NAME OF OFFICEHOLDER, C | ANDIDATE, OR PR | ROPONENT | |
| Related Committees Not Include | ed in this Statement: List any committees | | | | |
| | trolled by you or are primarily formed to receive | OFFICE SOUGHT OR HELD | | DISTRICT NO. | IF ANY |
| COMMITTEE NAME | I.D. NUMBER | | | | |
| | | | | | |
| | LOCALIDO LEO COMUNETERO | 7. Primarily Formed Car | didate/Office | holder Committee Li | st names of |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | officeholder(s) or candidate(| s) for which this o | committee is primarily forme | d. |
| | YES NO | NAME OF OFFICEHOLDER O | R CANDIDATE | OFFICE SOUGHT OR HELD | 1 2 2 |
| COMMITTEE ADDRESS STREET AD | DRESS (NO P.O. BOX) | | | | ☐ SUPPORT |
| CITY | STATE ZIP CODE AREA CODE/PHONE | NAME OF OFFICEHOLDER O | R CANDIDATE | OFFICE SOUGHT OR HELD | |
| COMMITTEE NAME | | | | | SUPPORT |
| | I.D. NUMBER | | | | |
| | I.D. NUMBER | NAME OF OFFICEHOLDER O | R CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT |
| NAME OF TREASURER | I.D. NUMBER CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER O | | OFFICE SOUGHT OR HELD | □ SUPPORT □ OPPOSE □ SUPPORT □ OPPOSE |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | | | SUPPORT SUPPORT |
| elegation receipt updated. | CONTROLLED COMMITTEE? | | | | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT |
| elegation receipt updated. | CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER O | R CANDIDATE | | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from 09/20/2020 through 10/17/2020 Page 3 I.D. NUMBER 1206250

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

| Friends of Greg Janda for Rocklin City Council 2020 | | | | | 1386250 |
|--|-------|---|---------------------------------------|---|--|
| Contributions Received 1. Monetary Contributions | \$ | Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) 9900 0 9900 1500 11400 | \$ \$ | Column B CALENDAR YEAR TOTAL TO DATE 16500 1516 18016 1500 19516 | 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 Schedule E, Line 4 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 | \$ \$ | 5664 0 5664 0 0 5664 | \$ | 8734 0 8734 0 0 8734 | 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 | \$ | 7534 9900 0 5664 11770 | ac A ar of ar be sh | c calculate Column B, and amounts in Column to the corresponding mounts from Column B your last report. Some mounts in Column A may a negative figures that mould be subtracted from evious period amounts. If its its the first report being | *Amounts in this section may be different from amounts reported in Column B. |
| 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 | | 0 | or fre | ed for this calendar year, nly carry over the amounts om Lines 2, 7, and 9 (if ny). | FPPC Form 460 (Jan/2010 FPPC Advice: advice@fppc.ca.gov (866/275-377 www.fppc.ca.g |

| Schedule A | 1.5 |
|---------------------------------|-----|
| Monetary Contributions Received | |
| | |

Amounts may be rounded to whole dollars.

SCHEDULE A

| Statement covers period from 09/20/2020 | CALIFORNIA 460 |
|---|------------------------|
| through 10/17/2020 | Page 4 of 8 |
| | I.D. NUMBER 1386250 |

NAME OF FILER
Friends of Greg Janda for Rocklin City Council 2020

SEE INSTRUCTIONS ON REVERSE

| 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) |
|------------------|--|--------------------------------|---|-----------------------------------|---|--|
| 09/21/2020 | California Real Estate PAC #890106 | ☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC | | 3500 | 3500 | |
| 9/21/2020 | Mark Diele | ☑IND □COM □OTH □PTY □SCC | Whitney Oaks Insurance Insurance Broker | 100 | 100 | |
| 10/05/2020 | Recology Inc. | □IND □COM □OTH □PTY □SCC | | 250 | 250 | |
| 10/06/2020 | Sam Trimm | ☑ IND □ COM □ OTH □ PTY □ SCC | Retired | 50 | 50 | |
| 10/07/2020 | Ahman Gahoonia | ☑IND □COM □OTH □PTY □SCC | USG Engineer | 100 | 100 | |
| | | | SUBTOTAL | \$ 4000 | | |

Schedule A Summary

2. Amount received this period – unitemized monetary 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

SCC - Small Contributor Committee

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www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

| Monetary | Contributions Received | to whole d | iollars. | Statement co | | | ORNIA 460 |
|-------------------------------|--|--------------------------------------|--|-----------------------------------|--|--------------------|------------------------------------|
| | | | | through _10/17/20 |)20 | Page _5 | of_8 |
| NAME OF FILER Friends of G | reg Janda for Rocklin City Council 2020 | | | | | 1.D. NUM 138625 | |
| 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 CALENDAR (JAN. 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) |
| 10/09/2020 | Committee for Home Ownership of the Northstate Building Inddustry Association ID 782240 | □IND ☑ COM □ OTH □ PTY □ SCC | | 5000 | 6000 | | |
| 10/11/2020 | Bonnie Gore for Supervisor ID # 1397988 | □IND COM □OTH □PTY □SCC | | 150 | 150 | | |
| 10/14/2020 | Cresleigh Homes Corp. | □IND □COM ØOTH □PTY □SCC | | 750 | 750 | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | |

□IND □ сом □ отн PTY SCC

SUBTOTAL \$ 5900

*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

| Schedu | le C | | Amounts may be rounded to whole dollars. | | | | | | SCHEDULE |
|------------------|---|--------------------------------------|---|------------------------------|------|----------------------------------|--------|--|---|
| Nonmo | netary Contributions Received | | to whole dollars. | | | Statement covers m 09/20/2020 | period | CALIFO | DRNIA AGO |
| | CTIONS ON REVERSE | | | | thre | ough 10/17/2020 | | Page 6 | of_8 |
| Friends of | ER Greg Janda for Rocklin City Council 2020 | | | | | | | 1.D. NUMI 1386250 | |
| 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 SERV | | AMOUNT/ FAIR MARKET VALUE | CALEN | ATIVE TO ATE DAR YEAR - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
| 10/12/20 | ALM, Inc. | □IND □COM ☑OTH □PTY □SCC | | Printing Service | es | 1500 | 1500 | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | | |
| Attach add | ditional information on appropriately labeled | continuation : | sheets. | SUBTO | DTAL | \$ 1500 | | | |
| 1 Amount | e C Summary received this period – itemized nonmoneta all Schedule C subtotals.) | ry contribution | s. | | \$ | 1500 | CC | (other th | nt Committee an PTY or SCC) |
| 3. Total no | received this period – unitemized nonmone nmonetary contributions received this periones 1 and 2. Enter here and on the Summan | d. | | | | | PT | Y - Political I | g., business entity) Party ontributor Committee |

| Schedule E | Amounts may t | | | Statement covers period | CALIFO | SCHEDULE E |
|---|--|---|-------------------|--|--|---------------------|
| Payments Made | to whole d | ollars. | | from 09/20/2020 | FOF | |
| SEE INSTRUCTIONS ON REVERSE | | | | through 10/17/2020 | Page 7 | of_8 |
| NAME OF FILER Friends of Greg Janda for Rocklin City Council 2020 | | | | | 1.D. NUME 1386250 | |
| CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. | nes the payment, y MBR member com MTG meetings an | nmunications | 0. | rwise, describe the payment. RAD radio airtime and production RFD returned contributions | | |
| 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 filterature and mailings | OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli | ses lating survey resear livery and me | rch | SAL campalgn workers' salaries TEL t.v. or cable airtime and pro Candidate travel, lodging, at TRS staff/spouse travel, lodging, transfer between committee VOT voter registration WEB information technology cost | duction costs nd meals , and meals es of the same | e candidate/sponsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE | OR DES | CRIPTION OF PAYMENT | | AMOUNT PAID |
| Joe Patterson for Rocklin City Council 2020 FPPC # 1388707 | | LIT | Mailer | | | 1344.88 |
| Right Angle Productions | | LIT | Mailer | | | 3798.37 |
| Bonneville Media | | WEB | On-line Ads | | | 500 |
| * Payments that are contributions or independent expenditures must also | be summarized on Sche | edule D. | | SI | UBTOTAL \$ | 5643 |
| Schedule E Summary | | | | | | |
| 1. Itemized payments made this period. (Include all Schedu | ile E subtotals.) | | | | \$ | 564 |
| 2. Unitemized payments made this period of under \$100 | | | | | \$_0 | |
| 3. Total interest paid this period on loans. (Enter amount from | om Schedule B, Pa | rt 1, Colum | nn (e).) | | \$_0 | |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. | Enter here and on | the Sumr | mary Page, Column | A, Line 6.) To | OTAL \$ 56 | 564 |

| Schedule E |
|----------------------|
| (Continuation Sheet) |
| Payments Made |

SCHEDULE E (CONT.)

| (Continuation Sheet) Payments Made | to whole dollars. | Statement covers period 09/20/2020 from | FORM 460 |
|---|--|---|-------------|
| SEE INSTRUCTIONS ON REVERSE | | through <u>10/17/2020</u> | Page 8 of 8 |
| NAME OF FILER | | | I.D. NUMBER |
| Friends of Greg Janda for Rocklin City Council 2020 | | | 1386250 |
| CODES: If one of the following codes accurately | describes the payment, you may enter the c | ode Otherwise describe the paymen | t |

CMP campaign paraphernalia/misc. MBR member communications RAD radio airlime 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 TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research 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 campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

| CODE | OR. DESCRIPTION OF PAYMENT | AMOUNT PAID |
|------|----------------------------|---------------|
| PRO | Bank Fees | 3 |
| PRO | Tranaction Fees | 18 |
| | | |
| | | |
| | | |
| | PRO | PRO Bank Fees |

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

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

Recipient Committee Campaign Statement Cover Page — Part 2

| COVE | R PAGE - PART 2 |
|---------|-----------------|
| CALIFOR | NIA 460 |
| FORW | 12 |
| | |

| | | | | | Committee | | |
|---|--|----|---|--|-------------------------------|--|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | |
| Greg Janda | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION | AND DISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICTI | ON | | SUPPORT |
| Rocklin City Council | | | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND S | STREET) CITY STATE ZIP | | Identify the controlling offic | eholder, candi | date, or state n | measure propo | nent, if any. |
| | | | NAME OF OFFICEHOLDER, CA | ANDIDATE, OR I | PROPONENT | | |
| Related Committees Not Included in | this Statement: List any committees | | | | | | |
| not included in this statement that are controlle contributions or make expenditures on behalf o | ed by you or are primarily formed to receive | | OFFICE SOUGHT OR HELD | | | DISTRICT NO. I | FANY |
| COMMITTEE NAME | I.D. NUMBER | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 7. | Primarily Formed Can | didate/Offic | eholder Cor | mmittee Lis | t names of |
| IAME OF TREASURER | CONTROLLED COMMITTEE? | 7. | Primarily Formed Can officeholder(s) or candidate(s | didate/Office) for which this | eholder Cor committee is p | mmittee Lis | t names of |
| | ☐ YES ☐ NO | | officeholder(s) or candidate(s | s) for which this | committee is p | orimarily formed | t names of |
| | ☐ YES ☐ NO | | Primarily Formed Can officeholder(s) or candidate(s NAME OF OFFICEHOLDER OF | s) for which this | committee is p | mmittee Lis orimarily formed GHT OR HELD | suppor |
| NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES CITY STATE | YES NO | | officeholder(s) or candidate(s | (c) for which this | OFFICE SOU | orimarily formed | SUPPOR |
| COMMITTEE ADDRESS STREET ADDRES | YES NO | | officeholder(s) or candidate(s | (c) for which this | OFFICE SOU | GHT OR HELD | SUPPOR |
| COMMITTEE ADDRESS STREET ADDRES | YES NO | | NAME OF OFFICEHOLDER OF | candidate | OFFICE SOU | GHT OR HELD | SUPPOR |
| COMMITTEE ADDRESS STREET ADDRES | YES NO S (NO P.O. BOX) E ZIP CODE AREA CODE/PHONE | | officeholder(s) or candidate(s | candidate | OFFICE SOU | GHT OR HELD | SUPPOR |
| COMMITTEE ADDRESS STREET ADDRES | YES NO S (NO P.O. BOX) E ZIP CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OF | CANDIDATE CANDIDATE CANDIDATE CANDIDATE | OFFICE SOU | GHT OR HELD | SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE |
| COMMITTEE ADDRESS STREET ADDRES CITY STATE COMMITTEE NAME NAME OF TREASURER | I.D. NUMBER CONTROLLED COMMITTEE? YES NO NO YES NO | | NAME OF OFFICEHOLDER OF | CANDIDATE CANDIDATE CANDIDATE CANDIDATE | OFFICE SOU | GHT OR HELD GHT OR HELD | SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR |
| COMMITTEE ADDRESS STREET ADDRESS CITY STATE COMMITTEE NAME | I.D. NUMBER CONTROLLED COMMITTEE? YES NO NO YES NO | | NAME OF OFFICEHOLDER OF | CANDIDATE CANDIDATE CANDIDATE CANDIDATE | OFFICE SOU | GHT OR HELD GHT OR HELD | SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE |
| COMMITTEE ADDRESS STREET ADDRES CITY STATE COMMITTEE NAME NAME OF TREASURER | I.D. NUMBER CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX) | | NAME OF OFFICEHOLDER OF | CANDIDATE CANDIDATE CANDIDATE CANDIDATE | OFFICE SOU | GHT OR HELD GHT OR HELD | SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR |

Campaign Disclosure Statement **Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 4 from 07/01/2020 Page 3 through $\frac{09/19/2020}{}$ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2020 1386250

| 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 | | | |
|--|--|--------|-----|--|---|--|--|--|
| Monetary Contributions | \$ | 6600 | s | 6600 1516 8116 0 | General Elections | | | |
| | | 1516 | | | 1/1 through 6/30 7/1 to Date | | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | \$ | 8116 | s | | 20. Contributions Received \$\$ | | | |
| 4. Nonmonetary Contributions | | 0 | \$ | | 21, Expenditures | | | |
| 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 | \$ | 8116 | | 8116 | Made \$ \$ | | | |
| Expenditures Made | | Code A | Т | Zarak | Expenditure Limit Summary for State | | | |
| 6. Payments Made Schedule E, Line 4 | \$ | 3070 | \$ | 3070 | Candidates | | | |
| 7. Loans Made Schedule H, Line 3 | | 0 | | 0 | 22. Cumulative Expenditures Made* | | | |
| 8. SUBTOTAL CASH PAYMENTS | | 3070 | \$ | 3070 | (If Subject to Voluntary Expenditure Limit) | | | |
| | | 0 | | 0 | Date of Election Total to Date | | | |
| | | 0 | | 0 | (mm/dd/yy) | | | |
| | | 3070 | \$ | 3070 | \$ | | | |
| Current Cash Statement | | | Т | | | | | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ | 2488 | To | calculate Column B. | *Amounts in this section may be different from amounts reported in Column B. | | | |
| 13. Cash Receipts Column A, Line 3 above | | 8116 | | dd amounts in Column to the corresponding | | | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 0 | ar | mounts from Column B | | | | |
| 15. Cash Payments Column A, Line 8 above | | 3070 | | your last report. Some mounts in Column A may | | | | |
| 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 | \$ | 7534 | be | e negative figures that | | | | |
| If this is a termination statement, Line 16 must be zero. | | | pr | nould be subtracted from revious period amounts. If is is the first report being | | | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ | 0 | fil | ed for this calendar year, nly carry over the amounts | | | | |
| Cash Equivalents and Outstanding Debts | | 0 | fre | om Lines 2, 7, and 9 (if ny). | | | | |
| 18. Cash Equivalents See Instructions on reverse | \$ | W. E W | | | and the second second second | | | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ | 1516 | | | FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-37 | | | |

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

| Statement covers period from 07/01/2020 | CALIFORNIA 460 | | | | |
|---|----------------|--|--|--|--|
| through 09/19/2020 | Page 4 of 12 | | | | |
| | I.D. NUMBER | | | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2020

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--|--|---|--|--|--|
| Ken Broadway | ☑IND □COM □OTH □PTY □SCC | Manager, UPS | 125 | 125 | 125 |
| Moniz Family Wines | □IND □COM ØOTH □PTY □SCC | | 125 | 125 | 125 |
| Michael Lee | ☑IND □COM □OTH □PTY □SCC | Boardmember, PCWA | 125 | 125 | 125 |
| Bonnie Gore | Ø IND □ COM □ OTH □ PTY □ SCC | Supervisor, Placer County | 125 | 125 | 125 |
| Peter Hill | ☑ IND □ COM □ OTH □ PTY □ SCC | None | 125 | 125 | 125 |
| | CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Ken Broadway Moniz Family Wines Michael Lee Bonnie Gore | CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Ken Broadway Ken Broadway IND COM OTH PTY SCC Moniz Family Wines IND COM OTH PTY SCC Michael Lee Michael Lee Bonnie Gore Peter Hill Petry COM OTH PTY SCC IND COM OTH PTY SCC Peter Hill OTH PTY | CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER CODE * OCCUPATION AND EMPLOYER (IF SCH-EMPLOYED, ENTER NAME) Ken Broadway IND | CONTRIBUTOR CODE * CO | CONTRIBUTOR CODE * CONTRIBUTOR CODE * COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR COMMITTEE, ALSO ENTER I.D. NUMBER) COCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR (JAN. 1 - DEC. 31) 125 125 125 125 Manager, UPS 125 125 125 Michael Lee COMMITTEE, ALSO ENTER I.D. NUMBER) Manager, UPS 125 125 125 125 Peter Hill COMMITTEE, ALSO ENTER I.D. NUMBER) COLEMAN (JAN. 1 - DEC. 31) Manager, UPS 125 125 125 125 Peter Hill COMMITTEE, ALSO ENTER I.D. NUMBER) COMMITTEE, ALSO ENTER I.D. NUMBER) COMMITTEE, ALSO ENTER I.D. NUMBER) COMMITTER I.D. NUMBER) COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDAR YEAR (JAN. 1 - DEC. 31) Manager, UPS 125 125 125 125 Peter Hill COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDARY (JAN. 1 - DEC. 31) 125 125 125 125 125 Peter Hill COMMITTEE, ALSO ENTER I.D. NUMBER CALENDARY (JAN. 1 - DEC. 31) IND COMMITTEE, ALSO ENTER I.D. NUMBER COMMITTEE, ALSO ENTER I.D. NUMBER COMMITTEE, ALSO ENTER I.D. NUMBER CALENDARY (JAN. 1 - DEC. 31) IND COMMITTEE, ALSO ENTER I.D. NUMBER CO |

| | | 7 7 7 | | | |
|-----|-----|-------|----|----|-----|
| Sch | edu | le A | Su | mm | arv |

| Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$ | 5600 |
|---|------|
| | |

2. Amount received this period – unitemized monetary contributions of less than \$100\$ $\frac{0}{2}$

| . Total monetary contributions received this period. | ***** | |
|--|--------------|---|
| (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)TO | OTAL \$ 6000 | _ |

*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.)

| Statement covers period from 07/01/2020 | CALIFORNIA 460 |
|---|----------------|
| through 09/19/2020 | Page 5 of 12 |
| | I.D. NUMBER |

| Friends of G | | 1386250 | | | | |
|--------------|--|--------------------------------------|--|-----------------------------------|---|--|
| DATE | 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
| 07/26/2020 | William McEnroe | ☑IND □COM □OTH □PTY □SCC | None | 125 | 125 | 125 |
| 07/26/2020 | Jill Gayaldo | ☑IND □COM □OTH □PTY □SCC | None | 250 | 250 | 250 |
| 07/26/2020 | Ronald Lawrence | ☑IND □COM □OTH □PTY □SCC | Police Chief, City or Citrus Heights | 125 | 125 | 125 |
| 07/26/2020 | William Halldin | ☑ IND □ COM □ OTH □ PTY □ SCC | Businessman Bank of America | 250 | 250 | 250 |
| 07/26/2020 | Scott Graves | ☑IND □COM □OTH □PTY □SCC | Businessman, Golden State Medical | 400 | 400 | 400 |

SUBTOTAL \$ 1150

*Contributor Codes

IND - Individual

NAME OF FILER

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PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

| Statement covers period from 07/01/2020 | CALIFORNIA 460 |
|---|----------------|
| through 09/19/2020 | Page _6 of12 |
| | I.D. NUMBER |

NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE** PER ELECTION DATE CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CODE RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) IND Roger Peterson 07/26/2020 125 125 125 None □ COM Потн PTY □ scc DIND 07/26/2020 Friends of Michelle Sutherland for Rocklin School 125 125 125 **₹** COM Board 2020 #1425752 □ OTH □ PTY □ SCC □ IND Aldo Pineschi Consulting 07/26/2020 125 125 125 □сом **▼** OTH □ PTY SCC □ IND 07/26/2020 Jim W Holmes for Supervisor #1256038 125 125 125 **☑** COM □ OTH □ PTY SCC ☐ IND 07/26/2020 G&H Bains, Inc 500 500 500 □ COM **▼** OTH PTY SCC

| Sl | JB | TO | TAL | \$ 1000 |
|----|----|----|-----|------------|
| | | | | |

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

PTY - Political Party

SCC - Small Contributor Committee

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

| Statement covers period from 07/01/2020 | CALIFORNIA 460 |
|---|------------------------|
| through 09/19/2020 | Page 7 of 12 |
| | I.D. NUMBER 1386250 |

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER J.D. NUMBER) | CONTRIBUTOR | 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) |
|------------------|--|--------------------------------------|--|-----------------------------------|---|--|
| 07/26/2020 | Friends of Scott Yuill for Rocklin City Council 2016 | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 500 | 500 | 500 |
| 07/26/2020 | Phillips Land Law, Inc. | ☐IND ☐COM ØOTH ☐PTY ☐SCC | | 250 | 250 | 250 |
| 07/26/2020 | Darren Horning | ☑ IND □ COM □ OTH □ PTY □ SCC | Businessman, Capital Valley Investments | 250 | 250 | 250 |
| 07/26/2020 | NG Alexander Real Estate Developement | □IND □COM ☑OTH □PTY □SCC | | 125 | 125 | 125 |
| 08/05/2020 | John Mourier Contruction, Inc | □IND □COM ☑OTH □PTY □SCC | | 500 | 500 | 500 |

*Contributor Codes

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NAME OF FILER

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

| CALIFORNIA 460 |
|------------------------|
| Page 8 of 12 |
| I.D. NUMBER 1386250 |
| |

NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION CONTRIBUTOR DATE RECEIVED THIS CALENDAR YEAR TO DATE CONTRIBUTOR OCCUPATION AND EMPLOYER CODE RECEIVED PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME) □ IND Committee for Home Ownership of the Northstate 08/05/2020 1000 1000 1000 7 COM Building Industry Assoc. ПОТН PTY □ scc IND. David Butler 08/17/2020 Businessman, AM Group 250 250 250 ПСОМ □ OTH PTY SCC VIND 08/20/2020 Lauren Springer None 100 100 100 □сом Потн □ PTY □ scc ☐ IND 09/03/2020 Law Offices of Marcus Lo Duca 500 500 500 □сом **▼**OTH □ PTY □ scc ☐ IND 09/10/2020 Kalkat Inc 250 250 250 □сом **▼**IOTH PTY SCC

SUBTOTAL \$ 2100

*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

SCHEDULE A (CONT.)

| Monetary Contributions Received | to whole dollars. | Statement covers period from 07/01/2020 | CALIFORNIA 460 |
|---|-------------------|---|----------------|
| | | through 09/19/2020 | Page 9 of 12 |
| AME OF FILER | | | I.D. NUMBER |
| Friends of Greg Janda for Rocklin City Council 2020 | | | 1386250 |
| | | | |

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------|---|--------------------------------------|--|-----------------------------------|---|--|
| 09/15/2020 | Cook Development Consulting Services | □IND □COM ØOTH □PTY □SCC | | 100 | 100 | 100 |
| | | □IND □COM □OTH □PTY □SCC | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | |
| | □IND □COM □OTH □PTY □SCC | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | |
| | | | SUBTOTAL | \$ 100 | | |

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

| | Arr | nounts may be rou | unded | | | | SCHED | DULE B - PART 1 |
|---|--|---|--|--|---------------------------------|---------------------------------|--|--|
| Schedule B – Part 1 Loans Received | Cili | to whole dollars | | | Statement cover from 07/01/2020 | | CALIFORN FORM | ¹⁴ 460 |
| OFF INSTRUCTIONS ON DEVERSE | | | | | through 09/19/20 | 020 | Page 10 | 12 of |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | | | | | | I.D. NUMBER | 0 |
| 79 MORE DE 12 1 MARKE | 2000 | | | | | | | - 1 |
| Friends of Greg Janda for Rocklin City Counc | il 2020 | | | | | | 1386250 | |
| 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 | BALANCE AT | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | CUMULATIVE CONTRIBUTIONS TO DATE |
| Contails | Manage ATM Tea | | | ☐ PAID | 1,500,50 | | | CALENDAR YEAR |
| Greg Janda | Manager, ALM Inc. | | | s 0 | s 1516 | 0 % | s 1516 | , 1516 |
| | | 0 | 1613 | FORGIVEN | 1000 | RATE | Marienes . | PER ELECTION** |
| | | \$ | \$ 1516 | s_0 | 12/31/20 | s_0 | 07/27/20 | 5 |
| ™ IND □ COM □ OTH □ PTY □ SCC | | | | | DATE DUE | | DATE INCURRED | |
| | | | | PAID | | 14000 | | CALENDAR YEAR |
| | | 1 | | 5 | \$ | x | \$ | \$ |
| | | | | FORGIVEN | - | RATE | | PER ELECTION** |
| TO IND COM OTH PTY SCC | | 5 | \$ | 5 | DATE DUE | \$ | DATE INCURRED | \$ |
| | | | | ☐ PAID | | | | CALENDAR YEAR |
| | | | 111 | \$ | \$ | | \$ | \$ |
| | | | | FORGIVEN | | RATE | | PER ELECTION** |
| TO IND COM OTH PTY SCC | | \$ | \$ | 5 | DATE DUE | \$ | DATE INCURRED | \$ |
| | 1 9 | SUBTOTALS \$ | | \$ | \$ | \$ | | |
| 2-1 | | | | | | (Enter (e) on Sche | edule E, Line 3) | |
| Schedule B Summary 1. Loans received this period | | | | \$ 15 | 16 | - | | |
| (Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period | ns of less than \$100.) | | | 0 | | | †Contributor Codes IND – Individual | ı |
| (Total Column (c) plus loans under \$1 (Include loans paid by a third party the | at are also itemized on Sche | | | 15 | 16 | | | PTY or SCC) |
| Net change this period. (Subtract Lin Enter the net here and on the Summa | | | | .NET \$ | | J. | OTH - Other (e.g., I PTY - Political Part SCC - Small Contri | ty |

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

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(May be a negative number)

| Sch | nedule l | E |
|-----|----------|------|
| Pay | ments | Made |

Amounts may be rounded

| CALIFORNIA 460 |
|----------------|
| Page 11 of 12 |
| I.D. NUMBER |
| |

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin 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 CMP campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs CVC civic donations petition circulating candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | AMOUNT PAID | |
|---|------|---------------------|------|
| Randy Peters Catering | FND | Event Meals | 300 |
| Placer County Elections | FIL | Candidate Statement | 550 |
| Signs on the Cheap | LIT | Lawn Signs | 1096 |

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

SUBTOTAL \$ 1946

Schedule E Summary

| Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 3070 |
|---|-------------|
| 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.) | TAL \$ 3070 |

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| Schedule | E | |
|-----------------|------|--------|
| (Continual | tion | Sheet) |
| Payments | Mad | le |

Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers period

| Continuation Sheet) Payments Made | to whole dollars. | from 07/01/2020 | FORM 460 |
|---|-------------------|---------------------------|-------------|
| EE INSTRUCTIONS ON REVERSE | | through <u>09/19/2020</u> | Page of |
| AME OF FILER | | | I.D. NUMBER |
| Friends of Greg Janda for Rocklin City Council 2020 | | | 1386250 |
| | | | |

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 OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks 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)* postage, delivery and messenger services TSF 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 AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Home Depot LIT Sign Stands 120 California Voter Guide LIT Mailer 991 First Foundation Bank PRO Bank Fees eFundraising Connections PRO Transaction Fees 7

SUBTOTAL \$ 1124

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

| Recipient Committee Campaign Statement Cover Page | | Date Stamp B B I V E | CALIFORNIA 460 FORM |
|--|--|---|--|
| | Statement covers period from $\frac{01/01/2020}{}$ | Date of election if applicable: (Month, Day, Year) | Page 1 of 4 For Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | through <u>06/30/2020</u> | Ev V | |
| 1. Type of Recipient Committee: All Committees - C | omplete Parts 1, 2, 3, and 4. | 2. Type of Statement: | |
| ✓ Officeholder, Candidate Controlled 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) | terly Statement ial Odd-Year Report |
| | .D. NUMBER 1386250 | Treasurer(s) | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE | 1300230 | NAME OF TREASURER | |
| Friends of Greg Janda for Rocklin City Council 2016 STREET ADDRESS (NO P.O. BOX) | | Greg Janda MAILING ADDRESS CITY STATE ZIP CO | DE AREA CODE/PHONE |
| CITY STATE ZIP C | | NAME OF ASSISTANT TREASURER, IF ANY | |
| CITY STATE ZIP C | ODE AREA CODE/PHONE | CITY STATE ZIP CO | DE AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRESS | |
| Executed on | BySignature of Contr | Signature of Treasurer or Assistant Treasurer oning Uniceroider, Candidate, State Measure Proponent or Responsible Officer of Sponsor | _ |
| Date | s,s | ignature of Controlling Officeholder, Candidate, State Measure Proponent | |

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

www.fppc.ca.gov

COVER PAGE - PART 2

CALIFORNIA 460

FORM

Page 2 of 4

| . Officeholder or Candidate Controlled Comm | ittee | 6. | Primarily Formed Ballo | t Measure | Committee | , | |
|---|---|----|---|----------------------------|----------------------------|--------------|--------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | |
| Greg Janda | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST | RICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICTI | ON | Te | 1 01100000 |
| Rocklin City Council | | | | | | 1 - | SUPPORT OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C | ITY STATE ZIP | | | | | | |
| | | | Identify the controlling office | holder, candi | idate, or state | measure prop | onent, if any. |
| | | | NAME OF OFFICEHOLDER, CA | NDIDATE, OR I | PROPONENT | | |
| Related Committees Not Included in this Sta | tement: List any committees | | | | | | |
| 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 lidacy. | | OFFICE SOUGHT OR HELD | | | DISTRICT NO. | IF ANY |
| COMMITTEE NAME | | | | | | | |
| | I.D. NUMBER | | | | | | |
| | | - | Daiment E 10 | | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | 7. | Primarily Formed Cand officeholder(s) or candidate(s) | Idate/Offic for which this | eholder Co committee is | mmittee Lis | t names of d. |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I | YES NO | | NAME OF OFFICEHOLDER OR | | | · | |
| STREET ADDRESS (NO P.O.) | SOX) | | NAME OF OFFICEHOLDER OR | PANDIDATE | OFFICE SOL | JGHT OR HELD | ☐ SUPPORT |
| CITY STATE ZIP C | ODE AREA CODE/PHONE | | NAME OF OFFICE AS A SECOND | | | | ☐ OPPOSE |
| | | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | JGHT OR HELD | SUPPORT |
| COMMITTEE NAME | I.D. NUMBER | | | | | | ☐ OPPOSE |
| | | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | JGHT OR HELD | SUPPORT |
| NAME OF TREASURER | | | | | | | OPPOSE |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | JGHT OR HELD | |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E | YES NO | | | | | | ☐ SUPPORT ☐ OPPOSE |
| | | | | | | | LI OFFOSE |
| CITY STATE ZIP C | ODE AREA CODE/PHONE | | A 44 a . | h aantimusti | | | |
| | | | Attac | n continuatio | on sheets if n | ecessary | |

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

| | SUMMARY PAGE |
|------------------------------|----------------|
| Statement covers period from | CALIFORNIA 460 |
| through | Page _3 of _4 |
| | I.D. NUMBER |

| NAME OF FILER | | unough | | |
|--|---|--|---|---|
| | | | | I.D. NUMBER |
| 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 | \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{0}\$ | \$ 0 0 0 0 0 0 | 20. Contributions Received \$ 21. Expenditures | 7/1 to Date \$\$ |
| Expenditures Made 6. Payments Made | \$\frac{18}{0}\$ \$\frac{18}{0}\$ \frac{0}{0}\$ \$\frac{0}{18}\$ | \$\frac{18}{0}\$ \$\frac{18}{0}\$ \frac{0}{0}\$ \$\frac{18}{18}\$ | Expenditure Limit S Candidates 22. Cumulative (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 | \$\frac{2506}{0} \\ \frac{0}{18} \\ \frac{2488}{0} \\ \frac{0}{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). | reported in Column B. | nay be different from amounts FPPC Form 460 (Jan/2016) |
| | | | FPPC Advice: advi | ce@fppc.ca.gov (866/275-3772 |

| Schedule E Payments Made | Amounts may I to whole d | | | Statement covers period from 01/01/2020 | | SCHE ORNIA 4 RM | 60 |
|--|--|---|-----------|---|---|-----------------------|-------|
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2016 | | | | through <u>06/30/2020</u> | Page | | |
| 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 | MBR member com MTG meetings and OFC office expens PET petition circu phone banks POL polling and s POS postage, deli | nmunications d appearance ses lating urvey researd very and mes | s | erwise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production candidate travel, lodging, and TRS staff/spouse travel, lodging, TSF transfer between committees voter registration WEB information technology costs | luction costs d meals and meals s of the sam | ne candidate/spo | onsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE | OR DE | SCRIPTION OF PAYMENT | | AMOUNT F | PAID |
| First Foundation Bank | | PRO | Bank Fees | | | 18 | |
| | | | | | | | |
| | | | | | | | |
| * Payments that are contributions or independent expenditures must also be su | ummarized on Sche | dule D. | | SU | BTOTAL \$ | 18 | |
| Schedule E Summary | | | | | | | |

| CALIF | ORN | _ | L60 | 12 |
|--------|----------|----|-----|----|
| Page _ | DRM 2 | of | 4 | 4 |

| officeriolaci of outlandate conti | olled Committee | 6. | Primarily Formed Ball | ot Measure | Committee | | |
|---|--|----|--|------------------|-----------------|------------------|---------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | |
| Greg Janda | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATI | ON AND DISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICT | ON | | SUPPORT |
| Rocklin City Council | | | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND | D STREET) CITY STATE ZIP | | Identify the controlling office | ceholder, cand | idate, or state | measure propo | onent, if any. |
| ė. | | | NAME OF OFFICEHOLDER, CA | NDIDATE, OR P | ROPONENT | | |
| Related Committees Not Include | ed in this Statement: List any committees | | | | | | |
| | trolled by you or are primarily formed to receive | | OFFICE SOUGHT OR HELD | | | DISTRICT NO. IF | ANY |
| COMMITTEE NAME | I.D. NUMBER | | | | | | |
| | | | | | | | |
| | | 7. | Primarily Formed Car | didate/Offi | ceholder Co | ommittee Lis | t names of |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | officeholder(s) or candidate(| s) for which thi | s committee is | primarily formed | 1. |
| | ☐ YES ☐ NO | | form of the latest the | | | | |
| COMMITTEE ADDRESS STREET ADD | | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | IGHT OR HELD | |
| | RESS (NO P.O. BOX) | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOU | IGHT OR HELD | SUPPORT |
| CITY | RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OR | | | IGHT OR HELD | OPPOSE |
| CITY | | | | | | | |
| CITY S | | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOU | IGHT OR HELD | OPPOSE SUPPORT |
| | STATE ZIP CODE AREA CODE/PHONE | | | CANDIDATE | OFFICE SOU | | OPPOSE SUPPORT |
| | STATE ZIP CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOU | IGHT OR HELD | SUPPORT OPPOSE SUPPORT OPPOSE |
| COMMITTEE NAME NAME OF TREASURER | I.D. NUMBER CONTROLLED COMMITTEE? YES NO | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOU | JGHT OR HELD | SUPPORT OPPOSE |
| COMMITTEE NAME NAME OF TREASURER | STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOU | JGHT OR HELD | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT |
| COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADD | I.D. NUMBER CONTROLLED COMMITTEE? YES NO | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOU | JGHT OR HELD | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 07/01/2019 FORM from 12/31/2019 Page_ through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2016 1386250

| 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 | S | 0 | \$ | 0 | |
| 2. Loans Received | | 0 | | 0 | 1/1 through 6/30 7/1 to Date |
| 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 | S | 0 | \$ | 0 | Made \$ \$ |
| Expenditures Made | | | | | Expenditure Limit Summary for State |
| 6. Payments Made Schedule E, Line 4 | \$ | 15 | \$ | 265 | Candidates |
| 7. Loans Made | | 0 | | 0 | |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ | 15 | \$ | 265 | 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 | 9 | 15 | \$ | 265 | \$ |
| Current Cash Statement | _ | | Т | | \$ |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | 9 | 2521 | To | o calculate Column B, | |
| 13. Cash Receipts Column A, Line 3 above | | 0 | a | dd amounts in Column | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 0 | a | to the corresponding mounts from Column B | *Amounts in this section may be different from amounts reported in Column B. |
| 15. Cash Payments | | 15 | | f your last report. Some mounts in Column A may | |
| 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 | 5 | 2506 | b | e negative figures that | |
| If this is a termination statement, Line 16 must be zero. | | | p | hould be subtracted from revious period amounts. If | l l |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | 40 | 0 | fil | nis is the first report being led for this calendar year, nly carry over the amounts | |
| Cash Equivalents and Outstanding Debts | _ | | T fr | om Lines 2, 7, and 9 (if ny). | |
| 18. Cash Equivalents See instructions on reverse | 9 | | 1 | 77 | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | 5 | | | | FPPC Form 460 (Jan/2016 |
| | | | | | FPPC Advice: advice@fppc.ca.gov (866/275-3772 |

www.fppc.ca.gov

| | | | | | | | SCHEDULE E | |
|--|--|--|------------------------|--|--|--|-------------|--|
| Schedule E Payments Made | Amounts may be to whole dol | | | Statem | o7/01/2019 | CALIFORNIA 460 | | |
| SEE INSTRUCTIONS ON REVERSE | | | | through | 12/31/2019 | Page 4 | of4 | |
| NAME OF FILER | | | | F | | I.D. NUMBE | R | |
| Friends of Greg Janda for Rocklin City Council 2016 | | | | | | 1386250 | | |
| CODES: If one of the following codes accurately describe | es the payment, yo | u may er | ter the code. Other | rwise, descri | be 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 commoder c | appearance es ating rvey resear ery and me | ch ssenger services | RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf VOT voter | airtime and production led contributions aign workers' salaries cable airtime and pro- date travel, lodging, at spouse travel, lodging, er between committee registration nation technology cost | duction costs nd meals and meals es of the same o | | |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE | OR DES | CRIPTION OF PA | YMENT | | AMOUNT PAID | |
| First Foundation Bank 2233 Douglas Blvd #300 Roseville, CA 95661 | | PRO | Bank Fees | | | | 15 | |
| | | | | | | | | |
| * Payments that are contributions or independent expenditures must also | be summarized on Scheo | lule D. | | | SI | UBTOTAL \$ | 15 | |
| Schedule E Summary | | | | | | | | |
| 1. Itemized payments made this period. (Include all Schedu | le E subtotals.) | | | | | \$ | 15 | |
| 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).)......\$

15

Date Stamp

| Campaign Statement Cover Page | | | Date Stamp | CALIFORNIA 460 |
|---|---|--|--|--------------------------------------|
| | Statement covers period 01/01/2019 | Date of election if applicable: (Month, Day, Year) | JUL 3 1 2019 | Page1 of4 For Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | through06/30/2019 | n/a | By M2 | |
| 1. Type of Recipient Committee: All Committees - C | omplete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | |
| Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) | Primarily Formed Ballot Measure Committee O Controlled O Sponsored (Also Complete Part 8) | ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te | ☐ Specia | erly Statement al Odd-Year Report |
| General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee | Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) | ☐ Amendment (Explain be | low) | |
| 3. Committee Information | .D. NUMBER 1386250 | Treasurer(s) | | |
| Friends of Greg Janda for Rocklin City Council STREET ADDRESS (NO P.O. BOX) | 2016 | NAME OF TREASURER Greg Janda MAILING ADDRESS NAME OF ASSISTANT TREASURER | R, IF ANY | |
| - WALMONDONESS (II DIFFERENT) NO. AND STREET OR P.O. BOX | | MAILING ADDRESS | | |
| CITY STATE ZIP C | ODE AREA CODE/PHONE | СІТҮ | STATE ZIP COD | AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRES | S | |
| Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of t | | | herein and in the attached sche | dules is true and complete. I |
| Date 07/25/2019 | Ву | Signature of Treasurer or Assistant | Treasurer | _ |
| Executed on | By Signature of Co | introlling Officeholder, Candidate, \$tate Measure Pro | ponent or Responsible Officer of Sponsor | |
| Executed onDate | Ву | Signature of Controlling Officeholder, Candidate, S | state Measure Proponent | - |
| Executed onDate | Ву | Signature of Controlling Officeholder, Candidate, S | tate Measure Proponent | - |

| 1 | COVER PAGE - PART | 2 |
|--------|-------------------|---|
| CALI | FORNIA AGO | I |
| FC | DRM TOU | |
| Page_ | 2 4 4 | 1 |
| Page _ | 0/ | ١ |

| | ommittee | 6. | Primarily Formed Ball | ot Measure | Committee | i. | | | |
|--|--|----|-------------------------------|------------------|------------------|----------------|----------------|--|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | | | |
| Greg Janda | | | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D | ISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICTI | ON | | SUPPORT | | |
| Rocklin City Council | | | | | | | OPPOSE | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET |) CITY STATE ZIP | | Identify the controlling offi | ceholder, cand | lidate, or state | measure proj | onent, if any. | | |
| | | | NAME OF OFFICEHOLDER, CA | NDIDATE, OR PI | ROPONENT | | | | |
| Related Committees Not Included in thi 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 | | | | | | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | 7. | Primarily Formed Car | ndidate/Offi | ceholder Co | ommittee L | st names of | | |
| MINE OF TREASURER | ☐ YES ☐ NO | | officeholder(s) or candidate | s) for which thi | s committee is | primarily form | ea. | | |
| COMMITTEE ADDRESS STREET ADDRESS (NO | | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | JGHT OR HELD | SUPPORT OPPOSE | | |
| CITY STATE | ZIP CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | JGHT OR HELD | SUPPORT OPPOSE | | |
| COMMITTEE NAME | I.D. NUMBER | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | JGHT OR HELD | SUPPORT OPPOSE | | |
| | CONTROLLED COMMITTEE? | | NAME OF OFFICEHOLDER OF | CANDIDATE | OFFICE SOL | JGHT OR HELD | | | |
| NAME OF TREASURER | ☐ YES ☐ NO | | | | | | SUPPORT | | |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period 01/01/2019 CALIFORNIA 460 FORM 460 through 06/30/2019 Page 3 of 4

| SEE INSTRUCTIONS ON REVERSE | | | | | through. | 06/30/2019 | Page of4 | | |
|--|----------------------|------|------|--|-----------|--|--|--|--|
| NAME OF FILER Friends of Greg Janda for Rocklin City Council 2016 | | | | | | | 1.D. NUMBER 1386250 | | |
| Contributions Received | TOTAL THIS PERIOD CA | | | Column E CALENDAR YEA TOTAL TO DATE | IR. | Calendar Year Summary for Candidates Running in Both the State Primary and | | | |
| 1. Monetary Contributions | \$ | 0 | \$ | | 0 | General Elections | | | |
| 2. Loans Received | | 0 | | 1 | 0 | 1/1 | through 6/30 7/1 to Date | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | \$ | 0 | \$ | | 0 | 20. Contributions Received \$ | S | | |
| Nonmonetary Contributions | | 0 | | 0 | | 21. Expenditures | | | |
| | \$ | 0 | \$ | | 0 | Made \$ | \$ | | |
| Expenditures Made | | | | | | Expenditure Limit | Summary for State | | |
| 6. Payments Made Schedule E, Line 4 | \$ | 250 | \$ | | 250 | Candidates | C. C | | |
| 7. Loans Made Schedule H, Line 3 | | 0 | | | 0 | 20 Committee | See Process difference 88s dest | | |
| SUBTOTAL CASH PAYMENTS | \$ | 250 | \$ | | 250 | (If Subject | ive Expenditures Made* o Voluntary Expenditure Limit) | | |
| | | 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 | | 250 | \$ | | 250 | | \$ | | |
| Current Cash Statement | | h.m. | Т | | | | \$ | | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ | 2771 | 7 | o calculate Column | n B. | Lancard and Control of | | | |
| 13. Cash Receipts Column A, Line 3 above | | 0 | a | add amounts in Column | | And the second s | | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 0 | a | to the correspond mounts from Colur | mn B | *Amounts in this section reported in Column B. | may be different from amounts | | |
| 15. Cash Payments | | 250 | | of your last report. | | 20175-00-57170 | | | |
| 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 | \$ | 2521 | b | e negative figures | that | | | | |
| If this is a termination statement, Line 16 must be zero. | | | р | hould be subtracte previous period amount his is the first repor | ounts. If | | | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ | 0 | fi | iled for this calenda only carry over the | ar year, | | | | |
| Cash Equivalents and Outstanding Debts | | 9 | 7 fr | rom Lines 2, 7, and | | | | | |
| 18. Cash Equivalents See instructions on reverse | | 200 | | 250 | | | | | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ | 0 | | | | 2 1 1 2 1 1 2 2 2 | FPPC Form 460 (Jan/201 | | |

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

| Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees | | Amounts may be root to whole dollars | | Statement covers period from 01/01/2019 | | CALIFORNIA 460 | |
|--|---|--|------------------------------|---|--------|------------------------------------|--|
| SEE INSTRUCTION NAME OF FILER Friends of G | ns on reverse Greg Janda for Rocklin City Council 2016 | | | through06/30/ | 2019 | Page | |
| 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 | CALEND | VE TO DATE DAR YEAR DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
| 01/24/2019 | Bill Halldin for Rocklin City Council 2018 | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | 250 | | 250 | |
| | ☐ Support ☐ Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | | | | |
| | ☐ Support ☐ Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | | | | |
| | | | SUBTOTAL | \$ 250 | | | |

250

| | | | | | ER PAGE |
|-------|---|--|--|---------------------------|--------------------------|
| Cai | cipient Committee mpaign Statement ver Page | | Date C. | EIVE | FORNIA 460 |
| | | Statement covers period from 07/01/2018 | Date of election if applicable: (Month, Day, Year) | 3 1 2017 Page | For Official Use Only |
| SEE I | NSTRUCTIONS ON REVERSE | through 12/31/2018 | n/a by M | | |
| 1. 1 | Type of Recipient Committee: All Committees - C | Complete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | |
| | O State Candidate Election Committee O Recall (Also Complete Part 5) | Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 5) 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) | ☐ Quarterly Stat | |
| 3. (| Committee Information | I.D. NUMBER 1386250 | Treasurer(s) | | |
| 7 | COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) | 1000200 | NAME OF TREASURER | | |
| | Friends of Greg Janda for Rocklin City Council | 2016 | Greg Janda | | |
| | Out to the second of the second of the second | | MAILING ADDRESS | | |
| | | | | | |
| ō | ETDEET ADDRESS (NO DO DOV) | | NAME OF ASSISTANT TREASURER, IF ANY | | ĮE. |
| Ī | MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | | MAILING ADDRESS | | |
| ō | CITY STATE ZIP C | CODE AREA CODE/PHONE | CITY | STATE ZIP CODE | AREA CODE/PHONE |
| - 7 | OPTIONAL: FAX / E-MAIL ADDRESS | - | OPTIONAL: FAX / E-MAIL ADDRESS | | |
| 4. \ | /erification | | | | |
| | have used all reasonable diligence in preparing and reviewertify under penalty of perjury under the laws of the State | | | the attached schedules is | s true and complete. I |
| | Executed on | Ву | Signature of Treasurer of Assistant Treasurer | | |
| | Executed on | By — Signature of Con | ntrolling Officeholder, Candidate, State Measure Proponent or Respo | nsible Officer of Sponsor | |
| | Executed onDate | Ву | Signature of Controlling Officeholder, Candidate, State Measure Pro | ponent | |
| | Executed onDate | Ву | Signature of Controlling Officeholder, Candidate, State Measure Pro | pponent | |
| | | | | | DDC Form 460 [lan /2016] |

| | COVE | R PAGE | - PART |
|--------|------------|--------|--------|
| CALIF | ORN ORM | IIA 4 | 160 |
| Page _ | 2 | _ of _ | 5 |

| Officeholder or Candidate Control | led Committee | 6. | Primarily Formed Ball | ot Measure | Committee | • | |
|---|--|----|--|----------------|---------------------------|--------------|----------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | |
| Greg Janda | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION | AND DISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICTI | ON | | SUPPORT |
| Rocklin City Council | | | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND S | TREET) CITY STATE ZIP | | Identify the controlling office | ceholder, cand | idate, or state | measure prop | onent, if any. |
| | | | NAME OF OFFICEHOLDER, CA | NDIDATE, OR PE | ROPONENT | | |
| | in this Statement: List any committees lied by you or are primarily formed to receive f of your candidacy. | | OFFICE SOUGHT OR HELD | | | DISTRICT NO. | IF ANY |
| COMMITTEE NAME | I.D. NUMBER | | | | | 1 | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | 7. | Primarily Formed Car officeholder(s) or candidate(| ndidate/Offic | ceholder Cos committee is | ommittee Li | st names of |
| | ☐ YES ☐ NO | | THE OF OFFICE VOLUE OF | O A MIDID ATE | Lorrier no | IOUT OR UELD | - |
| COMMITTEE ADDRESS STREET ADDRE | SS (NO P.O. BOX) | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | JGHT OR HELD | SUPPORT OPPOSE |
| CITY STA | ATE ZIP CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | UGHT OR HELD | SUPPORT OPPOSE |
| COMMITTEE NAME | I.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 | _ |
| NAME OF TREASURER | | | The state of the s | | | | Dames |
| | ☐ YES ☐ NO | | | | | | SUPPORT OPPOSE |
| | YES NO | | | | | | |

Campaign Disclosure Statement Summary Page

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

18. Cash Equivalents...... See instructions on reverse

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

Cash Equivalents and Outstanding Debts

Amounts may be rounded to whole dollars.

| SEE INSTRUCTIONS ON REVERSE | | | | | through . | 12/31/2018 | Page3 of5 | |
|---|----|---|----------------|--|-------------------------------------|--|--|--|
| NAME OF FILER Friends of Greg Janda for Rocklin City Council 2016 | | | | | | | 1.D. NUMBER 1386250 | |
| Contributions Received | .6 | Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) | | Columi CALENDAR TOTAL TO I | YEAR | Running in Both t | nmary for Candidates he State Primary and | |
| Monetary Contributions Schedule A, Line 3 | \$ | 0 | 8 | | 0 | General Elections | | |
| 2. Loans Received | Φ | 0 | Ф | | 0 | 1/1 | through 6/30 7/1 to Date | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | S | 0 | 8 | | 0 | 20. Contributions | | |
| 4. Nonmonetary Contributions | | 0 | -0 | | 0 | Received \$ 21, Expenditures | | |
| TOTAL CONTRIBUTIONS RECEIVED | s | 0 | \$ | | 0 | Made \$ | \$ | |
| Expenditures Made | | 1.77 | | | V | Expenditure Limit | Summary for State | |
| 6. Payments Made Schedule E, Line 4 | \$ | 1096 | \$ | | 1846 | Candidates | The fact that the fact that the | |
| 7. Loans Made Schedule H, Line 3 | | 0 | | | 0 | 22 Overview | the Proposiditions Made | |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ | 1096 | \$ | | 1846 | 22. Cumula (# Subject | tive Expenditures Made* to Voluntary Expenditure Limit) | |
| 9. Accrued Expenses (Unpaid Bills) | | 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 | \$ | 1096 | \$ | | 1846 | | \$ | |
| Current Cash Statement | | | T | | | | \$ | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ | 3867 | To | calculate Colu | mn B. | | | |
| 13. Cash Receipts Column A, Line 3 above | | 0 | a | dd amounts in C | Column | | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 0 | | to the correspo mounts from Co | | *Amounts in this section reported in Column B. | may be different from amounts | |
| 15. Cash Payments | | 1096 | | your last repor | | Topolica in Column C. | | |
| 16. ENDING CASH BALANCE | \$ | 2771 | bi si pi | e negative figure nould be subtra- revious period a is is the first re- | es that cted from imounts. If | | | |

filed for this calendar year,

any).

0

0

only carry over the amounts from Lines 2, 7, and 9 (if

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

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

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2016

1386250

| 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) |
|---------|---|--|------------------------------|--------------------|---|--|
| 9/6/18 | Susan Halldin for Rocklin School Board 2018 | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | 250 | 250 | 250 |
| 9/18/18 | Bill Halldin for Rocklin City Council 2018 | ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure | Fundraising expenses | 846 | 1346 | 1346 |
| | Support Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | | | |
| | | | SUBTOTAL \$ | 1096 | | |

Schedule D Summary

| Schedule E Payments Made | Amounts may be rounded to whole dollars. | | | Statem from | 07/01/2018 | CALIFOI FORI | _M 400 |
|--|---|--|---------|--|---|--|--|
| SEE INSTRUCTIONS ON REVERSE | | | | through _ | 12/31/2018 | Page 5 | of5 |
| NAME OF FILER | | | | | | I.D. NUMBE | R |
| Friends of Greg Janda for Rocklin City Council 2016 | | | | | | 1386250 | |
| 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 co MTG meetings at OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de | mmunications nd appearances nses culating | ervices | RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf | airtime and production ed contributions aign workers' salaries cable airtime and pro date travel, lodging, a pouse travel, lodging er between committee | duction costs nd meals and meals es of the same o | A STATE OF THE STA |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE OR | DES | CRIPTION OF PA | YMENT | | AMOUNT PAID |
| Costco Roseville, CA | | fnd | | | | | 298 |
| Randy Peters Catering Roseville, CA | | fnd | | | | | 548 |
| | | | | | | | |
| * Payments that are contributions or independent expenditures must also | be summarized on Sch | nedule D. | | | s | UBTOTAL\$ | 846 |
| Schedule E Summary | | | | | | | |
| 1. Itemized payments made this period. (Include all Schedu | ule E subtotals.) | | | | | \$ | 846 |
| 2. Unitemized payments made this period of under \$100 | | | | | | \$ | 0 |
| 3. Total interest paid this period on loans. (Enter amount fro | om Schedule B, Pa | art 1, Column (e).) | | | | \$ | 0 |
| 4. Total nauments made this nation! (Add Lines 1. 2. and 2. | | | | | | | 846 |

SCHEDULE E

| Campaign Statement Cover Page | | DEBED | CALIFORNIA 460 |
|---|--|--|---|
| SEE INSTRUCTIONS ON REVERSE | Statement covers period 01/01/2018 06/30/2018 | Date of election if applicable: (Month, Day, Year) | Page 1 of 4 For Official Use Only |
| 1. Type of Recipient Committee: All Committees - Co | omplete 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 (Also Complete Part 5) 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) | ☐ Quarterly Statement ☐ Special Odd-Year Report |
| | .D. NUMBER 1386250 | Treasurer(s) | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) | | NAME OF TREASURER | |
| Friends of Greg Janda for Rocklin City Coincil 2 | 2016 | Greg Janda MAILING ADDRESS | 0 |
| STREET ADDRESS (NO P.O. BOX) | | CITY | STATE ZIP CODE AREA CODE/PHONE |
| CITY STATE ZIP C | ODE AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, IF ANY | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | | MAILING ADDRESS | |
| CITY STATE ZIP C | ODE AREA CODE/PHONE | CITY | STATE ZIP CODE AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRESS | |
| 4. Verification | Converse Facility of the | | |
| I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of | | y knowledge the information contained herein and | in the attached schedules is true and complete. I |
| Executed on | Ву | Signature of Treasurer or Assistant Treasurer | |
| Executed on | BySignature of Co | ntrolling Office holder, Candidate, State Measure Proponent or Res | ponsible Officer of Sponsor |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, State Measure | Proponent |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, State Measure | Proponent |

COVER PAGE

| | COVER | R PAGE | - PAR | 72 |
|--------|-------|--------|-------|----|
| CALIF | ORN | IA 4 | 160 | 1 |
| Page _ | 2 | of | 4 | |

| Officendider of Candidate Conti | olled Committee | 6. Primarily Formed Ball | ot Measure Comm | nittee | |
|--|---|---|-------------------------|--------------------------|---------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT MEASURE | | | |
| Greg Janda | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATI | ON AND DISTRICT NUMBER IF APPLICABLE) | BALLOT NO. OR LETTER | JURISDICTION | | SUPPORT |
| Rocklin city Council | | | | 1. | J OFFOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AN | D STREET) CITY STATE ZIP | Identify the controlling office | ceholder, candidate, o | r state measure prop | onent, if any. |
| | | NAME OF OFFICEHOLDER, CA | NDIDATE, OR PROPONE | NT | |
| Balatad Cammittana Nat Include | d in this Ctatement. | | | | |
| | ed in this Statement: List any committees trolled by you or are primarily formed to receive half of your candidacy. | OFFICE SOUGHT OR HELD | | DISTRICT NO. I | FANY |
| COMMITTEE NAME | I.D. NUMBER | 1 | | | |
| | | | | | |
| | | 7. Primarily Formed Car | ndidate/Officeholo | ler Committee / | t names of |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | officeholder(s) or candidate(| (s) for which this comm | ittee is primarily forme | d. |
| | ☐ YES ☐ NO | | according Torre | 25 20110115 22 11512 | 7 |
| COMMITTEE ADDRESS STREET ADD | RESS (NO P.O. BOX) | NAME OF OFFICEHOLDER OR | CANDIDATE | CE SOUGHT OR HELD | ☐ SUPPORT |
| CITY | STATE ZIP CODE AREA CODE/PHONE | NAME OF OFFICEHOLDER OR | CANDIDATE | | ☐ OPPOSE |
| | | | CANDIDATE | CE SOUGHT OR HELD | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | CANDIDATE | CE SOUGHT OR HELD | SUPPOSE OPPOSE |
| COMMITTEE NAME | I.D. NUMBER | NAME OF OFFICEHOLDER OR | | CE SOUGHT OR HELD | SUPPORT |
| , | I.D. NUMBER CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER OR | CANDIDATE OFFI | CE SOUGHT OR HELD | SUPPORT OPPOSE SUPPORT OPPOSE |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | CANDIDATE OFFI | | SUPPORT OPPOSE |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER OR | CANDIDATE OFFI | CE SOUGHT OR HELD | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT |
| NAME OF TREASURER COMMITTEE ADDRESS STREET ADD | CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER OR | CANDIDATE OFFI | CE SOUGHT OR HELD | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT |

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

| State | 01/01/2018 | CALIFORNIA 460 |
|-----------|------------|------------------------|
| through . | 06/30/2018 | Page3 of4 |
| | | 1.D. NUMBER 1386250 |

| NAME OF FILER Friends of Greg Janda for Rocklin City Council 2016 | | | | | | 1.D. NUMBER 1386250 | | |
|--|----|--|--|--|---|--|--|--|
| Contributions Received | (| COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | | Column B CALENDAR YEAR TOTAL TO DATE | Running in Both t | nmary for Candidates he State Primary and | | |
| Monetary Contributions | \$ | 0 | S | 0 | General Elections | | | |
| 2. Loans Received | 1 | 0 | | 0 | 1/1 | through 6/30 7/1 to Date | | |
| SUBTOTAL CASH CONTRIBUTIONS | \$ | 0 | s0 | | 20. Contributions Received \$ | \$ | | |
| | | 0 | | 0 | 21 Evnenditures | | | |
| | S | 0 | s | 0 | Made \$ | \$ | | |
| Expenditures Made | | | | | Expenditure Limit | Summary for State | | |
| Payments Made | \$ | | \$ | 750 | Candidates | | | |
| | | 0 | | 0 | 22 Cumula | tive Expenditures Made* | | |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 | \$ | | \$ | 750 | | to Voluntary Expenditure Limit) | | |
| 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 | \$ | 750 | \$ | 750 | | \$ | | |
| Current Cash Statement | | 100 | T | | | \$ | | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ | | To | calculate Column B, | | | | |
| 13, Cash Receipts | | 0 | a | dd amounts in Column to the corresponding | | | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 0 | a | mounts from Column B | *Amounts in this section reported in Column B. | may be different from amounts | | |
| 15. Cash Payments | | 750 | | f your last report. Some mounts in Column A may | Topanous, Subject | | | |
| 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 | \$ | 3867 | b | e negative figures that | | | | |
| If this is a termination statement, Line 16 must be zero. | | | p | hould be subtracted from revious period amounts. If | | | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ | 0 | this is the first report being filed for this calendar year, only carry over the amounts | | | | | |
| Cash Equivalents and Outstanding Debts | | 0 | fr | om Lines 2, 7, and 9 (if ny). | | | | |
| 18. Cash Equivalents See instructions on reverse | | | | | | | | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ | 0 | | | FPPC Advice: ac | FPPC Form 460 (Jan/2016) dvice@fppc.ca.gov (866/275-3772) | | |

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

Amounts may be rounded to whole dollars.

| SEE INSTRUCTION | DNS ON REVERSE | | | through06/30/ | /2018 Page | 4_ of4_ |
|-----------------|---|--|------------------------------|--------------------|--|------------------------------------|
| NAME OF FILER | Greg Janda for Rocklin City Council 2016 | | | | 1.D. NU 1386 | |
| 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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
| 04/09/2018 | Bonnie Gore for Supervisor 2018 Z Support | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | 250 | 250 | 250 |
| 05/23/2018 | Bill Halldin for Rocklin City Council 2018 | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | 500 | 500 | 500 |
| | ☐ Support ☐ Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | | | |
| | | | SUBTOTAL | \$ 750 | | |
| 1. Itemized | D Summary contributions and independent expenditures maded contributions and independent expenditures in | | | | | |
| 3. Total cont | ributions and independent expenditures made th | nis period. (Add Lines 1 | and 2. Do not enter on | the Summary Page | .) TOTAL \$ | 750 |

COVER PAGE Recipient Committee Date Stamp CALIFORNIA Campaign Statement FORM Cover Page Date of election if applicable: Statement covers period (Month, Day, Year) JAN 1 9 2018 For Official Use Only 07/01/2017 from. 12/31/2017 n/a 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 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/ Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1386250 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Friends of Greg Janda for Rocklin City Council 2016 Greg Janda MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF ASSISTANT TREASURER, IF ANY MAILING AUDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE CITY STATE 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 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. 01/15/2018 Executed on Signature of Tre-Sure or Assistant Treasurer 01/15/2018 Executed on . Date ete, 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 Date

| | rolled Committee | 6. 1 | Primarily Formed Ball | ot Measure | Committee | | |
|---|--|------|--|--------------------------------|--|---------------------------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | | F | NAME OF BALLOT MEASURE | | | | |
| Greg Janda | | | | | | | |
| | ION AND DISTRICT NUMBER IF APPLICABLE) | 1 | BALLOT NO. OR LETTER | JURISDICT | ION | | SUPPORT |
| Rocklin City Council | | | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. ANI | D STREET) CITY STATE ZIP | 1 | dentify the controlling office | ceholder, cand | lidate, or state meas | sure propo | onent, if any. |
| | | | NAME OF OFFICEHOLDER, CA | NDIDATE, OR PI | ROPONENT | | |
| Related Committees Not Include | ed in this Statement: List any committees | | | | | | |
| | trolled by you or are primarily formed to receive | i | OFFICE SOUGHT OR HELD | | DIST | RICT NO. IF | ANY |
| | | | | | | | |
| COMMITTEE NAME | I.D. NUMBER | | | | | | |
| | | 100 | | | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | 7. | Primarily Formed Can officeholder(s) or candidate(s | ididate/Offices) for which thi | ceholder Commi s committee is prima | ittee Lis | t names of |
| | Поста Поста | | | | | | I. |
| CALMANDON LEADING CO. CO. CO. | ☐ YES ☐ NO | 100 | | | | 1044 | |
| COMMITTEE ADDRESS STREET ADD | RESS (NO P.O. BOX) | ř | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT C | 1044 | SUPPOR |
| | | | NAME OF OFFICEHOLDER OR | | OFFICE SOUGHT O | OR HELD | SUPPOR OPPOSE |
| | RESS (NO P.O. BOX) | | | | 1. 1.9 | OR HELD | SUPPOR OPPOSE SUPPOR |
| CITY | RESS (NO P.O. BOX) | ī | | CANDIDATE | 1. 1.9 | OR HELD | SUPPOR SUPPOR OPPOSE SUPPOR |
| COMMITTEE NAME | STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER | i | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT C | OR HELD OR HELD OR HELD | SUPPOR OPPOSE SUPPOR |
| COMMITTEE NAME NAME OF TREASURER | STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO | i | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT C | OR HELD OR HELD OR HELD | SUPPOR SUPPOR OPPOSE SUPPOR |
| COMMITTEE NAME NAME OF TREASURER | STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? | i | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT C | OR HELD OR HELD OR HELD | SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE |
| COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADD | STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO | i | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT C | OR HELD OR HELD OR HELD | SUPPOR SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE |

Campaign Disclosure Statement Summary Page

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA ACO

Statement covers period

| Summary rage | | | | | from | 07/01/2017 | FORM 46U | | | |
|---|------|--|----|---|--------------|--|--|--|--|--|
| SEE INSTRUCTIONS ON REVERSE | | | | | through | 12/31/2017 | Page3of4 | | | |
| NAME OF FILER Friends of Greg Janda for Rocklin City Council 2016 | | | | | | | LD. NUMBER 1386250 | | | |
| Contributions Received | | COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | | Colum CALENDAR TOTAL TO I | YEAR DATE | | mmary for Candidates he State Primary and | | | |
| 1. Monetary Contributions | \$ | 0 | 5 | 3 | 0 | | | | | |
| Loans Received | | 0 | | \$0 | | 1/1 through 6/30 7/1 to Date | | | | |
| | \$ | 0 | 5 | | | 20. Contributions Received \$\$ | | | | |
| 4. Nonmonetary Contributions | | 0 | | | 0 | 21. Expenditures | | | | |
| TOTAL CONTRIBUTIONS RECEIVED | \$ | 0 | 4 | | 0 | Made \$ | \$ | | | |
| Expenditures Made | _ | | | | | Expenditure Limit | Summary for State | | | |
| Payments Made | \$ | 250 | 1 | | 1985 | Candidates | | | | |
| 7. Loans Made Schedule H, Line 3 | | 0 | | | STORY I | 22 Cumula | tive Expenditures Made* | | | |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 | . \$ | 250 | 5 | | 1985 | (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 | 3 | 0 | | | 0 | (mm/dd/yy) | | | | |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ | 250 | 4 | | 1985 | | \$ | | | |
| Current Cash Statement | T | 100 | T | | | | \$ | | | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ | | ١. | To calculate Colu | ımn B. | | | | | |
| 13. Cash Receipts | | 0 | | add amounts in C | | | | | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 0 | | amounts from Co | lumn B | *Amounts in this section reported in Column B. | may be different from amounts | | | |
| 15. Cash Payments Column A, Line 8 above | | 250 | | of your last repor | | | | | | |
| 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. | \$ | 4617 | | 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 | | | | | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ | 0 | 1 | | | | | | | |
| Cash Equivalents and Outstanding Debts | | | 7 | from Lines 2, 7, a | and 9 (if | | | | | |
| 18. Cash Equivalents See Instructions on reverse | 8 | 0 | | 210 | | 1 | | | | |

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

| Candidates, Measures and Committees | | | 10/01 | | | |
|---|--|--|---|---|---|--|
| eg Janda for Rocklin City Council 2016 | | | mrough | | 1.D. NUMBI 1386250 | ER |
| NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CALENDA | RYEAR | PER ELECTION TO DATE (IF REQUIRED) |
| Friends of Devon Bell for Sheriff 2018 | Contribution Nonmonetary Contribution Independent | 250 | 250 | | 250 | |
| ☑ Support ☐ Oppose | Expenditure | | | | | |
| | Monetary Contribution Nonmonetary Contribution Independent | | | | | |
| ☐ Support ☐ Oppose | Expenditure | | | | | |
| ☐ Support ☐ Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | | | | |
| | | SUBTOTAL | \$ 250 | | | |
| 6 | eg Janda for Rocklin City Council 2016 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Friends of Devon Bell for Sheriff 2018 Support | ANME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Friends of Devon Bell for Sheriff 2018 Monetary Contribution Independent Expenditure Monetary Contribution Independent Independent Monetary Contribution Independent Independe | SON REVERSE ag Janda for Rocklin City Council 2016 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Friends of Devon Bell for Sheriff 2018 Monetary Contribution Independent Expenditure Expenditure Expenditure Expenditure Independent Independent | Type of Payment Description Description | Measures and Committees through 12/31/2017 12/31/2017 | Measures and Committees In our reverse Intrough 12/31/2017 Page 1.0. NUMB 13/31/2017 1 |

COVER PAGE **Recipient Committee** Date Stamp CALIFORNIA Campaign Statement **FORM** Cover Page Page 1 of Statement covers period Date of election if applicable! (Month, Day, Year) For Official Use Only 01/01/2017 from 06/30/2017 n/a 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) Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1386250 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Friends of Greg Janda for Rocklin City Council 2016 Greg Janda MAILING ADDRESS SEET ADDRESS (NO P.O. BOX) NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE 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. 07/25/2017 Executed on . 07/25/2017 Executed on Signature of Controlling Officeholded Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Date Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent

| | COVE | R PAGE | - PART 2 |
|-------|------|--------|----------|
| CALI | ORN | IIA / | IGN |
| FC | DRM | | FUU |
| Page_ | 2 | of | 4 |
| rage_ | | _ 01_ | |

| Officeholder or Candidate Controlle | ed Committee | 6. | Primarily Formed Bal | lot Measure | Committee | | |
|---|--|----|--|------------------|-------------------|---------------------|---------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | |
| Greg Janda | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION A | AND DISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICTI | ON | | SUPPORT |
| Rocklin City Council | | | | | | 111 | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST | REET) CITY STATE ZIP | | Identify the controlling offi | ceholder, cand | idate, or state r | neasure propo | nent, if any. |
| | | | NAME OF OFFICEHOLDER, CA | NDIDATE, OR PE | ROPONENT | | |
| Related Committees Not Included in | n this Statement: List and semmitteen | | | | | | |
| not included in this statement that are controlle contributions or make expenditures on behalf | ed by you or 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 Car officeholder(s) or candidate | ndidate/Offic | ceholder Co | mmittee Lis | names of |
| STATE OF THE ISSUED | ☐ YES ☐ NO | | onicenoider(s) or candidate | s) for which thi | s committee is p | rimarily formed | |
| COMMITTEE ADDRESS STREET ADDRES | | | NAME OF OFFICEHOLDER OF | CANDIDATE | OFFICE SOUG | SHT OR HELD | SUPPOR |
| CITY STAT | E ZIP CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OF | CANDIDATE | OFFICE SOUG | GHT OR HELD | SUPPORT |
| COMMITTEE NAME | I.D. NUMBER | | | | | CONTROL DESCRIPTION | LI OFFOSE |
| | | | NAME OF OFFICEHOLDER OF | CANDIDATE | OFFICE SOU | SHT OR HELD | SUPPORT |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | NAME OF OFFICEHOLDER OF | CANDIDATE | OFFICE SOUC | GHT OR HELD | ☐ SUPPOR |
| | ☐ YES ☐ NO | | | | | | OPPOSE |
| COMMITTEE ADDRESS STREET ADDRES | S (NO P.O. BOX) | | | | | | 1 |
| | | | | | | | |
| CITY STAT | E ZIP CODE AREA CODE/PHONE | | | | ion sheets if ne | | |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

www.fppc.ca.gov

| SEE INSTRUCTIONS ON REVERSE | | | | th | rough_ | 00/30/2017 | Page of | | |
|---|-----|--|-----|---|---------------------------------|--|--|--|--|
| NAME OF FILER Friends of Greg Janda for Rocklin City Council 2016 | | | | | | | I.D. NUMBER 1386250 | | |
| Contributions Received | -() | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | | Column B CALENDAR YEAR TOTAL TO DATE | | | mmary for Candidates he State Primary and | | |
| Monetary Contributions | | \$ | | 0 | | 1/1 through 6/30 7/1 to Date | | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ | 0 | \$ | | 0 20. Contributions Received | | \$ | | |
| 4. Nonmonetary Contributions | \$ | | \$ | | 0 | 21. Expenditures Made \$ | \$ | | |
| Expenditures Made | Ī | 4705 | | | 0 | | Summary for State | | |
| 6. Payments Made Schedule E, Line 4 | \$ | 1735 | \$ | | 0 | Candidates | | | |
| 7. Loans Made | • | 1735 | | | 0 | 22. Cumula | tive Expenditures Made* | | |
| 9. Accrued Expenses (Unpaid Bills) | 4 | 0 | ф | | 0 | 1000 | to Voluntary Expenditure Limit) | | |
| 10. Nonmonetary Adjustment | | 0 | | | 0 | Date of Election (mm/dd/yy) | Total to Date | | |
| 11. TOTAL EXPENDITURES MADE | \$ | 1735 | \$ | | 0 | | \$ | | |
| Current Cash Statement | _ | | Т | | | | \$ | | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ | | | o calculate Column I | | *Amounts in this section may be different from amounts | | | |
| 13. Cash Receipts Column A, Line 3 above | | 0 | | dd amounts in Colur to the corresponding | | | | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 1735 | ar | mounts from Column f your last report. So | n B | reported in Column B. | may be different from amounts | | |
| 15. Cash Payments | | 4867 | at | mounts in Column A | may | | | | |
| 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. | \$ | 4007 | sh | e negative figures th hould be subtracted revious period amou | from ints. If | | | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ | 0 | fil | nis is the first report to led for this calendar only carry over the an | year, nounts | | | | |
| Cash Equivalents and Outstanding Debts | | | | om Lines 2, 7, and 9 ny). | if (if | | | | |
| 18. Cash Equivalents See instructions on reverse | \$ | | | | | | | | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ | 0 | | | | FPPC Advice: a | FPPC Form 460 (Jan/2016 dvice@fppc.ca.gov (866/275-3772 | | |

| Schedule B - Part 1 | An | nounts may be ro | | Ť. | Statement covers period CALLEGENIA | | | | |
|---|--|--|-----------------------------------|--|------------------------------------|--|-------------------------------|--|--|
| Loans Received | | to whole dollar | s. | | from 01/01/2017 CALIFORNIA FORM | | | | |
| | | | | | through 06/3 | of4_ | | | |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | | | | mougn | | Page 4 | 01 | |
| Friends of Greg Janda for Rocklin City C | ouncil 2016 | | | | | | 1386250 | | |
| 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 | ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTION TO DATE | |
| Greg Janda | Cadpros PCB Design | | | ☑ PAID | | 1.9.0 | h 1.92 | CALENDAR YEAR | |
| | Experts, Inc. | | | s1735 | \$0 | O % | \$ 813 | s0 | |
| | | 10.0 | | FORGIVEN | | | | PER ELECTION* | |
| [†] ☑IND □ COM □ OTH □ PTY □ SCC | | s1735 | \$0 | s | DATE DUE | s | 9/24/16 DATE INCURRED | \$ | |
| | | | | ☐ PAID | | TI | | CALENDAR YEAR | |
| | | | | 5 | \$ | % | \$ | s | |
| | | | | FORGIVEN | | RATE | | PER ELECTION | |
| | | s | \$ | | 1 | s | | s | |
| †□ IND □ COM □ OTH □ PTY □ SCC | + | | | | DATE DUE | | DATE INCURRED | | |
| | | | | ☐ PAID | | | | CALENDAR YEAR | |
| | | | | \$ | \$ | % | \$ | s | |
| | | | 1 | FORGIVEN | | RATE | | PER ELECTION | |
| †□IND □COM □OTH □PTY □SCC | | - | 5 | \$ | DATE DUE | \$ | DATE INCURRED | 5 | |
| | | SUBTOTALS : | \$ 0 | \$ 1735 | 5 \$ 0 | \$ 0 | | | |
| Schedule B Summary | | | | | | (Enter (e) on Schedule E, Line 3) | | | |
| Loans received this period | | | | \$ | 0 | | | | |
| (Total Column (b) plus unitemized loa | | | | | | (to | Contributor Codes | | |
| 2. Loans paid or forgiven this period | | | | \$ | 1735 | IN | ID - Individual | | |
| (Total Column (c) plus loans under \$1 | | sama.na.mina | | | 17.55 | c | OM - Recipient C | ommittee PTY or SCC) | |
| (Include loans paid by a third party that | | edule A.) | | | | 0 | TH - Other (e.g., | | |

*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.

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

PTY - Political Party

(May be a negative number)

SCC - Small Contributor Committee

Recipient Committee Date Stamp CALIFORNIA Campaign Statement **FORM** Cover Page Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 10/27/2016 from 12/31/2016 11/08/2016 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 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 Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1386250 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Friends of Greg Janda for Rocklin City Council 2016 Greg Janda 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 CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS greg.janda@gmail.com 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. 01/31/2017 Executed on Signature of Treasurer or Assistant Treasur 01/31/2017 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

| - | COVE | R PAG | E - PART 2 |
|--------|-------------|-------|------------|
| CALIF | FORN DRM | IIA Z | 460 |
| Page _ | 2 | of_ | 7 |

| Officeholder or Candidate Conf | rolled Committee | 6. | Primarily Formed Ball | ot Measure | Committee | | | | |
|--------------------------------------|---|----|---|-----------------------------------|-------------------------------|--------------------------------|--------------------|--|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | | |
| Greg Janda | | | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCAL | TION AND DISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICTI | ON | I | SUPPORT | | |
| Rocklin City Council | | | | | | | OPPOSE | | |
| RESIDENTIAL/BUSINESS ADDRESS /NO. A | ATE ZIP | | Identify the controlling office | eholder, cand | idate, or state | measure prop | onent, if any. | | |
| | | | NAME OF OFFICEHOLDER, CA | NDIDATE, OR PR | ROPONENT | | | | |
| | ed in this Statement: List any committees ntrolled by you or are primarily formed to receive shalf of your candidacy. | | OFFICE SOUGHT OR HELD | | | DISTRICT NO. | FANY | | |
| COMMITTEE NAME | I.D. NUMBER | | | | | | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | 7. | Primarily Formed Can officeholder(s) or candidate(s) | didate/Offic s) for which this | ceholder Co s committee is | ommittee Li primarily forme | st names of d. | | |
| COMMITTEE ADDRESS STREET AD | DRESS (NO P.O. BOX) | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | IGHT OR HELD | SUPPORT OPPOSE | | |
| CITY | STATE ZIP CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | IGHT OR HELD | SUPPORT OPPOSE | | |
| COMMITTEE NAME | I.D. NUMBER | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | IGHT OR HELD | SUPPORT OPPOSE | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | IGHT OR HELD | Почете | | |
| | YES NO | | | | | | ☐ SUPPORT ☐ OPPOSE | | |
| COMMITTEE ADDRESS STREET AD | DRESS (NO P.O. BOX) | | - | | | | | | |
| CITY | STATE ZIP CODE AREA CODE/PHONE | | At | ach continuat | ion obcate if n | 24720000 | | | |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

| Staten from | 10/27/2016 | FORM 460 |
|----------------|-------------------|------------------------|
| through _ | through12/31/2016 | Page 3 of 7 |
| | | I.D. NUMBER 1386250 |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2016

| 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 | | | |
|---|----|--|-----------------|--|---|--|--|--|
| Monetary Contributions | | 1773 | \$ _ - \$ | 23025 | General Elections | | | |
| 2. Loans Received | | 477 2250 | | 1735 24760 | 1/1 through 6/30 7/1 to Date | | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | \$ | | | | 20. Contributions Received \$\$ | | | |
| 4. Nonmonetary Contributions | | 0 | | 0 | 21 Expenditures | | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED | \$ | 2250 | \$ | 24760 | Made \$ \$ | | | |
| Expenditures Made | | | | | Expenditure Limit Summary for State | | | |
| 6. Payments Made Schedule E, Line 4 | S | 2274 | \$ | 18158 | Candidates | | | |
| 7. Loans Made Schedule H, Line 3 | | 0 | | 0 | | | | |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ | 2274 | \$ | 18158 | 22. Cumulative Expenditures Made* (# 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 MADEAdd Lines 8 + 9 + 10 | \$ | 2274 | \$ | 18158 | | | | |
| Current Cash Statement | | - 170.00 | Γ | | /\$ | | | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ | 6626 | To | calculate Column B. | | | | |
| 13. Cash Receipts Column A, Line 3 above | | 2250 | ado | d amounts in Column | | | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 0 | | the corresponding ounts from Column B | *Amounts in this section may be different from amounts reported in Column B. | | | |
| 15. Cash Payments Column A, Line 8 above | | 2274 | | our last report. Some ounts in Column A may | | | | |
| 16. ENDING CASH BALANCE | \$ | 6602 | be | negative figures that | | | | |
| If this is a termination statement, Line 16 must be zero. | | | pre | ould be subtracted from vious period amounts. If | | | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ | 0 | file | s is the first report being d for this calendar year, y carry over the amounts | | | | |
| Cash Equivalents and Outstanding Debts | | | | m Lines 2, 7, and 9 (if | | | | |
| 18. Cash Equivalents See instructions on reverse | \$ | 0 | , | | | | | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ | 1735 | | | FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 | | | |

www.fppc.ca.gov

Schedule A

Amounts may be rounded to whole dollars

SCHEDULE A

| Monetary Contributions Received | | to whole uoliais. | | Statement covers period 10/27/2016 | | FORM 460 | | |
|---------------------------------|--|---|--|------------------------------------|--|--------------------|--|--|
| SEE INSTRUCTIO | NS ON REVERSE | | | through12/3 | 31/2016 | Page _ | 4 of 7 | |
| NAME OF FILER | Greg Janda for Rocklin City Council 2016 | | | | | 1.D. NUN 138625 | | |
| 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 | PÉR ELECTION TO DATE (IF REQUIRED) | |
| 11/7/2016 | Lincoln Club of the Sierras # 1364145 | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 200 | 1 63 | 200 | | |
| 11/7/2016 | Sacrmento Metropolitan Chamber PAC # 840819 | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 250 | | 250 | | |
| 11/10/2016 | Daniel & Nancy Cole | IND COM OTH PTY | Evergreen Company | 1000 | 10 | 000 | | |
| 11/10/2016 | Phillips Land Law | □IND □COM ØOTH □PTY □SCC | | 125 | -3 | 250 | | |
| | | IND COM OTH PTY SCC | | | | | | |
| | | | SUBTOTAL | 1575 | | | | |
| Schedule / | A Summary | | | | (*Cor | tributor Co | odes | |

1. Amount received this period - itemized monetary contributions. 1575 (Include all Schedule A subtotals.)\$ 198 2. Amount received this period - unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period.

1773 (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

| | An | nounte may be re | hobau | | | | SCHE | DULE B - PART |
|--|---|---|--|--|-------------------------------|--|---|--|
| Schedule B – Part 1 Loans Received | Amounts may be rounded to whole dollars. | | | | Statement coverage from 10/27 | ers period /2016 | CALIFORNIA 460 | |
| | | | | | 12/3 | 1/2016 | 5 | . 7 |
| SEE INSTRUCTIONS ON REVERSE | | | | | through12/3 | 172010 | Page 5 | of |
| NAME OF FILER | | | | | | | I.D. NUMBER | |
| Friends of Greg Janda for Rocklin City Co | ouncil 2016 | | | | | | 1386250 | |
| 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 | CLOSE OF THIS | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTION TO DATE |
| Greg Janda | Cadpros PCB Design Experts, Inc. | 4050 | | PAID \$0 FORGIVEN | s1735 | O % | s <u>813</u> | \$ 1735 PER ELECTION* |
| TO IND COM OTH PTY SCC | | \$1258 | s477 | ş0 | 12/31/2017 DATE DUE | 30 | 9/24/16 DATE INCURRED | \$ |
| | | | | PAID \$ FORGIVEN | s | | \$ | S PER ELECTION |
| TO IND COM OTH PTY SCC | | \$ | 5 | s | DATE DUE | s | DATE INCURRED | s |
| | | | | PAID S FORGIVEN | \$ | % | 13 | \$PER ELECTION |
| T IND □ COM □ OTH □ PTY □ SCC | | s | \$ | \$ | DATE DUE | 5 | DATE INCURRED | s |
| | | SUBTOTALS S | 477 | \$ 0 | \$ 1735 | \$ 0 | | |
| Schedule B Summary | | | | | | (Enter (e) on Schedule E, Line 3) | | |
| Loans received this period (Total Column (b) plus unitemized loai | ns of less than \$100.) | | | \$ | 477 | | | |
| Loans paid or forgiven this period (Total Column (c) plus loans under \$1) | | | | \$ | 0 | IN | Contributor Codes D – Individual DM – Reciplent C | ommittee |

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

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

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

** If required.

(other than PTY or SCC)

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

PTY - Political Party

477

(May be a negative number)

SCC - Small Contributor Committee

Schedule E

CMP campaign paraphernalia/misc.

Amounts may be rounded

MBR member communications

| Statement covers period from 10/27/2016 | CALIFORNIA 460 |
|---|------------------------|
| through 12/31/2016 | Page 6 of 7 |
| | I.D. NUMBER 1386250 |

RAD radio airtime and production costs

| Payments Made | to whole dollars. | from10/27/2016 | FORM 400 | | |
|---|----------------------------------|--|-------------|--|--|
| SEE INSTRUCTIONS ON REVERSE | | through 12/31/2016 | Page 6 of 7 | | |
| NAME OF FILER | | I.D. NUMBER | | | |
| Friends of Greg Janda for Rocklin City Council 2016 | | | 1386250 | | |
| CODES: If one of the following codes accurately describes t | the payment, you may enter the o | 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 LIT campaign literature and mailings | MTG meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea POS postage, delivery and me PRO professional services (legal print ads) | rch essenger services | RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cost candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the salaries information technology costs (internet, | s ime candidate/sponsor |
|---|--|--------------------------|--|----------------------------|
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DE | SCRIPTION OF PAYMENT | AMOUNT PAID |
| Facebook Inc | PRT | Facebook Ads | | 464 |
| Gold Country Media | PRT | Newspaper Ads | | 583 |
| Facebook Inc | PRT | Facebook Ads | | 750 |
| * Payments that are contributions or independent expenditures must also | be summarized on Schedule D. | | SUBTOTAL | -\$ 1797 |
| Schedule E Summary | | | | |
| 1. Itemized payments made this period, (Include all Schedu | ule E subtotals.) | | \$ | 2274 |
| 2. Unitemized payments made this period of under \$100 | | | | 0 |
| 3. Total interest paid this period on loans. (Enter amount fro | | | | 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. | | | | 2274 |

| SCHEDULE E | CONT |
|------------|--------|
| SCHEDULE | CON I. |

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

1386250

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2016

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 CMP campaign paraphernalia/misc. MTG meetings and appearances returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND POS

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 PA | AYMENT AMOUNT PAID |
|---|---------------------------|--------------------|
| Strikes Unlimited | FND | 477 |
| | | |
| | | |
| | | |
| | | |
| | | , |

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

ER PAGE Recipient Committee Date Stamp CALIFORNIA Campaign Statement FORM Cover Page of 10 Page ___1 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 09/25/2016 from By 10/26/2016 11/08/2016 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/ Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1386250 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Greg Janda for Rocklin City Council 2016 Greg Janda MAILING ADDRESS STREET ADDRESS (NO PO BOY) MAILING ADDRESS LING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS greg.janda@gmail.com 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. 10/27/2016 Executed on. By. Date 10/27/2016 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. Dale Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

| | COVE | R PAG | E - PAR | T2 |
|--------|------------|-------|---------|----|
| CALIF | ORN ORM | IIA Z | 160 |) |
| Page _ | 2 | _ of_ | 10 | |

| Officeholder or Candidate Contr | olled Committee | Primarily Formed Bal | lot Measure Commi | ttee | |
|---|---|--|----------------------------|-----------------------|----------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT MEASURE | | | |
| Greg Janda | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION | ON AND DISTRICT NUMBER IF APPLICABLE) | BALLOT NO. OR LETTER | JURISDICTION | | SUPPORT |
| Rocklin City Council | | | 4 | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRÉSS (NO. AND | STREET) CITY STATE ZIP | Identify the controlling off | iceholder, candidate, or | state measure propo | onent, if any. |
| | | NAME OF OFFICEHOLDER, C. | ANDIDATE, OR PROPONEN | | |
| Related Committees Not Include | ed in this Statement: List any committees | | | | |
| | trolled by you or are primarily formed to receive | OFFICE SOUGHT OR HELD | | DISTRICT NO. II | ANY |
| COMMITTEE NAME | I.D. NUMBER | | | | |
| | | | | | |
| To the same of the same | CONTROLLED COMMITTEE? | 7. Primarily Formed Ca | ndidate/Officeholde | r Committee Lis | t names of |
| NAME OF TREASURER | | officeholder(s) or candidate | (s) for which this committ | ee is primarily forme | 1. |
| COMMITTEE ADDRESS STREET ADD | YES NO NO NO RESS (NO P.O. BOX) | NAME OF OFFICEHOLDER OF | R CANDIDATE OFFICE | SOUGHT OR HELD | E STATE |
| COMMITTEE ADDRESS STREET ADD | NESS (NOT-O. BOX) | | | | SUPPORT OPPOSE |
| CITY | STATE ZIP CODE AREA CODE/PHONE | NAME OF OFFICEHOLDER OF | R CANDIDATE OFFICE | SOUGHT OR HELD | SUPPORT |
| COMMITTEE NAME | I.D. NUMBER | | | | OPPOSE |
| Jennin 122 (1 m)2 | i.s.romet | NAME OF OFFICEHOLDER OF | R CANDIDATE OFFICE | SOUGHT OR HELD | SUPPORT OPPOSE |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER OF | R CANDIDATE OFFICE | SOUGHT OR HELD | D evices |
| | YES NO | | | | ☐ SUPPORT |
| COMMITTEE ADDRESS STREET ADD | RESS (NO P.O. BOX) | | | | |
| | | | | | |
| CITY | STATE ZIP CODE AREA CODE/PHONE | | | | |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2016 1386250 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 21252 1/1 through 6/30 7/1 to Date 445 1258 9420 22510 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0 0 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 9420 22510 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made** Expenditure Limit Summary for State 10903 15884 6. Payments Made...... Schedule E, Line 4 \$ Candidates 0 0 22. Cumulative Expenditures Made* 10903 15884 SUBTOTAL CASH PAYMENTS...... Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 Date of Election Total to Date 0 (mm/dd/yy) 10903 15884 **Current Cash Statement** 8109 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 9420 add amounts in Column A to the corresponding 0 *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. 10903 of your last report. Some amounts in Column A may 6626 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ 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, 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 1258 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

| | Contributions Received | | whole dollars. | Statement covers period CALIFOR FORM 10/26/2016 Page 4 | | | |
|-----------------------------|--|-------------------------------|---|--|--|--------------------|--|
| SEE INSTRUCTIO | NS ON REVERSE | | | in ough | | | |
| NAME OF FILER Friends of | Greg Janda for Rocklin City Council 2016 | | | | | 1.D. NUN 138625 | |
| 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 GALENDAR (JAN: 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) |
| 10/01/2016 | Rocklin Area Chamber of Commerce Political Action Committee | □IND □COM ØOTH □PTY □SCC | | 2000 | 2 | 2000 | |
| 10/01/2016 | CREPAC-C.A.R. 525 South Virgil Ave Los Angeles, CA 90020 ID # 890106 | □IND ☑ COM □ OTH □ PTY □ SCC | | 3500 | 3 | 3500 | |
| 10/01/2016 | California Apartment Association Political Action Committee 980 Ninth St #1430 # 745208 | ☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC | | 500 | | 500 | |
| 10/06/2016 | Robert Sinclair Attorney at Law | □IND □COM ØOTH □PTY □SCC | | 100 | | 100 | |
| 10/06/2016 | Mark Diele | ☑ IND □ COM | Insurance Broker Whitney Oaks Insurance | 125 | | 125 | |

SUBTOTAL \$

6225

Schedule A Summary 1. Amount received this period - itemized monetary contributions. 8800 (Include all Schedule A subtotals.)\$ 175 2. Amount received this period - uniternized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period. 8975 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$

□отн ☐ PTY 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.)

CALIFORNIA FORM

Statement covers period

09/25/2016

| NAME OF FILER | | | | through 10/2 | 26/2016 | Page | |
|------------------|---|--|--|-----------------------------------|--|--------|--|
| Friends of C | Greg Janda for Rocklin City Council 2016 | | | | | 138625 | 0 |
| 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 T CALENDAR (JAN. 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) |
| 10/06/2016 | Committee for Home Ownership of the North State Building Indistry Association Sacramento, CA 95833 # 782240 | □IND □COM □OTH □PTY □SCC | | 1000 | 1 | 000 | |
| 10/06/2016 | Bonnie Gore | ZIND COM OTH PTY SCC | Public Relations, Kaiser | 75 | | 150 | |
| 10/06/2016 | Jill Gayaldo | ☑IND □COM □OTH □PTY □SCC | Transportation Manager Elk Grove USD | 200 | | 299 | |
| 10/06/2016 | Debbie Ramos | ØIND □ COM □ OTH □ PTY □ SCC | Account Manager, Clear Channel | 100 | | 100 | |
| 10/06/2016 | Ken Broadway | ☑IND □COM □OTH | Manager, UPS | 125 | 1 | 375 | |

SUBTOTAL \$

1500

PTY

*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 ACA

Statement covers period

| | | | | from 09/25/2016 | | FO | RM 400 |
|------------------|--|---|--|-----------------------------------|--|----------|--|
| | | | | through10/2 | 6/2016 | Page | 6 of 10 |
| NAME OF FILER | | | | | | I.D. NUN | IBER |
| Friends of C | Greg Janda for Rocklin City Council 2016 | | | | | 138625 | 0 |
| 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 CALENDAR (JAN. 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) |
| 10/06/2016 | Peter Hill | ☑IND □COM □OTH □PTY □SCC | Retired | 125 | | 250 | |
| 10/06/2016 | Aldo Pineschi Consulting, Inc | ☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC | | 100 | | 200 | |
| 10/06/2016 | Scott Yuill Insurance Services | □IND □COM ☑OTH □PTY □SCC | | 125 | | 625 | |
| 10/06/2016 | Ronald Owens | IND COM OTH PTY | District Attorney Placer County | 125 | | 125 | |
| 10/08/2016 | Sacramento Valley Lincoln Club | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 250 | | 250 | |
| | | | SUBTOTAL | \$ 725 | | | |

*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 09/25 | 5/2016 | FO | RM 400 |
|------------------|--|---|--|-----------------------------------|--|----------|--|
| | | | | through10/2 | 26/2016 | Page | 7 of 10 |
| NAME OF FILER | | | | | | I.D. NUM | BER |
| Friends of G | Greg Janda for Rocklin City Council 2016 | | | | | 138625 | 0 |
| 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 CALENDAR (JAN. 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) |
| | | □ IND □ COM □ OTH □ PTY □ SCC | | | | | |
| 10/12/2016 | Placer Education Parents for Great Schools Political Action Committee | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 100 | | 100 | |
| 10/12/2016 | 10/12/2016 PG&E | ☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC | | 250 | | 250 | |
| | | □IND □COM □OTH □PTY □SCC | | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | | |
| | | | SUBTOTAL | \$ 350 | | | |

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

| | A. | nounts may be ro | unded | | | | SCHE | DULE B - PART 1 |
|--|---|--|-----------------------------------|--|----------------------------------|--|---|---|
| Schedule B – Part 1 Loans Received | e B - Part 1 to whole dollars. Statement c | | | | Statement cov from 09/25 | ers period 5/2016 | CALIFORN FORM | HA 460 |
| 200000000000000000000000000000000000000 | | | | | through 10/2 | 26/2016 | Page 8 | 10 |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | | _ | | anough | | I.D. NUMBER | UI |
| Friends of Greg Janda for Rocklin City | Council 2016 | | | | | | 1386250 | |
| 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 | ORIGINAL AMOUNT OF LOAN | (9) CUMULATIVE CONTRIBUTIONS TO DATE |
| Greg Janda | Cadpros PCB Design Experts, Inc. | . 813 | 445 | S O FORGIVEN | s1258 | O % | s 813 9/24/16 | S 1258 PER ELECTION** |
| To IND □ COM □ OTH □ PTY □ SC | | | • | | DATE DUE | \$ | DATE INCURRED | 3 |
| TO IND COM OTH PTY SC | | \$ | \$ | PAID S———— FORGIVEN S———— | \$ | % | \$DATE INCURRED | SPER ELECTION** |
| [†] □ IND □ COM □ OTH □ PTY □ SC | | s | s | PAID S FORGIVEN S | \$DATE DUE | RATE S | \$DATE INCURRED | CALENDAR YEAR S PER ELECTION** |
| | | SUBTOTALS S | 445 | \$ (| \$ 1258 | \$ | | |
| Schedule B Summary 1. Loans received this period | oans of less than \$100.) | | | | 445 | Tto IN | Contributor Code: | |
| (Total Column (c) plus loans under (Include loans paid by a third party 3. Net change this period. (Subtract Enter the net here and on the Sumr | 6100 paid or forgiven.) that are also itemized on Sch Line 2 from Line 1.) | edule A.) | | NET \$ | 445 lay bo a negative number) | OP | TH - Other (e.g., TY - Political Par | PTY or SCC) business entity) |

*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

| Schedule E Payments Made | Amounts may be rounded to whole dollars. | Statement covers period from09/25/2016 | CALIFORNIA 460 |
|---|---|---|--------------------------------------|
| SEE INSTRUCTIONS ON REVERSE | | through 10/26/2016 | Page 9 of 10 |
| Friends of Greg Janda for Rocklin City Counci | 2016 ely describes the payment, you may enter the code | Othonyisa describe the navment | 1.D. NUMBER 1386250 |
| CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events | MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research | RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging, | n costs duction costs nd meals |

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

independent expenditure supporting/opposing others (explain)*

legal defense

campaign literature and mailings

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYM | ENT AMOUNT PAID |
|---|-----------------------------|-------------------|
| Right Angle Productions | LIT | 9615 |
| Voter Guide Slate Cards ID # 1319578 | LIT | 500 |
| Sigs on the Cheap | LIT | 474 |
| * Payments that are contributions or independent expenditures must also be summ | arized on Schedule D. | SUBTOTAL \$ 10589 |

10903

10903

transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

voter registration

| Schedule E (Continuation Sheet) Payments Made | Amounts may be rounded to whole dollars. | Statement covers period from09/25/2016 | CALIFORNIA 460 |
|--|---|---|------------------------|
| SEE INSTRUCTIONS ON REVERSE | | through 10/26/2016 | Page 10 of 10 |
| NAME OF FILER Friends of Greg Janda for Rocklin City Counc | | | 1.D. NUMBER 1386250 |
| CODES: If one of the following codes accura CMP campaign paraphernalia/misc. | itely describes the payment, you may enter the co- MBR member communications | de. Otherwise, describe the payment RAD radio airtime and production | |
| CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations | MTG meetings and appearances OFC office expenses PET petition circulating | RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pr | |

| OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and | earch TRS messenger services TSF (legal, accounting) VOI | campaign workers' salaries t.v. or cable airtime and production of candidate travel, lodging, and meals staff/spouse travel, lodging, and mea transfer between committees of the s voter registration | als same candidate/sponsor |
|---|---|---|--|
| CODE | OR DESCRIPTI | ON OF PAYMENT | AMOUNT PAID |
| FND | | | 105 |
| LIT | | | 209 |
| | | | |
| | | | |
| | | | |
| | | | |
| | OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads CODE | OFC office expenses SAL PET petition circulating TEL PHO phone banks TRC POL polling and survey research TRS POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads WEE | OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO print ads POL polling and survey research POS professional services (legal, accounting) PRT print ads SAL campaign workers' salaries t.v. or cable airtime and production of candidate travel, lodging, and meals staff/spouse |

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

SUBTOTAL \$

314

Campaign Statement FORM Cover Page 13 Date of election if applicable: Statement covers period For Official Use Only (Month, Day, Year) 07/01/2016 09/24/2016 11/08/2016 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 Controlled Termination Statement (Also Complete Part 5) 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 Committee Information Treasurer(s) 1386250 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Friends of Greg Janda for Rocklin City Council 2016 Greg Janda MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE STATE ZIP CODE STATE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS greg.janda@gmail.com greg.janda@gmail.com 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. 09/29/2016 Executed on 09/29/2016 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 Date

Recipien ommittee

OVER PAGE

CALIFORNIA

Date Stamp

Recipient Committee Campaign Statement Cover Page — Part 2

| | COVE | RPAG | E - PART | 2 |
|--------|------|--------|----------|---|
| CALI | FORN | NA 4 | 460 | 1 |
| Page _ | 2 | _ of _ | 13 | |

| Officeholder or Candidate Control | 6. | Primarily Formed Ball | ot Measure | Committee | | | |
|---|--|------------------------------|---|--|------------------|-----------------|---------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | |
| Greg Janda | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION | AND DISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICTI | ON | | SUPPORT |
| Rocklin City Council | | | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND S | STREET) CITY STATE ZIP | | Identify the controlling office | ceholder, cand | lidate, or state | measure propo | nent, if any. |
| | | | NAME OF OFFICEHOLDER, CA | NDIDATE, OR PI | ROPONENT | | |
| | in this Statement: List any committees liled by you or are primarily formed to receive If of your candidacy. | | OFFICE SOUGHT OR HELD | | | DISTRICT NO. IF | ANY |
| COMMITTEE NAME | I.D. NUMBER | | | | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | 7. | Primarily Formed Car officeholder(s) or candidate(| ndidate/Offi | ceholder Co | mmittee List | t names of |
| | ☐ YES ☐ NO | | | | | 7 7 7 | |
| COMMITTEE ADDRESS STREET ADDRE | SS (NO P.O. BOX) | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOU | GHT OR HELD | SUPPORT |
| CITY STA | ATE ZIP CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE POLI | | ☐ OPPOSE |
| | | | | CANDIDATE | OFFICE SOO | GHT OR HELD | OPPOSE SUPPORT OPPOSE |
| COMMITTEE NAME | I.D. NUMBER | | NAME OF OFFICEHOLDER OR | -55 J 10 J | | GHT OR HELD | SUPPORT |
| | I.D. NUMBER CONTROLLED COMMITTEE? | | | CANDIDATE | OFFICE SOU | | SUPPORT OPPOSE |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOU | GHT OR HELD | SUPPORT OPPOSE |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOU | GHT OR HELD | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT |

Campaign Disclosure Statement **Summary Page**

Amounts may be __unded to whole dollars.

SL...VIARY PAGE Statement covers period CALIFORNIA 07/01/2016 **FORM** from 13 09/24/2016 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2016 1386250 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) General Elections 12277 12277 1/1 through 6/30 7/1 to Date 813 813 20. Contributions 13090 13090 Received 130 130 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 13220 13220 Made TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 4981 Candidates 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 4981 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 (mm/dd/yy) 4981 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 13090 13. Cash Receipts Column A. Line 3 above add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. 4981 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 8109 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. 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). 813

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

| | onetary Contributions Received | | Amounts be rounded to whole dollars. | | ers period /2016 | CALIFORNIA 460 | | |
|----------------------------|--|--------------------------------------|--|-----------------------------------|--|--------------------|--|--|
| EE INSTRUCTIO | ONS ON REVERSE | | | through09/2 | 24/2016 | Page . | 4 of 13 | |
| AME OF FILER Friends of | Greg Janda for Rocklin City Council 2016 | | | | | 1.D. NUM 138625 | | |
| 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 I CALENDAR (JAN: 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) | |
| 7/26/16 | Bruce Scheidt | ☑IND □COM □OTH □PTY □SCC | Attorney, KMTG | 125 | | 125 | | |
| 7/26/16 | Eric Stevens | ☑IND □COM □OTH □PTY □SCC | Attorney, Girard & Edwards | 125 | | 125 | | |
| 7/26/16 | Scott Yuill | ☑IND □COM □OTH □PTY □SCC | Scott Yuill Insurance Agency | 500 | | 500 | | |
| 7/26/16 | Christy Jewell | ☑IND □COM □OTH □PTY □SCC | Staff, William Jessup University | 100 | | 100 | | |
| 7/26/16 | Greg Morris | ☑IND □COM □OTH □PTY □SCC | Sales, Applied Medical | 125 | | 125 | | |

Schedule A Summary

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

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

602

*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)

Amounts may be rounded to whole dollars.

SCHELULE A (CONT.)

CALIFORNIA ACO

Statement covers period

| | | | | from07/01 | /2016 | FORM 460 |
|------------------|--|---|--|-----------------------------------|---|-----------|
| | | | | through09/2 | 24/2016 Pa | ge of13 |
| IAME OF FILER | | | | | 1.0 |), NUMBER |
| Friends of | Greg Janda for Rocklin City Council 2016 | | | | 138 | 86250 |
| 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 DA CALENDAR YEAR (JAN, 1 - DEC. 31) | TO DATE |
| 7/26/16 | Diana Ruslin for Rocklin City Council | □ IND ☑ COM □ OTH □ PTY □ SCC | | 350 | 350 | |
| 7/26/16 | Rocklin Sierra Apartments, LLC | ☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC | | 500 | 500 | |
| 7/26/16 | Martin A. Harmon Auburn Manor Holding Corporation | ☐IND ☐COM ØOTH ☐PTY ☐SCC | | 1000 | 1000 | |
| 7/26/16 | Halldin Public Relations | □IND □COM □OTH □PTY □SCC | | 500 | 500 | |
| 7/26/16 | John Mourier Contruction, Inc | □IND □COM ☑OTH □PTY □SCC | | 1000 | 1000 | |
| | | | SUBTOTAL | \$ 3350 | | |

*Contributor Codes

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(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 46

Statement covers period 07/01/2016

| | | | | from 07/01/2016 | | FO | RM 100 |
|--------------|--|--------------------------------------|--|-----------------------------------|--|----------|--|
| | | | | through09/2 | 24/2016 | Page | 6 of 13 |
| AME OF FILER | | | | | | I.D. NUM | BER |
| Friends of | Greg Janda for Rocklin City Council 2016 | | | | | 138625 | 0 |
| 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 OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE T CALENDAR (JAN. 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) |
| 7/26/16 | Aldo Pineschi Consultina, Inc. | □IND □COM ☑OTH □PTY □SCC | | 100 | | 100 | |
| 7/26/16 | Baja Pacifico LP | ☐IND ☐COM ØOTH ☐PTY ☐SCC | | 150 | | 150 | |
| 7/26/16 | Lauren Springer | DIND COM OTH PTY SCC | Homemaker | 125 | | 125 | |
| 7/26/16 | SIREA, Inc. | □IND □COM ☑OTH □PTY □SCC | | 500 | | 500 | |
| 7/26/16 | Applied Landscape Materials, Inc | □IND □COM ☑OTH □PTY □SCC | | 1000 | 1 | 000 | |
| | | | SUBTOTAL | \$ 1875 | | | |

*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

| o constant |) 2 2 mm/m c anima s an 1 de 2 de 2 | | | from07/01 | /2016 | | RM 460 |
|------------------|---|--------------------------------------|--|-----------------------------------|--|----------|--|
| | | | | through09/2 | 24/2016 | Page | 7 of 13 |
| NAME OF FILER | | | | | - | I.D. NUM | |
| Friends of | Greg Janda for Rocklin City Council 2016 | | | | | 138625 | 0 |
| DATE REGEIVED | 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 T CALENDAR (JAN, 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) |
| 7/26/16 | Al Johnson | IND COM OTH PTY | Al Johnson Consulting | 250 | 250 | | |
| 7/26/16 | Ken Broadway | IND COM OTH PTY | Manager, UPS | 125 | | 125 | |
| 7/26/16 | Daron Anderson Professional Services | □IND □COM ØOTH □PTY □SCC | | 100 | | 100 | |
| 7/26/16 | Scott Graves | IND COM OTH PTY SCC | Golden State Medical | 125 | | 125 | |
| 7/26/16 | David Busch | ☑IND □COM □OTH □PTY □SCC | AttractRev | 125 | | 125 | |

SUBTOTAL \$

725

*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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www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

| | from07/01/2 | 2016 FC | RM 400 |
|--|----------------------------------|---|--|
| | through09/24 | /2016 Page_ | 8 of 13 |
| AME OF FILER | | I.D. NUI | MBER |
| Friends of Greg Janda for Rocklin City Council 2016 | | 13862 | 50 |
| DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE * IF AN INDIVIDIO OCCUPATION AN (IF SELF-EMPLOYE OF BUSINESS) | ND EMPLOYER RECEIVED THIS DERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC, 31) | PER ELECTION TO DATE (IF REQUIRED) |
| 7/26/16 DLC Rocklin LP & Sadie Rocklin, LLC □ COM □ COM □ OTH □ PTY □ SCC | 1500 | 1500 | |
| 7/26/16 Phillips Land Law, Inc. □ IND □ COM □ OTH □ PTY □ SCC | 125 | 125 | |
| 8/18/16 Recology, Inc. □ IND □ COM □ OTH □ PTY □ SCC | 250 | 250 | |
| 8/22/16 Lewis Pacific Partners COM OTH PTY SCC | 500 | 500 | |
| Randy Peters Catering & Events IND COM OTH PTY SCC | 250 | 250 | |
| | SUBTOTAL \$ 2625 | | |

*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.

SCHEUULE A (CONT.)

CALIFORNIA

Statement covers period

875

| | | | | from07/01 | /2016 | FO | RM 400 |
|------------------|--|--------------------------------------|--|-----------------------------------|-------------------------------------|----------|--|
| | | | | through09/2 | 4/2016 | Page | 9 of 13 |
| AME OF FILER | | | | | | I.D. NUM | BER |
| Friends of (| Greg Janda for Rocklin City Council 2016 | | | | | 138625 | 0 |
| 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 CALENDAR (JAN. 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) |
| 8/30/16 | Edward Millington Stout III | DIND COM OTH PTY SCC | Retired | 125 | | 125 | |
| 8/30/16 | Denio's Roseville Farmers Market & Auction | □IND □COM ☑OTH □PTY □SCC | | 125 | | 125 | |
| 8/19/16 | Energy 2001, Inc | □IND □COM ☑OTH □PTY □SCC | | 250 | | 250 | |
| 8/30/16 | FSB Core Strategies | □IND □COM ØOTH □PTY □SCC | | 250 | | 250 | |
| 9/2/16 | Joe Canale | ☑IND □COM □OTH □PTY | Manager, Ameriprise Financial | 125 | | 125 | |

SUBTOTAL \$

SCC

*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 may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

| | | | | from07/01/2016 | | FO | RM TOO |
|------------------|--|--------------------------------------|--|-----------------------------------|--|----------|--|
| | | | | through09/2 | 24/2016 | Page | 10 of 13 |
| ME OF FILER | | | | | | I.D. NUM | BER |
| Friends of | Greg Janda for Rocklin City Council 2016 | | | | | 138625 | 0 |
| 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 CALENDAR (JAN. 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) |
| 8/31/16 | Ken Broadway | IND COM OTH PTY SCC | Manager, UPS | 125 | | 250 | |
| 8/31/16 | Peter Hill | ☑IND □COM □OTH □PTY □SCC | Retired | 125 | | 125 | |
| 9/12/16 | United Auburn Indian Community of the Auburn Rancheria | □IND □COM ☑OTH □PTY □SCC | | 500 | | 500 | |
| 9/17/16 | EPPS, LLC | □IND □COM ☑OTH □PTY □SCC | | 500 | | 500 | |
| | | □IND □COM □OTH | | | | -11 | |

SUBTOTAL \$

1250

□ PTY □ SCC

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

| Schedule B – Part 1 Loans Received | to whole dollars. Statement covers period from 07/01/2016 | | | CALIFORNIA 460 | | | | |
|---|--|---|--|---|--|---|--|---|
| SEE INSTRUCTIONS ON REVERSE | | | | | through 09/2 | 24/2016 | Page11 | of 13 |
| NAME OF FILER | | | | | | | I.D. NUMBER | |
| Friends of Greg Janda for Rocklin City Co | ouncil 2016 | | | | | | 1386250 | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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 PAIL OR FORGIVE THIS PERIOD | CLOSE OF THIS | (e) INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | (9) CUMULATIVE CONTRIBUTIONS TO DATE |
| Greg Janda ↑□ IND □ COM □ OTH □ PTY □ SCC | Cadpros PCB Design Experts, Inc. | s0 | s813 | PAID S 0 FORGIVEN \$ | 10 CZ | % | \$ 813 9/24/16 DATE INCURRED | s 813 PER ELECTION** |
| [†] □ IND □ COM □ OTH □ PTY □ SCC | | 5 | s | PAID FORGIVEN S | \$DATE DUE | % RATE | \$DATE INCURRED | \$PER ELECTION** |
| † IND COM OTH PTY SCC | | 3 | 5 | PAID \$ FORGIVEN | \$DATE DUE | % RATE | \$DATE INCURRED | SSSSSSSS |
| | - 7 | SUBTOTALS S | 813 | \$ (| \$ 813 | \$ 0 | | |
| Schedule B Summary 1. Loans received this period | | | *************************************** | \$ | 813 | (Enter (e) on Schedule E, Line 3) | | |
| 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 3. Net change this period. (Subtract Line Enter the net here and on the Summar) | of less than \$100.) Of paid or forgiven.) It are also itemized on School 2 from Line 1.) Y Page, Column A, Line 2. | edule A.) | | \$ | 0: 813 May be a negative number) | II C | TH - Other (e.g., TY - Political Par | Committee PTY or SCC) business entity) |
| Schedule B Summary 1. Loans received this period | os of less than \$100.) O paid or forgiven.) t are also itemized on Schele 2 from Line 1.) y Page, Column A, Line 2. | edule A.) | | \$ PAID \$ FORGIVEN \$ (| DATE DUE 813 813 | \$ RATE \$ (Enter (e) on Schedule E, Line 3) | DATE INCURRED Contributor Codes D – Individual OM – Recipient C (other than TH – Other (e.g., TY – Political Par | S-Comm PTY busis ty |

** If required,

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

| Schedule | 6 | | Amounts may be ided | | | | | | SCHEDULE |
|------------------|---|--------------------------------------|---|------------------------------|--------|---------------------------------|--------|--|--|
| Nonmone | tary Contributions Received | | to whole dollars. | | S | Statement covers 07/01/20 | | CALIF | DRNIA AGO |
| | | | | | from | 107701720 | 10 | 1000 | NIVI |
| SEE INSTRUCTION | NS ON REVERSE | | | | thro | ugh09/24/2 | 016 | Page | 12 of 13 |
| NAME OF FILER | | | | | | | | I.D. NUME | BER |
| Friends of G | reg Janda for Rocklin City Council 2016 | | | | | | | 138625 | 0 |
| 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) | DESCRIPTION GOODS OR SERV | | AMOUNT/ FAIR MARKET VALUE | CALENE | ATIVE TO ATE DAR YEAR - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
| | | □IND □COM □OTH □PTY □SCC | | | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | Ì | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | | |
| Attach addition | onal information on appropriately labeled | continuation | sheets. | SUBT | OTAL | 0 | | | |
| Cabadula (| | | | | | | | | |
| 1. Amount red | C Summary ceived this period – itemized nonmoneta | | | | | | INI | ontributor Co O – Individua | P. |
| | Schedule C subtotals.) | | | | | 0 | | (other th | nt Committee nan PTY or SCC) |
| | ceived this period – unitemized nonmone | The state of the first | ons of less than \$100 | *************** | \$_ | 130 | PT | Y - Political | |
| | onetary contributions received this perio 1 and 2. Enter here and on the Summar | | nn A, Lines 4 and 10.) | тот | AL \$_ | 130 | sc | C - Small C | ontributor Committee |

| Schedule ∟ Payments Made | Amounts may be r to whole dolla | | | Statement covers period | CALIFORNIA 460 | |
|--|--|-------------------------|---|--|--|---------------------------|
| SEE INSTRUCTIONS ON REVERSE | | | | through 09/24/2016 | _ Page | 13 of 13 |
| Friends of Greg Janda for Rocklin City Council 2016 | | | | | 1.D. NUMB | |
| 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 communifications and a communification of the communifica | nications opearances | FF FF ST TT TT Trvices T | se, describe the payment AD radio airtime and production FD returned contributions AL campaign workers' salarie EL t.v. or cable airtime and pr RC candidate travel, lodging, RS staff/spouse travel, lodging FF transfer between committee FOT voter registration FEB information technology co | on costs es roduction costs and meals g, and meals ees of the same | C 341 (140 15) 6 (140 15) |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE OR | DESCRI | PTION OF PAYMENT | | AMOUNT PAID |
| Placer Elections 2956 Richardson Dr Auburn, CA 95603 | | FIL | | | | 470 |
| Landslide Communications 30011 Ivy Glenn Dr #223 Laguna Nigel, CA 92677 | | LIT | | | | 3552 |
| Right Angle Productions 2351 Sunset Blvd Rocklin, CA 95765 | | LIT | | | | 959 |
| * Payments that are contributions or independent expenditures must also | be summarized on Schedu | le D. | | 1.13 | SUBTOTAL \$ | 4981 |
| Schedule E Summary | | | | | | |
| 1. Itemized payments made this period. (Include all Schedu | ule E subtotals.) | | ************** | ******************* | \$ | 4981 |
| 2. Unitemized payments made this period of under \$100 | | | | | \$ | 0 |
| 3. Total interest paid this period on loans. (Enter amount from | om Schedule B, Part 1 | , Column (e).) | | | \$ | 0 |

4981

Recipient Committee Date Stamp CALIFORNIA Campaign Statement **FORM** Cover Page Page 1161 3 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 01/01/2016 from 06/30/2016 11/08/2016 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 Primarily Formed Ballot Measure Preelection Statement Quarterly Statement 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 Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1386250 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Greg Janda Friends of Greg Janda for Rocklin 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 STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE STATE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS greg.janda@gmail.com greg.janda@gmail.com 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. 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

COVER PAGE

| COVER PAGE - PART 2 | | | | | | | | |
|---------------------|------------|--------|-----|---|--|--|--|--|
| CALII FC | ORN ORM | IA 4 | 160 |) | | | | |
| Page_ | 2 | _ of _ | 3 | | | | | |

| NAME OF OFFICEHOLDER OR CANDIDATE | NAME OF BALLOT MEASUR | | | | |
|--|---|----------------------------|--|---|--|
| Greg Janda | WANTE OF BACEOT MEADON | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION Rocklin City Council | BALLOT NO. OR LETTER | JURISDICTION | | SUPPORT OPPOSE | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND | D STREET) CITY STATE ZIP | Identify the controlling o | fficeholder, candida | ate, or state measure prop | onent, if any. |
| | * | NAME OF OFFICEHOLDER, | CANDIDATE, OR PRO | PONENT | |
| | ed in this Statement: List any committees trolled by you or are primarily formed to receive half of your candidacy. | OFFICE SOUGHT OR HELD | | DISTRICT NO. | IF ANY |
| COMMITTEE NAME | I.D. NUMBER | - | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | 7. Primarily Formed C | andidate/Office | | |
| | | officeholder(s) or candida | te(s) for which this c | noider Committee Li ommittee is primarily forme | st names of ed. |
| COMMITTEE ADDRESS STREET ADD | | NAME OF OFFICEHOLDER O | te(s) for which this c | ommittee is primarily forme | st names of ed. SUPPORT OPPOSE |
| 7.5000000000000000000000000000000000000 | ☐ YES ☐ NO | | te(s) for which this c | ommittee is primarily forme | support |
| CITY | ☐ YES ☐ NO RESS (NO P.O, BOX) | NAME OF OFFICEHOLDER | DR CANDIDATE DR CANDIDATE DR CANDIDATE | ommittee is primarily forme | SUPPORT OPPOSE SUPPORT |
| | YES NO RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE | NAME OF OFFICEHOLDER (| DR CANDIDATE DR CANDIDATE DR CANDIDATE DR CANDIDATE | OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT |
| COMMITTEE NAME NAME OF TREASURER | TYES NO RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER (| DR CANDIDATE DR CANDIDATE DR CANDIDATE DR CANDIDATE | OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov

| Statement covers period 01/01/2016 | CALIFORNIA 460 |
|------------------------------------|------------------------|
| through06/30/2016 | |
| | 1.D. NUMBER 1386250 |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2016 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** 0 1/1 Ihrough 6/30 7/1 to Date 0 0 0 20. Contributions SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1+2 Received 0 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 0 0 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ _____ Candidates 0 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 0 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date 0 0 (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 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 14. Miscellaneous Increases to Cash Schedule I. Line 4 amounts from Column B reported in Column B. of your last report. Some 15. Cash Payments...... Golumn A, Line 8 above amounts in Column A may be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 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, 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). 18. Cash Equivalents...... See instructions on reverse \$ 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)

| Officeholder and Candidate Campaign Statement - Short Form | | Date of election if applicable: (Month, Day, Year) | Amendment | (Explain Below) | Date Stamp ECEIVE AUG 0 4 2015 | CALIFORNIA 470 FORM 470 AUG 0 4 2015 |
|--|---|--|--|--|--|--------------------------------------|
| 1. 5 | Statement Covers Calendar Yea | r 20 15 | | | BV: 900 | BV: |
| i | Officeholder or Candidate Informane of Officeholder or Candidate Greg Janda STREET ADDRESS | rmation 3. Office OFFICE SO City Co | | City Council | JURISDICTION (LOCATION) DISTRICT NUMB (IF APPLICABLE | |
| 4. (| AREA CODE/DAYTIME PHONE NUMBER 916-577-1042 Committee Information List all committees of which you have COMMITTEE NAME AND LD. NUMBER | Control of the contro | | | A STATE OF THE PARTY OF THE PAR | ur candidacy. |
| | | | | | | 11 |
| 1 | Verification declare under penalty of perjury that to the used all reasonable diligence in preparing Executed on | this statement. I certify under pena 04/2015 DATE | that I will receive less that I will receive l | han \$1,000 and th aws of the State o | of California that the foregoing is true | and correct. |

ov (866/275-3772) www.fppc.ca.gov

| Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) | Type or print in | n Ink. | Date Stamp C | CALIFORNIA 460 |
|---|---|---|---|---|
| (GOVERNMENT GOOD GESTIONS 04200-04210.0) | Statement covers period 7-1-2014 | Date of election if applicable: (Month, Day, Year) | JAN 2, 6 2015 | For Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | through12-31-2014 | | y: Lei | |
| 1. Type of Recipient Committee: All Committee | s - Complete Paris 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 Ter☐ Amendment (Explain bel | Special C Supplementation) Statement | Statement Odd-Year Report ental Preelection at - Attach Form 495 |
| 3. Committee Information | I.D. NUMBER 1347521 | Treasurer(s) | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMI | | NAME OF TREASURER | | |
| Friends of Greg Janda for Rocklin City Cou | ncil 2012 | Greg Janda | | |
| | | MAILING ADDRESS | | |
| STREET ADDRESS (NO P.O. BOX) | | 6 | | |
| | 1 | F | | |
| | IE. | NAME OF ASSISTANT TREASURE | R, IF ANY | |
| 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 ADDRE | SS | |
| greg.janda@gmail.com | | greg.janda@gmail.com | | |
| 4. Verification | | | | |
| I have used all reasonable diligence in preparing and rev under penalty of perjury under the laws of the State of Ca | | nowledge the information contained here | in and in the attached schedules is | s true and complete. I certify |
| Executed on01/27/2015 | By | | | |
| Date | | Signature of Theasurer or Assistant Tr | easurer | |
| Executed on | By Signature of C | Controlling Officeholder, Candidale, State Measure Propri | onent or Responsible Officer of Sponsor | - |
| Executed on | Ву | | | |
| Date | | Signature of Controlling Officeholder, Candidate, Sta | le Measure Proponent | |
| Executed on | Ву | Control of | | -1 the last -1 -0. |

| Officeholder or Candidate Controlled Committee | | 6. Primarily Formed Bal | llot Measure | Committee | | |
|--|--|---|--|-----------------------------|---------------------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT MEASURE | | | | |
| reg Janda FICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICT | ON | SUPPORT OPPOSE | |
| | ZIP | | officeholder, ca | endidate, or state measu | re proponent, if ar | |
| | | NAME OF OFFICEHOLDER, CA | ANDIDATE, OR P | ROPONENT | | |
| | ed in this Statement: List any committees introlled by you or are primarily formed to receive whalf of your candidacy. | OFFICE SOUGHT OR HELD | | DISTRICT I | IO. IF ANY | |
| | | | | | | |
| COMMITTEE NAME | I.D. NUMBER | | | | | |
| | CONTROLLED COMMITTEE? | 7. Primarily Formed Ca officeholder(s) or candidate | | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | e(s) for which th | | ormed. | |
| NAME OF TREASURER COMMITTEE ADDRESS STREET ADD | CONTROLLED COMMITTEE? | officeholder(s) or candidate | e(s) for which the | is committee is primarily t | D SUPPORT OPPOSE | |
| NAME OF TREASURER COMMITTEE ADDRESS STREET ADD | CONTROLLED COMMITTEE? YES NO RESS (NO P.O. BOX) | officeholder(s) or candidate NAME OF OFFICEHOLDER OF | e(s) for which the R CANDIDATE R CANDIDATE | OFFICE SOUGHT OR HE | D SUPPORT OPPOSE | |

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

| State | 7-1-2014 | FORM 460 |
|---------|------------|------------------------|
| through | 12-31-2014 | Page 3 A of 6 |
| | | I.D. NUMBER 1347521 |

NAME OF FILER Friends of Greg Janda for Rocklin City Council 2012 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0 0 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 150 150 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 150 150 Made Expenditures Made **Expenditure Limit Summary for State** 6. Payments Made Schedule E. Line 4 506 456 Candidates 0 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 456 506 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C. Line 3 456 506 **Current Cash Statement** 456 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 0 amounts in Column A to the corresponding amounts 0 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 456 report. Some amounts in Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 0 18. Cash Equivalents See instructions on reverse \$ 0 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule C Nonmonetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA** 7-1-2014 **FORM** from 12-31-2014 through Page I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2012 1347521 CUMULATIVE TO IF AN INDIVIDUAL, ENTER: AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TODATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) (JAN 1 - DEC 31) DIND

COM ☐ OTH **PTY** □ SCC DIND □COM OTH □ PTY □SCC TIND COM **MOTH** PTY SCC DIND COM □ OTH PTY SCC Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$

Schedule C Summary

| Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) | |
|--|-----|
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ | 150 |
| 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.) | 150 |

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

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

Type or print in ink. Amounts may be rounded

SCHEDULE D Statement covers period **CALIFORNIA** 7-1-2014 **FORM** 12-31-2014 Page. I.D. NUMBER

to whole dollars. from through SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2012 1347521 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS DATE TYPE OF PAYMENT CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OR COMMITTEE Friends of Scott Yuill for Rocklin City Monetary Monetary Contribution 7/01/2014 Council 2014 100 100 ☐ Nonmonetary Contribution Independent Expenditure Support ☐ Oppose Monetary Monetary Bill Halldin for Sierra College Trustee 2012 Contribution 12/31/2014 356 356 ☐ Nonmonetary Contribution Independent Expenditure Support ☐ Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure Oppose Support SUBTOTAL \$ 456 Schedule D Summary 456 456

Schedule E Payments Made

Type or print in ink. Amounts may be rounded

| Stateme | ent covers period | CALIFORNIA 160 |
|-----------|-------------------|------------------------|
| from | 7-1-2014 | FORM 400 |
| through _ | 12-31-2014 | Page 6 of 6 |
| | | I.D. NUMBER 1347521 |

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2012 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 returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)* office expenses t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees. phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense 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 DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER LD. NUMBER) Friends of Scott Yuill for Rocklin City Council 2014 Campaign Contribution CTB 100 Bill Halldin for Sierra College Trustee 2012 Campaign Contribution CTB 356 Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 456 Schedule E Summary 456 Itemized payments made this period. (Include all Schedule E subtotals.) 0 2. Unitemized payments made this period of under \$100 0

456

| Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5) | Type or print in | Type or print in ink. | | CALIFORNIA 460 |
|---|--|--|--|-------------------------------------|
| EE INSTRUCTIONS ON REVERSE | Statement covers period from 01/01/2014 through 06/30/2014 | Date of election if applicable: (Month, Day, Year) | | For Official Use Only AUG 0 1 2014 |
| Type of Recipient Committee: All Committe ✓ 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 Term Amendment (Explain belo | Special (Supplem Statemen | Y: |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COM FRIENDS OF GREG S ROCKLIN CITY COURS STREET ADDRESS (NO BO BOY) MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF | 4004 FUL CIL 2012 | MAILING ADDRESS MAILING ADDRESS | S, 11-8884 | |
| OPTIONAL: FAX / E-MAIL ADDRESS | ZIP CODE AREA CODE/PHONE | OPTIONAL: FAX / E-MAIL ADDRES | STATE ZIP CODE | AREA CODE/PHONE |
| Verification I have used all reasonable diligence in preparing and under penalty of perjury under the laws of the State of Executed on | California that the foregoing is true and correct. By | owledge the information contained herein Signature of Controlling Officeholder, Candidate, State Measure Proportional Controlling Officeholder, Candidate, State Signature of Controlling Officeholder, Candidate, State Signature of Controlling Officeholder, Candidate, State Signature of Controlling Officeholder, Candidate, State | nent or Responsible Officer of Sponsor | is true and complete. I certify |

| Officeholder or Candidate Cont | 6. Primarily Form | | | | | |
|--|---|----------------------|---|-------------------|-----------------|----------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | NAME OF BALLOT ME | ASURE | | | | |
| GREG JANDA | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETT | TER JURISDIC | TION | | SUPPORT |
| ROCKLIN CITY C | | | | | OPPOSE | |
| PERIDENTIAL PLISINESS ADDRESS (NO AM | MO STREET) CITY STATE 7IP | Identify the contr | rolling officeholder, | candidate, or sta | ate measure p | roponent, if a |
| | | NAME OF OFFICEHO | OLDER, CANDIDATE, OR | PROPONENT | | |
| | ed in this Statement: List any committees ontrolled by you or are primarily formed to receive sehalf of your candidacy. | OFFICE SOUGHT OF | RHELD | | DISTRICT NO. IF | ANY |
| | | | | | | |
| COMMITTEE NAME | I.D. NUMBER | | | | | |
| COMMITTEE NAME NAME OF TREASURER | I.D. NUMBER CONTROLLED COMMITTEE? YES | | ned Candidate/Of andidate(s) for which | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | officeholder(s) or c | | this committee is | | |
| NAME OF TREASURER COMMITTEE ADDRESS STREET ADD | CONTROLLED COMMITTEE? | officeholder(s) or o | candidate(s) for which | OFFICE SOUG | primarily forme | SUPPOR |
| NAME OF TREASURER | CONTROLLED COMMITTEE? YES NO DRESS (NO P.O. BOX) | NAME OF OFFICEHO | candidate(s) for which | OFFICE SOUR | GHT OR HELD | SUPPOR |

Campaign Disclosure Statement Summary Page

Type or print in lnk.

Amounts may be rounded to whole dollars.

Statement covers period from O1/01/2014 FORM 460

through D6/30/2014 Page 3 of 4

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER FRIENDS OF GRES JAMBY FOR ROCKLIN CITY COURCIL 2012 134757 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TODATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0 O 2. Loans Received Schedule B. Line 3 0 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 0 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** Candidates 6. Payments Made Schedule E, Line 4 D 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 50 50 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0 O Date of Election Total to Date 0 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 50 **Current Cash Statement** 5060 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add 0 amounts in Column A to the corresponding amounts 0 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 50 report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 456 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 0 for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See Instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (January/05)

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2019 CALIFORNIA 460 FORM 460 through 06/30/2019 Page 9 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRIENDS OF GREG JANDA FOR ROCKLIN CITY COUNCIL 2014

| CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations candidate filing/ballot fees FND candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member con MTG meetings ar OFC office exper PET petition circl PHO phone bank POL polling and POS postage, de | nmunications Id appearances Inses Lilating | RAD radio airtime and production cos RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and producti TRC candidate travel, lodging, and me TRS staff/spouse travel, lodging, and transfer between committees of VOT voter registration WEB information technology costs (in | ion costs eals meals the same candidate/sponso |
|---|---|---|--|---|
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) | | CODE OR I | DESCRIPTION OF PAYMENT | AMOUNT PAID. |
| | | | | |
| | | | | |
| | | | | |
| * Payments that are contributions or independent expenditures | must also be sumn | narized on Schedule D. | SUBT | OTAL\$ |
| Schedule E Summary | | | | |
| 1. Itemized payments made this period. (Include all Schedule | E subtotals.) | | | |
| 2. Unitemized payments made this period of under \$100 | | | | \$50 |
| 3. Total interest paid this period on loans. (Enter amount from | Schedule B, Part | 1, Column (e).) | | \$ |
| 4. Total navments made this period. (Add Lines 1. 2. and 3. F. | the Summary Page Column | A Line 6 \ TOTAL | 50 | |

| Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) | Type or print in | 4 | Date Stamp | COVER PAGE CALIFORNIA 460 FORM |
|---|--|--|-------------------------|---|
| (Soveriment Code Sections 84200-04210.5) | Statement covers period 07/01/2013 | Date of election if applicable (Month, Day, Year) | JAN 2 9 2014 | Page of For Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | through12/31/2013 | BV: | E | |
| 1. Type of Recipient Committee: All Committees - | Complete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | |
| ✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Camplete 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 Supplem Stateme | y Statement Odd-Year Report nental Preelection ent - Attach Form 495 |
| 3. Committee Information | I.D. NUMBER: 1347521 | Treasurer(s) | | |
| STREET ADDRESS (NO BO. ROY) | | NAME OF ASSISTANT TREASURER. | , IF ANY | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. | D. BOX | MAILING ADDRESS | | |
| CITY STATE ZIP | CODE AREA CODE/PHONE | CITY | STATE ZIP CODE | E AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRESS | 3 | |
| 4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of California Executed on | ornia that the foregoing is true and correct. By | nowledge the information contained herein Signature of Treasurer or Assistant Treas | surer | is true and complete. I certify |
| Executed on | By | Signature of Controlling Officeholder, Candidate, State M | | 9 |
| Executed on | Ву | | | |

| Officeholder or Candidate Control | led Committee | 6. | Primarily Formed Bal | lot Measure | Committee | 9 | |
|--|--|----|---|------------------|-----------------------|-----------------|-------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | |
| Greg Janda | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION | NAND DISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICT | ION | | SUPPORT |
| Rocklin City Council | | | | | | Į. |] OPPOSE |
| DESIDENTIAL INLININGS ADDRESS (NO. AND S | TATE ZIP | | Identify the controlling of | fficeholder, ca | indidate, or s | tate measure | proponent, if any |
| | | | NAME OF OFFICEHOLDER, C | ANDIDATE, OR P | ROPONENT | | |
| | in this Statement: List any committees olled by you or are primarily formed to receive If of your candidacy. | | OFFICE SOUGHT OR HELD | | | DISTRICT NO. | IF ANY |
| COMMITTEE NAME | I.D. NUMBER | | | | | | |
| | | 7. | Primarily Formed Ca | ndidate/Offi | ceholder C | ommittee L | ist names of |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | officeholder(s) or candidate | (s) for which th | is committee i | s primarily for | ned. |
| COMMITTEE ADDRESS STREET ADDRE | SS (NO P.O. BOX) | | NAME OF OFFICEHOLDER OF | CANDIDATE | OFFICE SOI | JGHT OR HELD | SUPPORT OPPOSE |
| CITY STA | TE ZIP CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OF | CANDIDATE | OFFICE SOL | JGHT OR HELD | SUPPORT OPPOSE |
| COMMITTEE NAME | I.D. NUMBER | | NAME OF OFFICEHOLDER OF | R CANDIDATE | OFFICE SOUGHT OR HELD | | SUPPORT OPPOSE |
| NAME OF TREASURER | CONTROLLED COMMITTEE? YES: NO | | NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD | | SUPPORT OPPOSE | | |
| COMMITTEE ADDRESS STREET ADDRE | SS (NO P.O. BOX) | | - | | | | - |
| | | | | | | | |

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 07/01/2013 CALIFORNIA 460 FORM 12/31/2013 Page 3 of 7

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2012 1347521 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 2323 2023 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date -2023 -20232. Loans Received Schedule B, Line 3 300 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 100 300 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ Expenditures Made **Expenditure Limit Summary for State** 150 100 6. Payments Made Schedule E, Line 4 \$ Candidates 0 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 100 150 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date 0 0 (mm/dd/yy) 100 150 **Current Cash Statement** 606 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ___ To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts 0 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 100 Column A may be negative 506 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts, If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ -202319. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ __ FPPC Form 460 (January/05)

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 460

Statement covers period

| , | | 10 | whole dollars. | from07/0 | 1/2013 | FORM 40U | | |
|------------------|--|--------------------------------------|--|-----------------------------------|--|--------------------|---|--|
| SEE INSTRUCTION | ONS ON REVERSE | | | through12/ | 31/2013 | Page _ | 4 of | |
| NAME OF FILER | | | | | | 1.D. NUM 134752 | | |
| 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 CALENDAR (JAN. 1 - DI | RYEAR | PER ELECTION TO DATE (IF REQUIRED) | |
| 12/31/13 | Greg Janda | ☑IND □COM □OTH □PTY □SCC | cadPROS | 2023 | | 2023 | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | | |
| | | | SUBTOTAL | \$ | | | | |
| 1. Amount re | A Summary eceived this period – itemized monetary contributions. Ill Schedule A subtotals.) | | \$_ | 2023 | IN | | | |
| | eceived this period – unitemized monetary contributions etary contributions received this period. | s of less than | \$100\$ _ | 0 | P1 | TY - Political | (e.g., business entity) Party Contributor Committee | |
| | s 1 and 2. Enter here and on the Summary Page, Colu | mn A, Line 1. |) TOTAL \$_ | 2023 | | . Com | Form 460 (January/05) | |

| Sched | ule | B- | Part 1 |
|-------|-----|-----|--------|
| Loans | Rec | eiv | ed |

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

** If required.

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE B-PART 1

CALIFORNIA

Statement covers period

| Loans Received | to whole dollars. 6rom 07/01/2013 | | | FORM 460 | | | | |
|---|---|---|--|--|--------------------------------------|--|---|---|
| SEE INSTRUCTIONS ON REVERSE | | | | | through12/ | 31/2013 | Page 5 | of |
| NAME OF FILER | | | | | | | I.D. NUMBER | |
| Friends of Greg Janda for Rocklin City Co | ouncil 2012 | | | | | | 1347521 | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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 | | (e) INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
| Greg Janda ↑ IND □ COM □ OTH □ PTY □ SCC. | cadPROS | 32023 | s0 | PAID FORGIVEN 2023 | \$O | RATE % | \$522 09/11/12 | CALENDAR YEAR PER ELECTION** CALENDAR YEAR |
| TO IND COM OTH PTY SCC | | \$ | \$ | \$ FORGIVEN | \$DATE DUE | % | \$ | \$ PER ELECTION ** |
| † IND COM OTH PTY SCC | | \$ | 1 | PAID FORGIVEN \$ | \$ | RATE % | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION ** \$ |
| | | SUBTOTALS \$ | | \$ 2023 | \$ | \$ | | |
| Schedule B Summary 1. Loans received this period | | | | \$ | 0 | (Enter (e) on Schedule E, Line 3 |) | |
| (Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party tha 3. Net change this period. (Subtract Line Enter the net here and on the Summar | s of less than \$100.) D paid or forgiven.) t are also itemized on Scheo 2 from Line 1.) | dule A.) | | \$ | 2023 -2023 tay be a negative number) | | tContributor Code: IND – Individual COM – Recipient C (other than OTH – Other (e.g. PTY – Political Par SCC – Small Contr | ommittee PTY or SCC) , business entity) ty |

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

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2013 CALIFORNIA 460

through 12/31/2013 Page 6 of 7

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2012

I.D. NUMBER

1347521

TYPE OF PAYMENT

Diana Ruslin for Rocklin City Council

Monetary

Monetary

Monetary

12/31/2013

Page 6 of 7

I.D. NUMBER

1347521

DESCRIPTION (IF REQUIRED)

AMOUNT THIS PERIOD

CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)

Page 10 of 7

Page 6 of 7

II.D. NUMBER

1347521

| DATE | MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | (IF REQUIRED) | AMOUNT THIS PERIOD | CALENDAR YEAR (JAN. 1 - DEC. 31) | TO DATE (IF REQUIRED) |
|----------|--|--|---------------|-----------------------|-------------------------------------|--------------------------|
| 11/12/13 | Diana Ruslin for Rocklin City Council ☑ Support ☐ Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | 100 | 100 | |
| | ☐ Support ☐ Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | | | |
| | Support Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | | | |
| | | | SUBTOTA | L \$ 100 | | |

Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars.

| Statem | ent covers period | CALIFORNIA ACO |
|-----------|-------------------|----------------|
| from | 07/01/2013 | FORM 400 |
| through . | 12/31/2013 | Page 7 of 7 |
| | | I.D. NUMBER |
| | | 1347521 |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2012 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs RFD returned contributions campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC. office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Diana Ruslin for Rocklin City Council Campaign Contribution CTB 100 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 100 Schedule E Summary 100 0 2. Unitemized payments made this period of under \$100 0 100

| Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) | Type or print in ink. | | JUL 2 3 2013 | california 460 |
|--|---|---|---|--|
| (Sovernment Gode Sections 64200-04210.0) | Statement covers period from 01/01/2013 | Date of election if applicable: (Month, Day, Year) | Y: | For Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | through06/30/2013 | | | |
| ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee | omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Camplete Part 7) | 2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Term ☐ Amendment (Explain belo | Sp Su State | uarterly Statement pecial Odd-Year Report applemental Preelection atement - Attach Form 495 |
| S Committee Information | | Treasurer(s) NAME OF TREASURER Greg Janda MAILING ADDRESS | | |
| STREET ADDRESS (NO P.O. BOX) | | NAME OF ASSISTANT TREASURER | R, IF ANY | : |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. | BOX | MAILING ADDRESS | | |
| CITY STATE ZIP C | ODE AREA GODE/PHONE | CITY | STATE ZIP | CODE AREA CODE/PHONE |
| optional: FAX / E-MAIL ADDRESS greg.janda@gmail.com | | optional: FAX / E-MAIL ADDRES greg.janda@gmail.com | ss | |
| 4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ Executed on Date Executed on Date Executed on Date Executed on Date | nia that the foregoing is true and correct. By | | asurer nent or Responsible Officer of Spons Measure Proponent | |

| Officeholder or Candidate Controlled | Committee | 8, | Primarily Formed Bal | lot Measure | Committee | | |
|--|---|----|---|--|-----------------------|----------------|------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | |
| Greg Janda | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN | ID DISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICT | ION | | |
| Rocklin City Council | | | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR | EET) CITY STATE ZIP | | Identify the controlling o | fficeholder, ca | endidate, or stat | te measure | proponent, if an |
| | | | NAME OF OFFICEHOLDER, CA | ANDIDATE, OR P | ROPONENT | | |
| Related Committees Not Included In not included in this statement that are controlle contributions or make expenditures on behalf of | d by you or are primarily formed to receive | | OFFICE SOUGHT OR HELD | | | DISTRICT NO. | IF ANY |
| COMMITTEE NAME | I.D. NUMBER | | | | | | |
| | | | de la Design | Sar Parameter | and the same of the | - vier- | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | 7. | Primarily Formed Ca officeholder(s) or candidate | | | | |
| COMMITTEE ADDRESS STREET ADDRESS | (NO RO. BOX) | | NAME OF OFFICEHOLDER OF | CANDIDATE | OFFICE SOUGI | HT OR HELD | SUPPORT OPPOSE |
| CITY STATE | ZIP CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OF | CANDIDATE | OFFICE SOUGI | HT OR HELD | SUPPORT OPPOSE |
| COMMITTEE NAME | I.D. NUMBER | | NAME OF OFFICEHOLDER OF | CANDIDATE | OFFICE SOUGHT OR HELD | | SUPPORT OPPOSE |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | NAME OF OFFICEHOLDER OF | EHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD | | SUPPORT OPPOSE | |
| COMMITTEE ADDRESS STREET ADDRESS CITY STATE | (NO P.O. BOX) ZIP CODE AREA CODE/PHONE | | Att | ach continuat | ion sheets if ne | cessarv | OPPOSE |

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period CALIFORNIA | | |
|------------------------------------|------------|-------------------|
| from | 01/01/2013 | FORM 400 |
| through _ | 06/30/2013 | Page _ 3 _ of _ 6 |
| | | I.D. NUMBER |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rockli City Council 2012 134/521 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 300 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0 2 Loans Received Schedule B. Line 3 300 300 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0 0 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 300 300 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 50 6. Payments Made Schedule E, Line 4 \$ Candidates 0 0 22. Cumulative Expenditures Made* 50 50 8. SUBTOTAL CASH PAYMENTS Add Lines 6 ± 7 \$ (If Subject to Voluntary Expenditure Limit) 0 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 0 0 (mm/dd/yy) 50 50 **Current Cash Statement** 356 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 300 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4. from Column B of your last reported in Column B. 50 report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 606 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Parl 2 \$ ___ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink. Amounts may be rounded

SCHEDULE A

Statement covers period CALIFORNIA to whole dollars. 01/01/2013 **FORM** from 06/30/2013 of 6 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Friends of Greg Janda for Rocklin City Council 2012 1347521 AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS TODATE OCCUPATION AND EMPLOYER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME. PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) TIND John Mourier Constructin, Inc. COM 250 250 03/04/13 MOTH PTY SCC ☐ IND COM □ OTH PTY SCC DIND COM OTH PTY □SCC TIND COM □ OTH PTY SCC □IND □ COM TOTH PTY SCC SUBTOTAL\$ 250 Schedule A Summary *Contributor Codes IND - Individual Amount received this period – itemized monetary contributions. 250 COM - Recipient Committee (Include all Schedule A subtotals.)\$ (other than PTY or SCC) 50 OTH - Other (e.g., business entity) 2. Amount received this period – unitemized monetary contributions of less than \$100\$ PTY - Political Party SCC - Small Contributor Committee 3. Total monetary contributions received this period.

FPPC Form 460 (January/05)

300

| Schedule B - Part 1 | |
|---------------------|--|
| Loans Received | |

** If required.

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE B-PART 1

CALIFORNIA

Statement covers period

| | through 06 | /30/2013 | 5 | 1. |
|---|--|--|---|---|
| | | | Page | of 6 |
| | | | I.D. NUMBER | |
| | | | 1347521 | |
| NG AMOUNT AMOUNT RECEIVED THIS PERIOD THIS PERIOD | T PAID BALANCE AT CLOSE OF THIS | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
| \$ PAID \$ FORG \$ \$ \$ | 2023 VEN 12/31/13 DATE DUE | RATE % | \$ 522 09/11/12 DATE INCURRED | SS |
| \$ PAID \$ FORG | \$ DATE DUE | RATE % | \$ | S PER ELECTION ** |
| PAID FORG | S | RATE % | \$DATE INCURRED | S—PER ELECTION** |
| S \$ \$ | \$ | \$ | | |
| · · | 0 | (Enter (e) on Schedule E, Line 3) | | |
| | | - CP | ND – Individual COM – Recipient Co (other than F OTH – Other (e.g., PTY – Political Party | ommittee PTY or SCC) business entity) |
| | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | DATE DUE | \$ DATE DUE \$ DATE DUE \$ RATE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | S S S S S S S S S S S S S S S S S S S |

Schedule E

Type or print in ink.

| Statement covers period 01/01/2013 | CALIFORNIA 460 |
|------------------------------------|------------------------|
| from | Page 6 of 6 |
| | I.D. NUMBER 1347521 |

| Payments Made | Amounts may be rounded to whole dollars. | | from01/01/2013 | FORM 460 |
|---|--|---|--|---|
| SEE INSTRUCTIONS ON REVERSE | | | through 06/30/2013 | Page 6 cf 6 |
| NAME OF FILER Friends of Greg Janda for Rocklin City Council 2012 | | | | 1347521 |
| 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 ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member con MTG meetings ar OFC office experiments PET petition circum PHO phone bank POL polling and POS postage, de | nmunications ad appearances ases ulating | RAD radio airtime and prod RFD returned contributions SAL campaign workers' sa TEL t.v. or cable airtime an TRC candidate travel, lodgi TRS staff/spouse travel, local returned contributions staff/spouse travel, local transfer between com VOT voter registration | uction costs alaries and production costs and, and meals |
| 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 r | must also be summ | narized on Schedule D |), | SUBTOTAL\$ |
| Schedule E Summary | | | | |
| 1. Itemized payments made this period. (Include all Schedule | E subtotals.) | unamananan | | |
| 2. Unitemized payments made this period of under \$100 | *************************************** | | | \$50 |
| 3. Total interest paid this period on loans. (Enter amount from | Schedule B, Part | 1, Column (e).) | | |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. E | nter here and on t | he Summary Page, | Column A, Line 6.) | TOTAL \$50 |

| Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) | Type or print in | ı ink. | LIFORNIA 460 | |
|---|--|--|---|--|
| (Government Code Sections 64200-64210,3) | Statement covers period 10/21/2012 | Date of election if applicable: (Month, Day, Year) | ECEIVE Page | For Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | through12/31/2012 | 11/06/2012 | Y: | |
| 1. Type of Recipient Committee: All Committee | s - Complete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | 11-1-1-1-1 |
| ✓ 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 5) □ Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) | □ Preelection Statement ☑ Semi-annual Statement □ Termination Statement (Also file a Form 410 Term □ Amendment (Explain below) | nination) Supplemental Supplemental Statement | atement -Year Report al Preelection Attach Form 495 |
| 3. Committee Information | 1.D. NUMBER 1347521 | Treasurer(s) | | |
| Friends of Greg Janda for Rocklin City Courseling Street address (NO P.O. BOX) | ncil 2012 | NAME OF TREASURER Greg Janda MAILING ADDRESS NAME OF ASSISTANT TREASURER MAILING ADDRESS | R, IF ANY | E |
| CITY STATE | ZIP CODE AREA CODE/PHONE | CITY | STATE ZIP CODE | AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS greg.janda@gmail.com | | OPTIONAL: FAX / E-MAIL ADDRES | | |
| 4. Verification I have used all reasonable diligence in preparing and revunder penalty of perjury under the laws of the State of Ca Executed on | alifornia that the foregoing is true and correct. | | nent or Responsible Officer of Sponsor | ue and complete. I certify |
| Executed on | Ву | | | |

| Officeholder or Candidate Contr | 6. Primarily Fo | ormed Ball | iot Medadire | Committee | _ | | |
|---|--|-----------------|--|--|----------------|-------------------|---------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | NAME OF BALLOT MEASURE | | | | | | |
| Greg Janda | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCAT | ION AND DISTRICT NUMBER IF APPLICABLE) | BALLOT NO. OR | LETTER | JURISDICT | ION | | SUPPORT |
| Rocklin City Council | | | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AN | D STREET) CITY STATE ZIP | Identify the c | ontrolling of | fficeholder, ca | andidate, or s | state measure | proponent, if ar |
| | | NAME OF OFFIC | EHOLDER, CA | NDIDATE, OR P | ROPONENT | | |
| | ed in this Statement: List any committees introlled by you or are primarily formed to receive shalf of your candidacy. | OFFICE SOUGH | T OR HELD | | | DISTRICT NO. | IF ANY |
| | | | | | | | |
| COMMITTEE NAME | I.D. NUMBER | | | | | | |
| | CONTROLLED COMMITTEE? | 7. Primarily F | | | | ommittee L | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | officeholder(s) | or candidate | (s) for which th | is committee i | is primarily forn | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | or candidate | (s) for which th | is committee i | | |
| NAME OF TREASURER COMMITTEE ADDRESS STREET ADD | CONTROLLED COMMITTEE? | officeholder(s) | or candidate | (s) for which the | OFFICE SOL | is primarily forn | □ SUPPORT |
| NAME OF TREASURER COMMITTEE ADDRESS STREET ADD | CONTROLLED COMMITTEE? YES NO RESS (NO P.O. BOX) | officeholder(s) | or candidate | (s) for which the CANDIDATE CANDIDATE | OFFICE SOL | is primarily forn | SUPPORT OPPOSE |
| CITY | CONTROLLED COMMITTEE? YES NO RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE | NAME OF OFFICE | OF CANDIDATE CEHOLDER OR CEHOLDER OR CEHOLDER OR | CANDIDATE CANDIDATE CANDIDATE CANDIDATE | OFFICE SOL | IS Primarily form | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT |

Campaign Disclosure Statement **Summary Page**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

| | | SUMMARY PAGE |
|---------|---------------------------------|----------------|
| Statem | ent covers period 10/21/2012 | CALIFORNIA 460 |
| through | 12/31/21012 | Page 3 of 7 |
| | | I.D. NUMBER |

Friends of Greg Janda for Rocklin City Council 2012 1347521 Column A Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 3433 17736 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date -1000 2023 2433 19759 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 4113 1605 4. Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 23872 4038 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ 19753 2761 Candidates 0 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 2761 19753 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date (mm/dd/yv) 1605 4113 10. Nonmonetary Adjustment Schedule C. Line 3 4366 23866 **Current Cash Statement** 684 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 2433 amounts in Column A to the corresponding amounts 0 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 2761 report. Some amounts in 15. Cash Payments Column A, Line B above Column A may be negative 356 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0 18. Cash Equivalents See instructions on reverse \$ 2023 19. Outstanding Debts Add Line 2 + Line 9 in Column B above

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 10/21/2012 CALIFORNIA 460

through 12/31/2012 Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2012

| Page of |
|-------------|
| I.D. NUMBER |
| 1347521 |
| |

| Friends of | Greg Janda for Rocklin City Council 2012 | | | 10.50 | 13475 | 21 |
|------------------|--|--------------------------------------|--|-----------------------------------|---|--|
| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
| 10/23/12 | Al Johnson Consulting | □IND □COM ØOTH □PTY □SCC | | 100 | 200 | |
| 10/24/12 | Friends of Bill Halldin for Sierra College Trustee | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | 950 | 950 | |
| 10/26/12 | Integral Financial Management | □IND □COM ☑OTH □PTY □SCC | | 200 | 400 | |
| 10/26/12 | Committee for Homeownership of the North State Building Industry Assn. ID # 782240 | □IND □COM □OTH □PTY □SCC | | 1000 | 1000 | |
| 10/28/12 | John Mourier Construction, Inc. | □IND □COM ØOTH □PTY □SCC | | 250 | 250 | |
| | | | SUBTOTAL\$ | 2500 | | |
| Amount re | A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) | | ¢ | 2500 | *Contributor C IND – Individua COM – Recipio | el ent Committee |
| | ceived this period – unitemized monetary contributions | | | 933 | OTH - Other | than PTY or SCC) (e.g., business entity |
| . Total mone | etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu | | | 3433 | Contraction | Party Contributor Committee |

| Sched | ule | B- | Part | 1 |
|-------|-----|------|------|---|
| Loans | Rec | eive | ed | |

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA AGO

Statement covers period

| Loans Received | | to whole donar | 5. | | from10/21 | /2012 | FORM | 400 |
|---|---|---|--|--|--|--|--|---|
| SEE INSTRUCTIONS ON REVERSE | | | | | through12/3 | 31/2012 | Page 5 | of |
| NAME OF FILER | | | | | | | I.D. NUMBER | |
| Friends of Greg Janda for Rocklin City C | ouncil 2012 | | | | | | 1347521 | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTER LD. 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 | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
| Greg Janda TIZ IND □ COM □ OTH □ PTY □ SCC | cadPROS | ş3023 | \$ | PAID 1000 FORGIVEN \$ | \$2023 | 0 % RATE | \$522 | S PER ELECTION** |
| † IND COM OTH PTY SCC | | s | 5 | PAID S FORGIVEN 5 | \$ DATE DUE | RATE % | \$ DATE INCURRED | CALENDAR YEAR S PER ELECTION ** |
| †□ IND □ COM □ OTH □ PTY □ SCC | | \$ | \$ | PAID SFORGIVEN \$ | \$DATE DUE | RATE % | S | CALENDAR YEAR \$ PER ELECTION** \$ |
| | | SUBTOTALS ! | | \$ | \$ | \$ | | |
| Schedule B Summary 1. Loans received this period | | | | 9 | 0 | (Enter (e) on Schedule E, Line 3) | | |
| 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party tha | s of less than \$100.) D paid or forgiven.) t are also itemized on Scheo | dule A.) | миновани | \$ | 1000 | C | OTH - Other (e.g., PTY - Political Part | ommittee PTY or SCC) business entity) |
| Net change this period. (Subtract Line Enter the net here and on the Summar | e 2 from Line 1.) y Page, Column A, Line 2. | | | NET \$ | -1000 lay be a negative number) | S | SCC - Small Contril | butor Committee |

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 10/21/2012 CALIFORNIA 460 FORM 460 through 12/31/2012 Page 6 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Greg Janda fro Rocklin City Council 2012

12/31/2012

Page 6 of 7

I.D. NUMBER

1347521

| i nenus o | Greg Sanda no Rockim City Council 20 | - | | | | 134732 | |
|------------------|--|--------------------------|--|-------------------------------------|---------------------------------|--|--|
| 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) |
| 11/15/12 | Halldin Public Relations Rockini, GA 33733 Previously reported on Schedule G | □IND □COM ☑OTH □PTY □SCC | | Print Ads | 963 | 2614 | |
| 12/01/12 | Halldin Public Relations | □IND □COM ☑OTH □PTY □SCC | | Print and On-line Ads | 642 | 3256 | |
| | | □IND □COM □OTH □PTY □SCC | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | |
| Attach add | ditional information on appropriately la | heled continuati | on sheets | SUBTOTAL S | 1605 | | |

Schedule C Summary

| Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) | 1605 |
|--|------|
| 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.) | 1605 |

*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**

Type or print in ink. Amounts may be rounded

| Statem | ent covers period | CALIFORNIA 160 |
|---------|-------------------|----------------|
| from | 10/21/2012 | FORM 400 |
| through | 12/31/2012 | Page 78 of 7 |
| | | I.D. NUMBER |
| | | 1347521 |

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2012 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 returned contributions CTB contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries CVC civic donations t.v. or cable airtime and production costs PET petition circulating FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor POS LEG legal defense PRO professional services (legal, accounting) VOT voter registration PRT information technology costs (internet, e-mail) campaign literature and mailings print ads NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID JC Evans, Inc. 2726 LIT * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 2726 Schedule E Summary 2726 Itemized payments made this period. (Include all Schedule E subtotals.) 35 2. Uniternized payments made this period of under \$100 0 2761

| Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216,5) | Type or print in | | COVER PAGE CALIFORNIA 460 FORM |
|--|---|--|--|
| SEE INSTRUCTIONS ON REVERSE | Statement covers period 10/01/2012 through 10/20/2012 | Date of election if applicable: (Month, Day, Year) | Page of |
| ○ 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 5) 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 Supplemental Preelection Statement - Attach Form 495 |
| 3 Committee Information | 2012 | Treasurer(s) NAME OF TREASURER Greg Janda MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF A | NY . |
| OPTIONAL: FAX / E-MAIL ADDRESS greg.janda@gmail.com | CODE AREA CODE/PHONE | OPTIONAL: FAX / E-MAIL ADDRESS greg.janda@gmail.com | STATE ZIP CODE AREA CODE/PHONE |
| 4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ Executed on | nia that the foregoing is true and correct. By | | esponsible Officer of Sponsor e Proponent |

| BALLOT NO. OR LETTER JURISDICTION SUPPLIED Identify the controlling officeholder, candidate, or state measure proportion NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT DISTRICT NO. IF ANY proceive OFFICE SOUGHT OR HELD | onent, if a |
|---|--|
| ZIP Identify the controlling officeholder, candidate, or state measure propo NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT mittees | onent, if a |
| ZIP Identify the controlling officeholder, candidate, or state measure propo NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT mittees | onent, if a |
| Identify the controlling officeholder, candidate, or state measure proponant mittees | onent, if a |
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT mittees | |
| mittees OFFICE SOUGHT OR US D | Y |
| DEFICE POLICIES OF LICID | Y |
| | |
| | |
| 7. Primarily Formed Candidate/Officeholder Committee List namofficeholder(s) or candidate(s) for which this committee is primarily formed. | mes of |
| 1 | SUPPOR |
| | SUPPOR |
| | SUPPOR OPPOSE |
| | SUPPOR |
| | NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD |

Campaign Disclosure Statement Summary Page

Type or print in Ink.

Amounts may be rounded to whole dollars.

Statement covers period 10/01/2012 CALIFORNIA 460 FORM Page 3 of C I.D. NUMBER 1347521

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2012 1347521 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 14303 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 2501 3023 4055 17326 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 321 2508 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 4376 19834 Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ Expenditures Made **Expenditure Limit Summary for State** 16992 9568 Candidates 6. Payments Made Schedule E, Line 4 0 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 9568 16992 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 Date of Election Total to Date 0 0 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 9568 16992 **Current Cash Statement** 6197 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 4055 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 9568 Column A may be negative 684 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts, If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See Instructions on reverse 3023 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A

Type or print in ink.

SCHEDULE A

| Ionetary Contributions Received | | may be rounded note dollars. | Statement covers period from10/01/2012 | | | CALIFORNIA 460 | | | 160 |
|---------------------------------|--|---------------------------------|--|--------|-------------|--------------------|-----|--------|------|
| EE INSTRUCT | IONS ON REVERSE | | through . | 10/20/ | 2012 | Page _ | 4 | _ of _ | ٩ |
| Friends of | R of Greg Janda for Rocklin City Concil 2012 | | | | | 1.D. NUM 134752 | | | |
| (E) insert | FULL NAME STREET ADDRESS AND ZIR CODE OF CONTRIBUTOR | IF AN INDIVIDUAL, ENTER | AMO | UNT C | UMULATIVE T | ODATE | PEF | RELEC | TION |

| | | | | | The second secon | |
|------------------|--|--------------------------------------|---|-----------------------------------|--|--|
| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
| 10/04/12 | Ann Bouchard | ☑IND □COM □OTH □PTY □SCC | Bouchard Communications | 100 | 100 | |
| 10/03/12 | Kent Foster | ☑IND □COM □OTH □PTY □SCC | Retired | 100 | 100 | |
| 10/04/12 | Jamie Lee Brockway | ☑IND □COM □OTH □PTY □SCC | Homemaker | 100 | 100 | |
| 10/01/12 | Jerntown, Inc. | □IND □COM ØOTH □PTY □SCC | | 250 | 500 | |
| 10/05/12 | John & Marilyn Redding | ☑IND □COM □OTH □PTY □SCC | Retired | 100 | 100 | |
| | | | SUBTOTAL | 650 | | |
| . Amount re | A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.) | | \$ | 1000 | *Contributor C IND – Individua COM – Recipie | 1 |
| . Amount re | eceived this period – unitemized monetary contributions | s of less than | \$100 \$ | 554 | | e.g., business entity) |
| | etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu | mn A, Line 1. |) TOTAL \$ | 1554 | SCC - Small C | ontributor Committee |
| | | | | | EPPC | Form 460 (January) |

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

| SCHEDULEA | CONT | |
|-----------|---------|--|
| SCHEDULEA | (CONT.) | |

CALIFORNIA

FORM

Statement covers period

from

10/01/2012

| AME OF FILER Friends of | Greg Janda for Rocklin City Council 2012 | | | through10/2 | 20/2012 | Page | |
|-------------------------|---|--------------------------------------|---|-----------------------------------|--|------|--|
| 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 T CALENDAR (JAN, 1 - DE | YEAR | PER ELECTION TO DATE (IF REQUIRED) |
| 10/04/12 | PG&E Corporation | □IND □COM ØOTH □PTY □SCC | | 250 | | 250 | |
| 10/05/12 | Susanne McCabe | DIND COM OTH PTY SCC | Retired | 100 | | 100 | |
| | | □IND □COM □OTH □PTY □SCC | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | |
| | | | SUBTOTAL | \$ 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

| | | الما فيعال دو دليم | la la | | | | SCHE | DULE B-PART1 | |
|--|---|---|--|--|---------------|--|--------------------------------------|---|--|
| Schedule B – Part 1 Loans Received | Type or print in lnk. Amounts may be rounded to whole dollars. | | | | Statement cov | ers period 1/2012 | CALIFORNIA 460 | | |
| SEE INSTRUCTIONS ON REVERSE | | | | | through10/2 | 20/2012 | Page 6 | of 9 | |
| NAME OF FILER | | | | | | | I.D. NUMBER | | |
| Friends of Greg Janda for Rocklin City C | ouncil 2012 | | | | | | 1347521 | | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, 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 FORGIVEI THIS PERIOD | CLOSE OF THIS | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE | |
| Greg Janda †☑ IND □ COM □ OTH □ PTY □ SCC | cadPROS | s522 | s2501 | PAID S 0 FORGIVEN S 0 | , | O % | \$ 522 09/11/12 DATE INCURRED | CALENDAR YEAR 8 3023 PER ELECTION** | |
| † IND COM OTH PTY SCC | | s | ¥ | \$FAID \$FORGIVEN \$ | DATE DUE | RATE % | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION ** \$ | |
| †□ IND □ COM □ OTH □ PTY □ SCC | | \$ | \$ | PAID S FORGIVEN \$ | \$DATE DUE | RATE % | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION *** \$ | |
| | 7 | SUBTOTALS | 2501 | \$ (| 0 \$ 3023 | \$ (| | - 1 | |
| Schedule B Summary | | | | | | (Enter (e) on Schedule E, Line 3) | | | |

| - | onedate B cultimary | | | |
|----|---|---------|------|------------------------------------|
| 1. | Loans received this period | | \$ _ | 2501 |
| 2. | Loans paid or forgiven this period | ******* | \$. | 0 |
| 3. | Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2. | NET | \$ | 2501 (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

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Greg Janda for Rocklin City Concil 2012

1347521

| 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) |
|--|--|---|---|---|--|---|
| Halldin Public Relations | □IND □COM ☑OTH □PTY □SCC | | Fundraising Expenses | 221 | 1651 | |
| Greg Janda | ☑IND □COM □OTH □PTY □SCC | cadPROS | Fair Booth | 100 | 230 | |
| | □IND □COM □OTH □PTY □SCC | | | | | |
| | □IND □COM □OTH □PTY □SCC | | | | | |
| | ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Halldin Public Relations | ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Halldin Public Relations IND | ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Halldin Public Relations IND | ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Halldin Public Relations IND | ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) Halldin Public Relations | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (FOODS OR SERVICES) Halldin Public Relations IND |

*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 Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

FPPC Form 460 (January/05)

Schedule E Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

| Statement covers po | SCHEDULEE erind |
|---------------------|------------------------|
| from10/01/201 | CALIFORNIA |
| through10/20/20 | 12 Page 8 of 9 |
| | I.D. NUMBER 1347521 |

| SEE INSTRUCTIONS ON REVERSE | | | through10/20/2012 | Page | 3_ of 9_ |
|---|---|--|--|---|-------------|
| NAME OF FILER Friends of Greg Janda for Rocklin City Council 2012 | | | | 1.D. NUMB 1347521 | |
| | BR member communication: meetings and appearant office expenses petition circulating phone banks pulling and survey rese postage, delivery and n professional services (I | s ces arch nessenger services | RAD radio airtime and productions SAL campaign workers' sale to vor cable airtime and TRC candidate travel, lodgin TRS staff/spouse travel, lodgin TRS transfer between common VOT woter registration WEB information technology | aries d production costs g, and meals ging, and meals nittees of the same | |
| NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER LD, NUMBER) | CODE | OR DE | ESCRIPTION OF PAYMENT | | AMOUNT PAID |
| Right Angle Productions 2351 Sunset Blvd. #170302 Rocklin, CA 95765 | LIT | | | | 786 |
| JC Evans, Inc. 11230 Gold Express Drive Gold River, CA 95670 | LIT | | | | 8772 |
| * Payments that are contributions or Independent expenditures must | also be summarized on | Schedule D. | | SUBTOTAL\$ | 9558 |
| Schedule E Summary | | | | | W.W. |
| 1. Itemized payments made this period. (Include all Schedule E su | ubtotals.) | | ammonamonamonamonam | \$ | 9558 |
| 2. Uniternized payments made this period of under \$100 | | | | \$ | 10 |
| 3. Total interest paid this period on loans. (Enter amount from Sch | nedule B, Part 1, Colum | n (e).) | | \$ | 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter | | | | | 9568 |

| Schedule G | |
|----------------------|----------------------------|
| Payments Made | by an Agent or Independent |
| | Behalf of This Committee) |

Type or print in ink.
Amounts may be rounded to whole dollars.

| | SCHEDULE G |
|---|------------------------|
| Statement covers period from 10/01/2012 | CALIFORNIA 460 |
| through10/20/2012 | Page 9 of 9 |
| | 1.D. NUMBER 1347521 |

VOT voter registration

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LEG legal defense

Friends of Greg Janda for Rocklin City Council 2012

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

Halldin Public Relations

| CO | DES : If one of the following codes accurately describe | es the | payment, you may enter the code. | Otherwise | e, 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 |

professional services (legal, accounting)

^{*} 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 LD. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|--------------------------------|-------------|
| Placer Herald 5055 Pacific Street Rocklin, CA 95677 | PRT | 963 |
| | | |
| | | |
| | | |
| | | |

* 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.

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

TOTAL* \$

963

| Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) | Type or print in | n ink. | Date Stamp | CALIFORNIA 460 FORM |
|--|---|--|---|--|
| (Covering and Council and Covering Cove | Statement covers period from 07/01/2012 | Date of election if applicable: (Month, Day, Year) | OCT - 9 2012 | Page 1 of 1 |
| SEE INSTRUCTIONS ON REVERSE | through09/30/2012 | 11/06/2012 | | |
| 1. Type of Recipient Committee: All Commi | ttees - 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 Termination Capital Amendment (Explain bel | Spector Support State | terly Statement ial Odd-Year Report elemental Preelection ment - Attach Form 495 |
| 3. Committee Information | 1.D. NUMBER 1347521 | Treasurer(s) | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO CO | 1.00 | NAME OF TREASURER | | |
| Friends of Greg Janda for Rocklin City C | ouncil 2012 | Greg Janda | | |
| | | MAILING ADDRESS | | |
| STREET ADDRESS (NO P.O. BOX) | | | | |
| STALL FROM LOS (NO FIG. SON) | | | | |
| | | NAME OF ASSISTANT TREASURE | R. IF ANY | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET | OR P.O. BOX | MAILING ADDRESS | | |
| CITY STATE | ZIP CODE AREA CODE/PHONE | CITY | STATE ZIP C | ODE AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRE | SS | |
| greg.janda@gmail.com | | greg.janda@gmail.com | | |
| 4. Verification | | | 1.00 | |
| I have used all reasonable diligence in preparing and under penalty of perjury under the laws of the State of | f California that the foregoing is true and correct. | nowledge the information contained here | in and in the attached schedu | lles is true and complete. I certify |
| Executed on 10-5-12 | Ву | A Signature of Tellinofres or Appletred Te | | |
| Executed on 10 - 5 - 12 | | Supporture Al Trabbotres of Accietant To | | |
| Executed onDate | BySignature of 0 | Controlling Officeholder, Candidate, State Measure Propo | onent or Responsible Officer of Sponsor | |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, Stat | Manager Dangagan | |
| | | agriadure of Controlling Officenoder, Candidate, Stat | u weasure Proponent. | |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, Stat | le Measure Proponent | The second of th |

| | olled Committee | o. Primarily i | Formed Ballot Measu | ile committee | | |
|---|---|----------------|---|------------------|---|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALL | OT MEASURE | | | |
| Greg Janda | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION | ON AND DISTRICT NUMBER IF APPLICABLE) | BALLOT NO. O | RLETTER JURISD | CTION | | SUPPORT |
| Rocklin City Council | | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND | DISTREET) CITY STATE ZIP | identify the | controlling officeholder, | candidate, or s | state measure p | proponent, if a |
| | | NAME OF OFF | ICEHOLDER, CANDIDATE, O | R PROPONENT | | |
| | d in this Statement: List any committees strolled by you or are primarily formed to receive half of your candidacy. | OFFICE SOUG | HT OR HELD | | DISTRICT NO. II | FANY |
| COMMITTEE NAME | I.D. NUMBER | | | | | |
| | | | | | | |
| | | 7 Deignaulte | Formed Condidate/O | ellaskaldar C | | Secret S |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | Formed Candidate/0 | | | |
| | ☐ YES ☐ NO | officeholder(s | s) or candidate(s) for which | this committee i | is primarily form | |
| | | officeholder(s | | this committee i | | |
| COMMITTEE ADDRESS STREET ADDR | ☐ YES ☐ NO | officeholder(s | s) or candidate(s) for which | OFFICE SOL | is primarily form | SUPPOR |
| COMMITTEE ADDRESS STREET ADDR | YES NO NO RESS (NO P.O. BOX) | NAME OF OFF | s) or candidate(s) for which | OFFICE SOL | is primarily form | SUPPOR OPPOSE SUPPOR SUPPOR SUPPOR |
| | YES NO RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE | NAME OF OFF | s) or candidate(s) for which | OFFICE SOIL | is primarily form UGHT OR HELD UGHT OR HELD | SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE |
| COMMITTEE ADDRESS STREET ADDRESS CITY S COMMITTEE NAME NAME OF TREASURER | TYES NO RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? | NAME OF OFF | s) or candidate(s) for which ICEHOLDER OR CANDIDATE ICEHOLDER OR CANDIDATE ICEHOLDER OR CANDIDATE | OFFICE SOIL | IS primarily forming the control of | SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE |

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | 107/01/2012 | CALIFORNIA | 460 | FORM | FORM | Page 3 | of 10 | 10.0 | NUMBER | 1347521

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2012 1347521 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE General Elections 12749 8480 Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 522 522 Loans Received Schedule B. Line 3 9002 13271 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 2187 2187 21. Expenditures 11189 15458 Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made** Expenditure Limit Summary for State 7424 7074 6. Payments Made Schedule E, Line 4 Candidates 0 0 22. Cumulative Expenditures Made* 7074 7424 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 786 786 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0 0 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 7860 8210 Current Cash Statement 4269 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, add 9002 amounts in Column A to the corresponding amounts *Amounts In this section may be different from amounts 0 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 7074 report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 6197 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse 1308 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Wendy Boyd

All About Realty

Denio's Roseville Farmers Market

Ron & Leslie Domingo

Rachael & Jesus Cardinas

Type or print in ink, Amounts may be rounded to whole dollars.

Sales, Coopervision

Financial Services, GE

SUBTOTAL \$

CODE *

VIND

ПСОМ

□OTH □ PTY □ SCC □IND

COM

OTH **PTY** SCC TIND

COM

MOTH PTY SCC VIND

COM

OTH PTY SCC DIND

ПСОМ

OTH PTY SCC Statement covers period CALIFORNIA 07/01/2012 **FORM**

SCHEDULE A

from 09/30/2012 through

I.D. NUMBER

1347521

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE

RECEIVED

08/08/12

07/31/12

07/19/12

07/09/12

07/31/12

Friends of Greg Janda for Rocklin City Council 2012

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR.

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

AMOUNT **CUMULATIVE TO DATE** PER ELECTION IF AN INDIVIDUAL, ENTER CONTRIBUTOR RECEIVED THIS TODATE CALENDAR YEAR OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OF BUSINESS) School Administrator 100 100 Rocklin Academy 150 400 100 100

150

149

649

8480

Schedule A Summary Amount received this period – itemized monetary contributions. 6597 (Include all Schedule A subtotals.) \$ 1883 2. Amount received this period – unitemized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

150

149

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

FPPC Form 460 (January/05)

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

| ionetary Contributions Received | | to whole do | | from07/01 | FORM 460 | | | |
|---|---|-------------|--|-------------------------|------------|----------|-------|----------------|
| | | | | through 09/3 | 30/2012 | Page | 5_ of | 16 |
| AME OF FILER | | | | | | I.D. NUM | BER | |
| Friends of Greg Janda for Rocklin City Council 2012 | | | | | | 134752 | 21 | |
| DATE | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR | CONTRIBUTOR | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER | AMOUNT RECEIVED THIS | CUMULATIVE | | | ECTION DATE |

| 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, ENTERNAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------|---|--------------------------------------|---|-----------------------------------|---|--|
| 07/31/12 | Wendy Lang | ☑IND □COM □OTH □PTY □SCC | Administrator, DMV | 50 | 100 | |
| 09/29/12 | Kathleen Tucker | DIND COM OTH PTY SCC | Administrator, William Jessup University | 99 | 149 | |
| 07/03/12 | Marlene Trapani | DIND COM OTH PTY SCC | Homemaker | 100 | 100 | |
| 07/31/12 | Integral Financial Management | □IND □COM ☑OTH □PTY □SCC | | 200 | 200 | |
| 07/31/12 | Mary Conkey | ☑IND □COM □OTH □PTY □SCC | Homemaker | 200 | 200 | |
| | | | SUBTOTAL | 649 | | |

*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 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

6

Statement covers period

1450

SUBTOTAL\$

from

07/01/2012

09/30/2012

| ME OF FILER Friends of | Greg Janda for Rocklin City Council 2012 | | | through | | D. NUMBER 347521 |
|---------------------------|--|--------------------------------------|---|-----------------------------------|--|------------------|
| 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 | R TO DATE |
| 07/31/12 | Scott & Lisa Graves | DIND COM OTH PTY SCC | Golden State Medical | 500 | 500 | 0 |
| 07/31/12 | Scott Yuill Insurance | ☐IND ☐COM ØOTH ☐PTY ☐SCC | | 150 | 250 | 0 |
| 07/31/12 | Law Offices of LoDuca & Avdis | □IND □COM ØOTH □PTY □SCC | | 200 | 300 | 0 |
| 07/31/12 | Martin Harmon | ☑IND □COM □OTH □PTY □SCC | Auburn Manor Holding | 500 | 50 | 0 |
| 08/07/12 | Al Johnson Consulting, LLC | □IND □COM ☑OTH | | 100 | 100 | 0 |

□ PTY □ SCC

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(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Friends of Greg Janda for Rocklin City Council 2012

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

| rounded lars. | Statement covers period 07/01/2012 | FORM 460 |
|------------------|---------------------------------------|------------------------|
| | through09/30/2012 | Page 7 of 16 |
| | | I.D. NUMBER 1347521 |

| 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) |
|------------------|--|--------------------------------------|---|-----------------------------------|---|--|
| 09/29/12 | Lauren Springer | ☑IND □COM □OTH □PTY □SCC | Homemaker | 99 | 149 | |
| 09/14/12 | Charles & RoseAnn Janda | ☑IND □COM □OTH □PTY □SCC | Retired | 100 | 200 | |
| 09/13/12 | Mark Diele | IND COM OTH PTY | Whitney Oaks Insurance | 300 | 550 | |
| 08/30/12 | LDK Capital, LLC | □IND □COM ☑OTH □PTY □SCC | | 100 | 100 | |
| 09/29/12 | Applied System Management LLC | □IND □COM ☑OTH □PTY □SCC | | 100 | 100 | |
| | | | SUBTOTAL\$ | 699 | | |

*Contributor Codes

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

PTY - Political Party

SCC - Small Contributor Committee

Friends of Greg Janda for Rocklin City Council 2012

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

| SCHEDULE A | CONT.) |
|------------|--------|
|------------|--------|

| to whole dollars. | from07/01/2012 | FORM 460 | | |
|-------------------|--------------------|------------------------|--|--|
| | through 09/30/2012 | Page 8 of \6 | | |
| | | I.D. NUMBER 1347521 | | |

| 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) |
|------------------|--|--------------------------------------|---|-----------------------------------|---|--|
| 08/15/12 | Joe Cronin | IND COM OTH PTY | Controller, Cisco | 100 | 100 | |
| 09/29/12 | Steve & Rachel Lund | ☑IND □COM □OTH □PTY □SCC | Sales, Fuji Film | 100 | 100 | |
| 08/30/12 | Stanford Ranch I, LLC | ☐IND ☐COM ØOTH ☐PTY ☐SCC | | 100 | 100 | |
| 09/13/12 | Halldin Public Relations | □IND □COM ☑OTH □PTY □SCC | | 250 | 500 | |
| 09/18/12 | United Auburn Indian Community | □IND □COM ☑OTH □PTY □SCC | | 500 | 500 | |
| | | | SUBTOTAL | 1050 | | |

*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)

Type or print in ink.

SCHEDULE A (CONT.)

| Monetary Contributions Received | Amounts may be rounded to whole dollars. | Statement covers period 67/01/2012 | CALIFORNIA 460 |
|---|--|------------------------------------|----------------|
| | | through09/30/2012 | Page 9 of 16 |
| NAME OF FILER | | | I.D. NUMBER |
| Friends of Greg Janda for Rocklin City Council 2012 | | | 1347521 |
| | | | |

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN (NDIVIDUAL, 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) |
|------------------|--|--------------------------------------|--|-----------------------------------|---|--|
| 09/24/12 | California Real Estate PAC | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | FPPC # 890106 | 1000 | 1000 | |
| 09/24/12 | Lisa Peters | ☑IND □COM □OTH □PTY □SCC | Randy Peters Catering | 100 | 100 | |
| 09/29/12 | Bill & Susan Halldin | ☑IND □COM □OTH □PTY □SCC | Halldin Public Relations | 100 | 350 | |
| 09/19/12 | Swantech Marketing | □IND □COM ØOTH □PTY □SCC | | 100 | 100 | |
| 09/20/12 | EPPSILC | □IND □COM ☑OTH □PTY □SCC | | 100 | 100 | |
| | | | SUBTOTAL | 1400 | | |

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

| SCHEDULE A (CO |
|----------------|
|----------------|

| from | 07/01/2012 | CALIFORNIA 460 |
|----------|------------|----------------|
| through_ | 09/30/2012 | Page 10 of 16 |
| | | I.D. NUMBER |
| | | 1347521 |

| Friends of 0 | Greg Janda for Rocklin City Council 2012 | | | | 13 | 47521 |
|------------------|--|----------------------------------|--|-----------------------------------|--|-------|
| 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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31) | |
| 09/20/12 | Greg & Amy Morris | DIND COM OTH PTY SCC | Sales, DeRoyal | 100 | 100 | |
| 09/24/12 | Sonbol Aliabadi | DIND COM OTH PTY SCC | Executive Director, Sierra College Foundation | 250 | 250 | |
| 09/23/12 | Dan & Linda Wilson | DIND COM OTH PTY SCC | Retired | 150 | 150 | 1 |
| 09/19/12 | Robert Sinclair | DIND COM OTH PTY SCC | Attorney, SWBC | 100 | 100 | |
| 09/20/12 | Doug Manchester | DIND COM OTH PTY SCC | Manager, Verifone | 100 | 100 | |
| | | | SUBTOTAL\$ | 700 | | |

*Contributor Codes

IND-Individual

NAME OF FILER

COM - Recipient Committee

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

PTY - Political Party

| Schedule B - Part 1 |
|---------------------|
| Loans Received |

** If required.

Type or print in link.
Amounts may be rounded

SCHEDULE B-PART 1

Statement covers period

| Loans Received to whole dollars. from07/01/ | | | | | 1/2012 FORM 40U | | | |
|---|--|---|-----------------------------------|--|----------------------------|---|--------------------------------------|---|
| REE INSTRUCTIONS ON DEVERSE | | | | | through 09/3 | 30/2012 | Page 11 | of 16 |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | | | | un ough | | I.D. NUMBER | y1 |
| Friends of Greg Janda for Rocklin City Co | ouncil 2012 | | | | | | 1347521 | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTERLD, 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 PA OR FORGIVI THIS PERIO | EN CLOSE OF THIS | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (9) CUMULATIVE CONTRIBUTIONS TO DATE |
| Greg Janda | cadPROS | <u>*0</u> | ş522 | FORGIVEN | 0 \$ 522 | O % | \$522 09/11/12 DATE INCURRED | \$ 522 PER ELECTION** \$ 522 |
| [‡] □ IND □ COM □ OTH □ PTY □ SCC | | \$ | \$ | \$ FORGIVEN | S | RATE | \$DATE INCURRED | \$PER ELECTION * |
| [†] □ IND □ COM □ OTH □ PTY □ SCC | | \$ | \$ | PAID FORGIVEN S | S | RATE % | \$DATE INCURRED | SSSSSSSSS |
| | | SUBTOTALS \$ | 522 | \$ | 0 \$ 522 | \$ 0 | | |
| Schedule B Summary | | | | \$ | 522 | (Enter (e) on Schedule E, Line 3) | | |
| 2. Loans paid or forgiven this period | | | | | | Contributor Codes ID – Individual OM – Recipient Co (other than f TH – Other (e.g., TY – Political Party CC – Small Contrib | PTY or SCC) business entity) | |
| Enter the net here and on the Summar *Amounts forgiven or paid by another party also | y Page, Column A, Line 2. | _ | | | (May be a negative number) | | | |

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2012 CALIFORNIA 460 FORM 460

through 09/30/2012 Page 12 of 6

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2012

| Filenus 0 | Greg Sarida for Rockilli City Couricii 20 | 1- | | | | 134/32 | |
|------------------|--|---------------------------------------|--|--|---------------------------------|--|--|
| 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) |
| 09/28/12 | Halldin Public Relations | □IND □COM ØOTH □PTY □SCC | | Booths, Email Marketing, PR Consulting | 1430 | 1430 | |
| 09/29/12 | Kristin Wilson | IZIND □COM □OTH □PTY □SCC | OTR, Sutter Medical | Fundraising Expenses | 627 | 627 | |
| 09/29/12 | Greg Janda | □COM □OTH □PTY □SCC | cadPROS | Postage, Stationairy, Printing | 130 | 130 | |
| | | □IND □COM □OTH □PTY □SCC | | | | | |
| Attach ad | ditional information on appropriately la | beled continuati | on sheets | SUBTOTAL \$ | 2187 | | |

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

*Contributor Codes

IND-Individual

0

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule E Payments Made

Type or print in lnk.

Amounts may be rounded to whole dollars.

| Statement covers period from 07/01/2012 | CALIFORNIA 460 |
|---|------------------------|
| through09/30/2012 | Page 13 of 16 |
| | I.D. NUMBER 1347521 |

| SEE INSTRUCTIONS ON REVERSE | | through09/30/2012 Page1 | 3 of 16 |
|--|--|--|--|
| NAME OF FILER | | I.D. NUMB | |
| Friends of Greg Janda for Rocklin City Council 2012 | | 1347521 | |
| CTB contribution (explain nonmonetary)* OFC office expected civic donations PET petition circles PHO phone bank problem fundraising events POL independent expenditure supporting/opposing others (explain)* POS postage, do | mmunications and appearance anses culating ks survey resea elivery and m | RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals | 2 17200000000000000000000000000000000000 |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
| Right Angle Productions 2351 Sunset Blvd. #170302 Rocklin, CA 95765 | LIT | | 804 |
| Placer Elections 2956 Richardson Dr. Auburn, CA 95603 | FIL | | 440 |
| Woman's Voice Jim Lacy | LIT | FPPC # 1293667 | 491 |
| * Payments that are contributions or independent expenditures must also be sum | marized on | Schedule D. SUBTOTAL\$ | 1735 |
| Schedule E Summary | | | 0.00 |
| 1. Itemized payments made this period, (Include all Schedule E subtotals.) | | \$ | 7055 |
| 2. Uniternized payments made this period of under \$100 | | | 19 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Par | t 1, Column | (e).)\$ | 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on | the Summa | ary Page, Column A, Line 6.) TOTAL \$ | 7074 |

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

Type or print in ink. Amounts may be rounded SCHEDULE E (CONT.)

Statement covers period CALIFORNIA 07/01/2012 **FORM** from 09/30/2012 of 16 through I.D. NUMBER 1347521

to whole dollars, SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2012

CODES: If one of the following codes accurately describes the payment, you may enter the code, Otherwise, describe the payment, MBR member communications CMP campaign paraphernalia/misc. RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)* CTB OFC office expenses campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs PET candidate travel, lodging, and meals candidate filing/ballot fees phone banks FIL PHO TRC fundraising events POL polling and survey research staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND professional services (legal, accounting) legal defense VOT voter registration information technology costs (Internet, e-mail) campaign literature and mailings print ads NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) FPPC # 1322823 SBAC Newsletter Jim Lacy LIT 600 Save Prop 13 Pledge FPPC # 598040 Jim Lacy LIT 617

FPPC # 1298740 California Public Safety Jim Lacy LIT 781 NTLC Newsletter FPPC # 1306386 Jim Lacy LIT 729 COPS Voter Guide FPPC # 599014 705-2 E. Bidwell St. #370 LIT 377 Folsom, CA 95630

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

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

| | | SCHEDULE E (CONT. |
|----------|--------------------|-------------------|
| Staten | nent covers period | CALIFORNIA AGO |
| from | 07/01/2012 | FORM 400 |
| through_ | 09/30/2012 | Page 15 of \\ |
| | | LD MUNDED |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2012

through 09/30/2012

Page 15 of 16
I.D. NUMBER
1347521

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airlime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain) postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) LEG legal defense VOT voter registration LIT campaign literature and mailings 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 |
|---|------|---------------------------|-------------|
| Continuing the Republican Revolution 1300 Bristol Street North #100 Newport Beach, CA 92660 | LIT | FPPC # 598041 | 320 |
| Conservative Voter Guide 9321 Silverband Ln. Elk Grove, CA 95624 | LIT | FPPC # 1336975 | 579 |
| CA Taxpayer Protection Voter Guide 9321 Silverband Ln. Elk Grove, CA 95624 | LIT | FPPC # 1299482 | 545 |
| Signs on the Cheap.com 11525A Stonehollow Dr. # 100 Austin, TX 78758 | LIT | | 522 |
| Strokes4Hope 2351 Sunset Blvd #170 PMB 646 Rocklin, CA 95765 | CVC | | 250 |

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

SUBTOTAL \$

| S | 71 | 100 | ь. | 111 | _ | • |
|---|----|-----|----|-----|---|---|
| | | | | | | |

| Schedule F | | |
|------------------|---------|--------|
| Accrued Expenses | (Unpaid | Bills) |

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 07/01/2012 **FORM** 09/30/2012 through I.D. NUMBER

1347521

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

IND

Friends of Greg Janda for Rocklin City Council 2012

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs

campaign consultants CNS MTG meetings and appearances returned contributions contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries SAL

CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals TSF

transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services legal defense VOT LEG professional services (legal, accounting) voter registration LIT

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

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|--|---------------------------------------|--|---|
| Right Angle Productions 2351 Sunset Blvd #170302 Rocklin, CA 95765 | LIT | 0 | 786 | 0 | 786 |
| | | | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | SUBTOTALS S | \$ 0 5 | \$ 786 \$ | 0 | \$ 786 |

Schedule F Summary

| Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for | 70 |
|--|----|
| accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) | 78 |
| 2. Total assessed superpass and this posted. (Include all Cabadula F. Caluma (a) subtately for assessed as | |

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100,)......PAID TOTALS \$

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

| Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) | Type or print in | i ink. | E Date Stamp | CALIFORNIA 460 |
|--|--|---|---------------------------------------|---|
| SEE INSTRUCTIONS ON REVERSE | Statement covers period 04/01/2012 through | Date of election if applicable: (Month, Day, Year) | JUL 3 0 20 | Page of |
| 1. Type of Recipient Committee: All Committee | es – Complete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | |
| ✓ Officeholder, Candidate Controlled Committee ✓ State Candidate Election Committee ✓ Recall (Also Complete Part 5) | Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) | Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter | mination) | uarterly Statement pecial Odd-Year Report upplemental Preelection tatement - Attach Form 495 |
| ☐ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee | Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) | Amendment (Explain bel | ow) | |
| 3. Committee Information | I.D. NUMBER 1347521 | Treasurer(s) | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMM | | NAME OF TREASURER | | |
| Friends of Greg Janda for Rocklin City Co | uncil 2012 | Greg Janda | | |
| | | MAILING ADDRESS | | |
| STREET ADDRESS (NO PO ROX) | | 6 | | |
| NO PLI HIA | | | | DNE |
| | | Rome - Constitution | | |
| | | | | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET O | R P.O. BOX | MAILING ADDRESS | | |
| CITY STATE | ZIP CODE AREA CODE/PHONE | CITY | STATE ZIF | P CODE AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRE | ess | |
| greg.janda@gmail.com | | greg.janda@gmail.com | | |
| 4. Verification | 7 | | 77.53.73.67 | UT. 3 T. 7 T. 7 A. A. |
| I have used all reasonable diligence in preparing and re under penalty of perjury under the laws of the State of 0 | eviewing this statement and to the best of my k California that the foregoing is true and <u>correct.</u> | nowledge the information contained here | in and in the attached sche | edules is true and complete. I certify |
| 7/14/12 | | | | |
| Executed on | - by - | Signature of Transverse or Assistant Te | nacurar | |
| Executed onDate | BySignature of C | ontrolling Officeholder, Candidate, State Measure Propo | onent or Responsible Officer of Spons | sor |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, Stat | te Measure Proponent | |
| Executed on | Ву | 0 | | |
| Date | | Signature of Controlling Officeholder, Candidate, Stat | te Measure Proponent | |

| NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT MEASURE | | | |
|--|---|---|-----------------------------------|----------------------------|----------------------------------|
| Greg Janda | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCA | ATION AND DISTRICT NUMBER IF APPLICABLE) | BALLOT NO. OR LETTER | JURISDICT | ION | SUPPORT |
| Rocklin City Council | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. A | AND STREET) CITY STATE ZIP | Identify the controlling of | officeholder, ca | andidate, or state meas | sure proponent, If a |
| | | NAME OF OFFICEHOLDER, C | CANDIDATE, OR P | ROPONENT | |
| | ded in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy. | OFFICE SOUGHT OR HELD | | DISTRICT | NO, IF ANY |
| and the second s | The Annual Control | | | | |
| COMMITTEE NAME | I.D. NUMBER | | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | 7. Primarily Formed Ca officeholder(s) or candidate | | | |
| NAME OF TREASURER | | | e(s) for which ti | | formed. |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | officeholder(s) or candidate | e(s) for which the | nis committee is primarily | ELD SUPPOR OPPOSE |
| NAME OF TREASURER COMMITTEE ADDRESS STREET AD | CONTROLLED COMMITTEE? YES NO DRESS (NO P.O. BOX) | officeholder(s) or candidate | e(s) for which the R CANDIDATE | OFFICE SOUGHT OR H | ELD SUPPOR OPPOSE SUPPOR OPPOSE |

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2012

| Contributions Received | Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES) | | | Column B CALENDAR YEAR TOTAL TO DATE | Calendar Year Summary for Candidates Running in Both the State Primary and | | | |
|---|--|-------|-----|--|--|--|--|--|
| Monetary Contributions | S | 4269 | \$ | 4269 | General Elections | | | |
| | | 0 | | 0 4269 | 1/1 through 6/30 7/1 to Date | | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | 5 | 4269 | s | | 20. Contributions | | | |
| 4. Nonmonetary Contributions Schedule C, Line 3 | | 350 | 9 | 350 | Received \$\$\$ | | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | 5 | 4619 | \$ | 4619 | Made \$ \$ | | | |
| Expenditures Made | Ī | Usc C | | 20-20 | Expenditure Limit Summary for State | | | |
| 6. Payments Made Schedule E, Line 4 | \$ | | \$ | 350 | Candidates | | | |
| 7. Loans Made Schedule H, Line 3 | | 0 | | 0 | 22. Cumulative Expenditures Made* | | | |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ | 350 | \$ | 350 | (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 Schedule C, Line 3 | | 0 | | 0 | (mm/dd/yy) | | | |
| 11. TOTAL EXPENDITURES MADE | \$ | 350 | \$ | 350 | \$ | | | |
| Current Cash Statement | _ | | T | | / \$ | | | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ | 0 | To | calculate Column B, add | | | | |
| 13. Cash Receipts Column A, Line 3 above | | 4269 | | nounts in Column A to the presponding amounts | | | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 0 | fro | om Column B of your last | *Amounts in this section may be different from amounts reported in Column B. | | | |
| 15. Cash Payments Column A, Line 8 above | | 0 | | port. Some amounts in olumn A may be negative | | | | |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | 5 | 4269 | fig | jures that should be | | | | |
| If this is a termination statement, Line 16 must be zero. | | | pe | obtracted from previous eriod amounts. If this is e first report being filed | | | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | 9 | 0 | fo | r this calendar year, only | | | | |
| Cash Equivalents and Outstanding Debts | | . 0 | | om Lines 2, 7, and 9 (if ny). | | | | |
| 18. Cash Equivalents See instructions on reverse | | 0 | | | | | | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | g | | | | FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772 | | | |

Schedule A Monetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period **CALIFORNIA** 04/01/2012 FORM from 06/30/2012 of 16 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER LD. NUMBER Friends of Greg Janda for Rocklin City Council 2012 1347521 AMOUNT PER ELECTION IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTERNAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) DIND Jemtown, Inc. ПСОМ 5/15/12 250 250 MOTH **PTY** SCC TIND Scott Yuill Insurance ПСОМ 5/21/12 100 100 MOTH PTY □ SCC DIND Law Offices of LoDuca & Avdis □ COM 100 100 5/18/12 MOTH **□PTY** □scc. TIND All About Realty COM 250 250 5/21/12 MOTH **PTY** □ SCC MIND Rachael & Jesus Cardnias Financial Services ПСОМ 100 100 5/21/12 TOTH PTY □SCC. SUBTOTAL\$ 800 Schedule A Summary *Contributor Codes 1. Amount received this period – itemized monetary contributions. IND - Individual 3300 COM-Recipient Committee (Include all Schedule A subtotals.)\$ (other than PTY or SCC) 969 OTH - Other (e.g., business entity) 2. Amount received this period – unitemized monetary contributions of less than \$100\$ PTY - Political Party 3. Total monetary contributions received this period. SCC - Small Contributor Committee 4269

Type or print in lnk. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

| Stater from | nent covers period 04/01/2012 | CALIFORNIA 460 |
|----------------|----------------------------------|----------------|
| through_ | 06/30/2012 | Page 5 of 16 |
| | | I.D. NUMBER |
| | | 1347521 |

NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2012

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | 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) |
|------------------|--|--------------------------------------|---|-----------------------------------|---|--|
| 5/21/12 | Committee to Reelect Brett Storey 1268553 | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | 100 | 100 | |
| 5/21/12 | Peter Konrad | DIND COM OTH PTY SCC | Financial Services | 100 | 100 | |
| 5/21/12 | William & Susan Halldin | ☑IND □COM □OTH □PTY □SCC | Halldin Public Relations | 250 | 250 | |
| 5/21/12 | Mark Diele | ☑IND □COM □OTH □PTY □SCC | Insurance Services | 250 | 250 | |
| 6/28/12 | Greg & Kathy Fairrington | ☑IND □COM □OTH □PTY □SCC | Pastor | 500 | 500 | |
| | | | SUBTOTAL \$ | 1200 | | |

*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 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

| Statement covers period 04/01/2012 | FORM 460 | | | |
|------------------------------------|------------------------|--|--|--|
| through 06/30/2012 | Page 6 of 16 | | | |
| | 1.D. NUMBER 1347521 | | | |

Friends of Greg Janda for Rocklin City Council 2012 **AMOUNT** CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS TODATE OCCUPATION AND EMPLOYER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) MIND Charles & RoseAnn Janda Retired ПСОМ 6/22/12 100 100 □ OTH PTY SCC IND John & Laveta Fortenberry Retired COM 100 6/28/12 100 OTH PTY SCC DIND Chris & Kirsten Trapani Realtor ПСОМ 100 6/22/12 100 □ OTH ☐ PTY SCC VIND Lawrence Graves Attorney COM 250 250 6/22/12 □ OTH PTY SCC DIND David & Jamie Brockway Financial Services COM 6/01/12 150 150 **□OTH** PTY SCC 700 SUBTOTAL \$

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Type or print in ink. Amounts may be rounded to whole dollars.

| SCHEDULE A | CONT.) |
|------------|--------|
|------------|--------|

| State | 04/01/2012 | FORM 460 |
|----------|------------|------------------------|
| through_ | 06/30/2012 | Page 7 of 16 |
| | | I.D. NUMBER 1347521 |

NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2012

| - 1 | | - | | |
|-----|----|----|----|--|
| 34 | 7 | 50 | 21 | |
| 0. | ٠, | ~ | ٠, | |

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------|---|--------------------------------------|---|-----------------------------------|---|--|
| 6/16/12 | Jeff & Rita Janda | COM COM OTH PTY | Accountant | 100 | 100 | |
| 5/30/12 | Recology, Inc. | ☐IND ☐COM ØOTH ☐PTY ☐SCC | | 250 | 250 | |
| 6/22/12 | Halldin Public Relations | □IND □COM ☑OTH □PTY □SCC | | 250 | 250 | |
| | | □IND □COM □OTH □PTY □SCC | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | |
| | | | SUBTOTALS | 600 | | |

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

" If required,

Type or print in ink.
Amounts may be rounded

SCHEDULE B - PART 1

Statement covers period

| Loans Received | | to whole dollar | s. | | from04/01 | /2012 | FORM | ~ 46U | |
|--|---|---|--|--|---------------------------|--|--|---|--|
| SEE INSTRUCTIONS ON REVERSE | | | | | through06/3 | 30/2012 | Page & | of 16 | |
| NAME OF FILER | | | | | | | I.D. NUMBER | | |
| Friends of Greg Janda for Rocklin City Co | ouncil 2012 | | | | | | 1347521 | | |
| 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 | CLOSE OF THIS | (e) INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE | |
| | | | | PAID S FORGIVEN | s | RATE % | 3 | CALENDAR YEAR \$ PER ELECTION** | |
| Î□IND □ COM □ OTH □ PTY □ SCC | | \$ | \$ | \$ | DATE DUE | \$ | DATE INCURRED | \$ | |
| | | | | PAID FORGIVEN | 5 | RATE % | (s | \$PER ELECTION ** | |
| TO IND COM OTH PTY SCC | | \$ | \$ | \$ | DATE DUE | \$ | DATE INCURRED | \$ | |
| [†] □ IND □ COM □ OTH □ PTY □ SCC | | s | \$ | PAID \$FORGIVEN \$ | \$DATE DUE | FATE \$ | \$DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** | |
| | | SUBTOTALS \$ | 0: | \$ (|) \$ 0 | \$ 0 | | | |
| Schedule B Summary 1. Loans received this period | | | | \$ | 0 | (Enter (e) on Schedule E, Line 3) | | | |
| (Total Column (b) plus unitemized loans Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that Net change this period. (Subtract Line) | s of less than \$100.) paid or forgiven.) are also itemized on Sche | dule A.) | niniummuun | \$ | 0 | IN CO | Contributor Codes ID – Individual OM – Recipient C (other than TH – Other (e.g., TY – Political Part CC – Small Contri | ommittee PTY or SCC) business entity) | |
| Enter the net here and on the Summary | | | | 0 | day be a negative number) | _ | | | |

| art 2 |
|-------|
| rs |
| |
| |

Type or print in lnk.

Amounts may be rounded to whole dollars.

Statement covers period from 04/01/2012 CALIFORNIA 460 FORM 460 through 06/30/2012 Page 7 of 1.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2012

through 06/30/2012

Page 9 of 16
I.D. NUMBER
1347521

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE | |
|---|----------------------|--|----------|-------------------------------------|--|-----------------------------------|--|
| | □IND □COM | | LENDER | | CALENDAR YEAR | | |
| | □OTH □PTY | | DATE | | PER ELECTION (IF REQUIRED) | | |
| | □scc | | | | \$ | | |
| | □IND □COM | | LENDER | | \$ | | |
| | □OTH □PTY □SCC | | DATE | | PER ELECTION (IF REQUIRED) | | |
| | | SCC | | | \$ | | |
| | COM | | LENDER | | \$ PER ELECTION | | |
| | □OTH □PTY □SCC | (A-25, 4-36) | | DATE | | (IF REQUIRED) | |
| | □IND □COM | | LENDER | | CALENDAR YEAR | | |
| | □OTH □PTY □SCC | | DATE | | PERELECTION (IF REQUIRED) | | |
| | | | SUBTOTAL | \$ 0 | Enter on Summary Page, Line 17 only. | | |

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 04/01/2012 CALIFORNIA 460

through 06/30/2012 Page D of LD. NUMBER 1347521

Friends of Gree Janda for Rocklin City Council 2012

| 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) |
|------------------|--|--------------------------|---|-------------------------------------|---------------------------------|--|--|
| 5/21/12 | Greg Jánda | ☑IND □COM □OTH □PTY □SCC | cadPROS PCB Design | Fundraiser Expenses | 350 | 350 | |
| | | □IND □COM □OTH □PTY □SCC | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | |
| ttach ad | ditional information on appropriately la | heled continuati | ion shoots | SUBTOTAL S | 350 | | |

| Schedule C Summary | |
|--|-----|
| Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) | 350 |
| 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.) | 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

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

| Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees | | Type or print in ink. Amounts may be rounded to whole dollars. | | Statement covers period from04/01/2012 | | CALIFORNIA 460 | |
|---|---|--|------------------------------|--|--|----------------|--|
| | | | | through06/30 | /2012 P | age 11 of 16 | |
| AME OF FILER | ONS ON REVERSE | | | | | D. NUMBER | |
| Friends of (| Greg Janda for Rocklin City Council 2012 | | | | 13 | 347521 | |
| 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 I CALENDAR YE (JAN. 1 - DEC. 3 | AR TO DATE | |
| | | Monetary Contribution | | | | | |
| | | Contribution Independent | | | | | |
| | ☐ Support ☐ Oppose | Expenditure | | | | | |
| | | Monetary Contribution Nonmonetary Contribution Independent | | | | | |
| | ☐ Support ☐ Oppose | Independent Expenditure | | | | | |
| | | Monetary Contribution Nonmonetary Contribution | | | | | |
| | ☐ Support ☐ Oppose | Independent Expenditure | | | | | |
| | | | SUBTOTA | AL\$ 0 | | | |

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

Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded

SCHEDULE E Statement covers period CALIFORNIA **FORM** 04/01/2012 06/30/2012 through I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Greg Janda for Rocklin City Council 2012 1347521 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications radio airtime and production costs campaign consultants returned contributions meetings and appearances contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL polling and survey research. fundraising events TRS staff/spouse travel, lodging, and meals FND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND LEG legal defense professional services (legal, accounting) VOT voter registration information technology costs (internet, e-mail) campaign literature and mailings print ads NAME AND ADDRESS OF PAYEE CODE OR AMOUNT PAID DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Woody's Grill & Bar FND 350 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 350 Schedule E Summary 350 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$

| | ED | |
|--|----|--|
| | | |

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period 04/01/2012 06/30/2012

through

CALIFORNIA 460

age 13 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Greg Janda for Rocklin City Council 2012

I.D. NUMBER 1347521

| CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc, CNS campaign consultants contribution (explain nonmonetary)* 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 | es the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services i PRT print ads | ns nces earch messenger services | therwise, 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 candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail) | | | |
|---|--|--|--|--|---|--|
| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | |
| | | | | | | |
| | | | | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | SUBTOTALS | \$ 0 | \$ 0 | \$ 0 | \$ 0 | |
| Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized | | | INCL | JRRED TOTALS \$ | 0 | |
| Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized | edule F, Column (c) subto | tals for payments or | 1 | | 0 | |
| 3. Net change this period. (Subtract Line 2 from Line 1. En | ter the difference here and | d | | NET \$ | 0 | |

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

Type or print in ink.

Amounts may be rounded to whole dollars.

| | | SCHEDULE |
|-------------------------|------------|----------------|
| Statement covers period | | CALIFORNIA AGO |
| from | 04/01/2012 | FORM 460 |
| through_ | 06/30/2012 | Page 14 of 16 |
| | | I.D. NUMBER |

1347521

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LEG

Friends of Greg Janda for Rocklin City Council 2012

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

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

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications campaign consultants meetings and appearances RFD returned contributions CNS contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals FIL TRS staff/spouse travel, lodging, and meals fundraising events polling and survey research

independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services

TSF trans

ROP professional services (legal, accounting)

VOT vote

PRT print ads

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 PAIL |
|---|---------|------------------------|-------------|
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Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

| Schedule H Loans Made to Others* | | Type or print in ink. Amounts may be rounded to whole dollars. | | Statement covers period from 04/01/2012 | | CALIFORNIA 460 | | |
|---|---|--|--|--|---------------|--------------------------------------|-------------------------------|---------------------------------------|
| SEE INSTRUCTIONS ON REVERSE | | | | | through 06/ | 30/2012 | Page 5 | of 16 |
| NAME OF FILER | | | | | | | I.D. NUMBER | |
| Friends of Greg Janda for Rocklin City C | council 2012 | | | | | | 1347521 | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD | (c) REPAYMENT O FORGIVENESS THIS PERIOD | CLOSE OF THIS | (e) INTEREST RECEIVED | ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
| | | | | PAID S FORGIVEN | \$ | | s | CALENDAR YEAR 5 PER ELECTION** |
| | | \$ | \$ | \$ | DATE DUE | \$ | DATE INCURRED | \$ |
| | | s | \$ | PAID FORGIVEN * | DATE DUE | | \$ | CALENDAR YEAR \$ PERELECTION** \$ |
| *Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E. | | SUBTOTALS | \$ 0 | \$ (| \$ 0 | \$ 0 | | |
| Schedule H Summary | | | | | | (Enter (e) on Schedule I, Line 3) | | |
| | of less than \$100.) | *************************************** | | | \$ | 0 | | **If Required |
| Payments received on loans (Total Column (c) plus unitemized paym | nents of less than \$100.) | | | | \$ | 0 | | |
| Net change this period, (Subtract Line (Enter the net here and on the Summar | 2 from Line 1.)ry Page, Column A, Line 7.) | | | | NET \$ | 0 y be a negative number |) | |

| Schedule I Miscellaneous Increases to Cash | | Type or print in ink. Amounts may be rounded to whole dollars. | Statement covers period 64/01/2012 66/30/2012 | CALIFORNIA 460 FORM of 16 | |
|---|--|--|---|-------------------------------|--|
| SEE INSTRUCTIONS ON REVER | SE | | through | Page of of | |
| NAME OF FILER | | | | I,D. NUMBER | |
| Friends of Greg Janda | for Rocklin City Council 2012 | | | 1347521 | |
| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER) | | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH | |
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| Attach additional inform | mation on appropriately labeled continuation sheets. | | SUBTOTA | AL \$ 0 | |
| Schedule I Summa | ary | | | (m. | |
| 1. Itemized increases | to cash this period | www.waaaayooaaaaaaaa | \$ | 0 | |
| | es to cash of under \$100 this period | | | 0 | |
| | eceived this period on loans made to others. (Sc | | | 0 | |
| 4. Total miscellaneous | increases to cash this period. (Add Lines 1, 2, te 14.) | and 3. Enter here and on the | | 0 | |