Recipient Committee			ate Stamp	COVER PAGE
Campaign Statement Cover Page		DEGI	EOVEN	california 460 Form
	Statement covers period	Date of election if applicable NOV	2 8 2022	Page of _4
	from July 1, 2022	(Month, Day, Year)	agar	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through November 28, 2022		aser	
1. Type of Recipient Committee: All Committees - Com	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
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 Termination) Amendment (Explain below) 	Quarte	rly Statement I Odd-Year Report
Sponsored F Small Contributor Committee C	Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)			
	D. NUMBER			
3. Committee information	286872	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Friends of Scott Yuill for Rocklin City Council 2014		David Brockway		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COD	E AREA CODE/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	x	MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		

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 <u>11/28/2023</u>	Date	By_	0
Executed on	Date	By	ponsor
Executed on	Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Date	By	FPPC Form 4

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

COVER PAGE - PART 2



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE		
Scott Yuill		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER	IF APPLICA	BLE)
Rocklin City Council		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE	ZIP

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

COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER				
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. B	-	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER				
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. B	OX)	
CITY	STATE	ZIP CC	DDE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
		SUPPORT

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement				SUMMARY PAGE	
Summary Page				ment covers period	CALIFORNIA 460
			from July	1,2022	FORM 400
			through	November 28, 2022	Page _3 of _4
SEE INSTRUCTIONS ON REVERSE			through _		I.D. NUMBER
Scott Yuill					1286872
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column CALENDAR TOTAL TO E	YEAR		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	\$			nrough 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3					inough 0.00 /// to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	\$		20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3				21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	\$		Made \$	\$
Expenditures Made				Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$	\$ 1100		Candidates	outinitially for Olato
7. Loans Made Schedule H, Line 3					
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	\$			ve Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3				Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3				(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	\$			\$
Current Cash Statement				////////	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 1813.03	To calculate Colu	mn B		
13. Cash Receipts Column A, Line 3 above		add amounts in C	olumn		
14. Miscellaneous Increases to Cash Schedule I, Line 4		A to the correspon amounts from Co		*Amounts in this section reported in Column B.	may be different from amounts
15. Cash Payments Column A, Line 8 above	1813.03	of your last report amounts in Colum		reported in Coldmin D.	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	be negative figure	s that		
If this is a termination statement, Line 16 must be zero.		should be subtrac previous period a	mounts. If		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	this is the first rep filed for this calen only carry over th	dar year,		
Cash Equivalents and Outstanding Debts		from Lines 2, 7, a any).			
18. Cash Equivalents See instructions on reverse	\$	any),			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$				FPPC Form 460 (Jan/2016))
		1		FPPC Advice: adv	vice@fppc.ca.gov (866/275-3772)

Supportin Candidate	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole do		Statement covers period from July 1, 2022 through November 28, 2022		CALIFO FOR Page 4 I.D. NUME 1286872	RM 400
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	CUMULATIV CALENDA (JAN, 1 - I	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
08/09/2022	DAVE BASS FOR ROCKLIN CITY COUNCIL 2022	 Monetary Contribution Nonmonetary Contribution Independent 		\$1000.00	\$1000.00		
	Support Dppose	Expenditure					
10/12/2023	DAVE BASS FOR ROCKLIN CITY COUNCIL 2022	 Monetary Contribution Nonmonetary Contribution 		\$813.03	\$1813.03		
	Support Dppose	Independent Expenditure Monetary Contribution					
		Contribution Contribution Contribution					
	Support Oppose	Independent Expenditure					
			SUBTOTAL	\$ 1813.03			

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	1813.03
2. Unitemized contributions and independent expenditures made this period of under \$100	0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	1813.03

Desite to a figure life				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460 FORM of 5
	Statement covers period from January 1, 2022 through June 30, 2022	Date of election if applicable: (Month, Day, Year)	L 2 5 2022	Page 1 of 5
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	×	
State Candidate Election Committee Recall (Also Complete Part 5) (Also General Purpose Committee Sponsored Small Contributor Committee Of	timarily Formed Ballot Measure ommittee Controlled Sponsored So Complete Part 8) timarily Formed Candidate/ fficeholder Committee So Complete Part 7)	 Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) 	Spec	terly Statement al Odd-Year Report
3 Committee Information	NUMBER 86872	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Friends of Scott Yuill for City Council 2014		David Brockway Mailing address		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CC	DE AREA CODE/PHONE
CITY STATE ZIP COD	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	5 h.e.	
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZIP CC	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		

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

Executed on 7/25/2022	By	
Executed on July 25, 2022	By	-
Executed on Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	-
Executed on Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	-
		FPPC Form 460 (Jan/2016

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

COVER PAGE - PART 2 CALIFORNIA FORM

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE	
Scott Yuill	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT N	UMBER IF APPLICABLE)
Rocklin City Council	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP

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

COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER				
COMMITTEE ADDRESS	STREET ADDRESS (I	NO P.O. B	OX)	
CITY	STATE	ZIP CO	DDE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER				

STATE

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

CITY

ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

BALLOT NO. OR LETTER	JURISDICTION	
		OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE	SOUGHT	OR HELD	
--------	--------	---------	--

DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page	Amounts may be rounde to whole dollars.	d		nent covers period ary 1, 2022	california form 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Scott Yuill			through	ine 30, 2022	Page <u>3</u> of <u>5</u> 1.D. NUMBER 1286872
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	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	Column CALENDARY TOTAL TO C \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	YEAR DATE	Running in Both th General Elections	mary for Candidates e State Primary and nrough 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>550.00</u> <u>0</u> \$ <u>550.00</u> <u>0</u> <u>0</u> <u>0</u> <u>550.00</u> \$ <u>550.00</u>	\$ <u>1100.00</u> 0 <u>1100.00</u> \$ <u>0</u> 0 <u>0</u> \$ <u>1100.00</u>			Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	\$ <u>2363.03</u> <u>0</u> <u>0</u> <u>550.00</u> \$ <u>1813.03</u> \$ <u>0</u> \$ <u>0</u> \$ <u>0</u>	To calculate Colur add amounts in C A to the correspon amounts from Col of your last report amounts in Colum be negative figure should be subtrac previous period a this is the first rep filed for this calen only carry over the from Lines 2, 7, a any).	column nding lumn B t. Some nn A may es that cted from mounts. If yort being idar year, e amounts	*Amounts in this section r reported in Column B.	nay be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0			FPPC Advice: adv	FPPC Form 460 (Jan/2016)) rice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Supporti Candidat	y of Expenditures ing/Opposing Other tes, Measures and Committees	Amounts may be to whole do		Statement covers from January 1, 202 through June 30, 20	22	CALIFO FOR Page 4	RM 400
Scott Yuill	ĸ					I.D. NUMI 1286872	
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	CUMULATIV CALENDA (JAN. 1 - I	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
4/01/2022	Friends of Bill Halldin for Rocklin City Council 2018	Monetary Contribution		\$250.00	\$250.00		
	Support Dppose	 Independent Expenditure Monetary Contribution 					
		Nonmonetary Contribution					
	Support Oppose	Expenditure Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
			SUBTOTAL	\$ 250.00			

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	250.00
2. Unitemized contributions and independent expenditures made this period of under \$100	
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	250.00

Schedule E	American march	, no un al o al			SC	CHEDULE E (CONT.)
(Continuation Sheet)	Amounts may be to whole do			Statement covers period	CALIFORNIA 460	
Payments Made				January 1, 2022	FOR	M 400
SEE INSTRUCTIONS ON REVERSE				through June 30, 2022	Page _5	of
NAME OF FILER					I.D. NUME	BER
Scott Yuill					1286872	
CODES: If one of the following codes accurately describe	es the payment, yo	ou may en	ter the code. Othe	rwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su POS postage, deliv PRO professional s PRT print ads	l appearances es ating urvey researcl very and mess	n senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, an Staff/spouse travel, lodging, an transfer between committees VOT voter registration WEB information technology costs	luction costs d meals and meals s of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Rocklin High School (RHS)		CVC	Scholarship(s)			\$300.00
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.	1	SL	JBTOTAL \$	300.00

De sin is né. O successités s			COVER PAGE
Recipient Committee Campaign Statement Cover Page			DECEIVE CALIFORNIA 460
	Statement covers period from July 1, 2021	Date of election if applicable: (Month, Day, Year)	JAN 1 0 2022 Page 1 of 5 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through December 31, 2021		
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	
State Candidate Election Committee Recall (Also Complete Part 5) (Also Complete Part	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	 Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b 	nt Dispecial Odd-Year Report
	NUMBER 286872	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	
Friends of Scott Yuill for City Council 2014		David Brockway Mailing address	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS

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.



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



5. Officeholder or Candidate Controlled Committee

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF	APPLICAE	BLE)
Rocklin City Council			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP

not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			YES	
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. B	OX)	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER				ED COMMITTEE?
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. B	OX)	∐ NO

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page SEE INSTRUCTIONS ON REVERSE NAME OF FILER Scott Yuill	Amounts may be rounde to whole dollars.	ed	Statement covers period from July 1, 2021 through December 31, 2021		SUMMARY PAGE CALIFORNIA 460 FORM 460 Page 3 of 5 I.D. NUMBER 1286872
Contributions Received 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	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 0	Column CALENDAR TOTAL TO 0 \$ 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0	YEAR	Running in Both th General Elections 1/1 tt 20. Contributions	mary for Candidates e State Primary and nrough 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 300.00 0 300.00 0 0 0 300.00 \$ 300.00	\$ 550.00 0 \$ 550.00 0 0 0 \$ 550.00			Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date\$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>2663.03</u> <u>0</u> <u>0</u> <u>300.00</u> \$ <u>2363.03</u> \$ <u>0</u>	To calculate Colu add amounts in C A to the correspon amounts from Co of your last report amounts in Colun be negative figure should be subtrac previous period a this is the first rep filed for this calen	column nding lumn B Some nn A may es that cted from mounts. If nort being dar year,	*Amounts in this section reported in Column B.	nay be different from amounts
17. LOAN GOARANTEES RECEIVED	\$ <u>0</u> \$ <u>0</u>	only carry over th from Lines 2, 7, a any).	e amounts	FPPC Advice: adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Summary Supportin Candidat			e rounded illars.	Statement covers from <u>July 1, 2021</u> through <u>December</u>		SCHEDULE CALIFORNIA 460 FORM 65		
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	CUMULATIV CALENDA (JAN. 1 - 1	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
10/28/2021	Jill Gayaldo for Rocklin City Council	Monetary Contribution		\$250.00	\$250.00			
	Support Doppose	Expenditure Monetary Contribution Nonmonetary Contribution						
	Support Dppose	Independent Expenditure Monetary Contribution Nonmonetary Contribution						
	Support Oppose	Independent Expenditure	SUBTOTAL	\$ 250.00				

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$
2. Unitemized contributions and independent expenditures made this period of under \$100	\$
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from July 1, 2021	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through December 31, 2021	Page of
NAME OF FILER			I.D. NUMBER
Scott Yuill			1286872

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
CA Secretary of State	СМР	Annual fee for campaign committee	50.00

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

SUBTOTAL \$ 50.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	50.00
2. Unitemized payments made this period of under \$100	<u> </u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	3_0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	50.00

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

				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from January 1, 2021	Date of election if applicable: (Month, Day, Year)	By D. Freud	Page 1 of 4
SEE INSTRUCTIONS ON REVERSE	through June 30, 2021			
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) (A General Purpose Committee O Sponsored Small Contributor Committee O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Use Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	 Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain b 	t Spe ermination)	rterly Statement cial Odd-Year Report
	0. NUMBER 286872	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Friends of Scott Yuill for Rocklin City Council 2014		David Brockway MAILING ADDRESS	n an	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	ODE AREA CODE/PHONE
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	(MAILING ADDRESS	-	
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	

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

Executed on 7/2/0/2021	BySignature of Treasurer or Assistant Treasurer	
Executed on	By	
Executed on $07/26/2021$	Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	By Signature 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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Scott Yuill			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER	FAPPLICA	BLE)
Rocklin City Councilmember (former)			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP

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

COMMITTEE NAME		I.D. NU	JMBER
NAME OF TREASURER			
COMMITTEE ADDRESS	STREET ADDRESS (
CITY	STATE	ZIP CODE	AREA CODE/PHO
COMMITTEE NAME		I.D. NU	JMBER
NAME OF TREASURER			ROLLED COMMITTEE?
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	YES NO
CITY	STATE	ZIP CODE	AREA CODE/PHO



6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
----------------------	--------------	---------

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement	Amounts may be rounde	d			SUMMARY PAGE
Summary Page				ent covers period	CALIFORNIA 460
			from Janua	ary 1, 2021	FORM 400
SEE INSTRUCTIONS ON REVERSE			through Ju	ine 30, 2021	Page of
NAME OF FILER					I.D. NUMBER
Scott Yuill					1286872
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column CALENDAR TOTAL TO E	YEAR DATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	\$ 0 0 \$ 0 0 0 \$ 0		1/1 th	arough 6/30 7/1 to Date \$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 250.00 0 250.00 0 0 0 250.00 \$ 250.00	\$ 250.00 0 250.00 0 0 250.00 \$			Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date \$\$
Current Cash Statement 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 2913.03 0 0 0 250.00 \$ 2663.03	To calculate Colur add amounts in C A to the correspon amounts from Col of your last report amounts in Colun be negative figure should be subtrac previous period a this is the first rep filed for this calen only carry over th	column nding lumn B t. Some nn A may es that cted from mounts. If oort being ndar year, e amounts	*Amounts in this section r reported in Column B.	nay be different from amounts
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0 \$ 0	from Lines 2, 7, a any).	ຫ ດ ອ (ຫ	FPPC Advice: adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772)

repc Advice: advice@fppc.ca.gov (806/2/5-5/72) www.fppc.ca.gov

			SCHEDULE E
Schedule E	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
Payments Made	to whole donard.	from	FORM 400
SEE INSTRUCTIONS ON REVERSE		through June 30, 2021	Page of
NAME OF FILER			I.D. NUMBER
Scott Yuill			1286872
CODES: If one of the following codes accurately describe	es the payment, you may enter the code. Oth	erwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an	uction costs
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committee	s of the same candidate/sponsor

- IND independent expenditure supporting/opposing others (explain)*
 - POS postage, delivery and messenger services PRO professional services (legal, accounting)
 - PRT print ads

- VOT voter registration WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Rocklin High School	CVC	2021 Assist-a-Grad Program	\$250.00

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

SUBTOTAL \$

Schedule E Summary

LEG legal defense

LIT

campaign literature and mailings

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$
2. Unitemized payments made this period of under \$100	\$
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. Enter here and on the Summary Page, Column A, Line 6.)	L \$

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	nk.	Date Stamp	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period fromJuly 1, 2020 throughDecember 31, 2020	Date of election if applicable: (Month, Day, Year)	JAN 1 9 2021	Page of For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	 2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be 	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Scott Yuill for Rocklin City Council 20 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E CITY STATE ZIP CO	14 DDE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER David Brockway MAILING ADDRESS CITY MAILING ADDRESS CITY CITY	RER, IF ANY STATE Z	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	

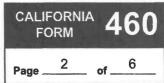
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on Date	By Signature of Treasurdr or Assistant Treasurer	2
Executed on 1-12-2021 Date	By Signature of Controlling Officeholder, Candidate, State Weasure Proponent of Responsible Officer of Sponsor	
Executed on Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	- FPPC Form 460 (January/05

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

COVED DAGE

COVER PAGE - PART 2



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Scott Yuill			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMB	ER IF APPLICABLE)	
Rocklin City Councilmember (former)			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP

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

MITTEE?
] NO
CODE/PHONE
MITTEE?
1 NO
] 110

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

	and the second	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page	Type or print in ink. Amounts may be round to whole dollars.	ed	from	nent covers period July 1, 2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Scott Yuill			through .	December 31, 2020	Page of I.D. NUMBER 1286872
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column CALENDAR Y TOTAL TO D	YEAR	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0	\$ \$ \$	0 0 0	20. Contributions Received \$	hrough 6/30 7/1 to Date
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u> 0 1800.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</u>	\$18	850.00 0 850.00 0 850.00		Summary for State re Expenditures Made* Voluntary Expenditure 1.lmit) Total to Date \$\$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts	0 0 1800.00 \$ 2913.03 \$	To calculate Colur amounts in Colum corresponding ar from Column B of report. Some am Column A may be figures that shoul subtracted from period amounts. the first report be for this calendar carry over the an from Lines 2, 7, a any).	nn A to the mounts f your last iounts in e negative ld be previous If this is eing filed year, only nounts	*Amounts in this section r reported in Column B.	nay be different from amounts
 18. Cash Equivalents	\$0 \$0			FPPC Toll-Free Helplin	FPPC Form 460 (January/05 ne: 866/ASK-FPPC (866/275-3772

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print Amounts may be to whole do	e rounded Illars.	Statement covers fromJuly 1, 2	2020	CALIFORNIA FORM 46		
SEE INSTRUCTIO	INS ON REVERSE			through December	31, 2020	Page	of	F6
NAME OF FILER						I.D. NUM 128687		
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 CALENDAF (JAN. 1 - DE	YEAR	TO	ECTION DATE QUIRED)
7/17/2020	Ken Broadway for Rocklin City Council 2020	Monetary Contribution		500.00	Ę	500.00		
	Support Dppose	Expenditure						
8/13/2020	Friends of Greg Janda for Rocklin City Council 2020	Monetary Contribution		500.00	5	600.00		
	Support Dppose	Expenditure						
9/5/2020	Michael Saragosa for Placerville City Council 2020	Monetary Contribution		500.00	Ę	500.00		
	Support Oppose	Expenditure						
			SUBTOTAL \$	1500.00		SL:		

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$ _	1750.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$_	0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TAL \$_	1750.00

Summary Supportin Candidate	D ation Sheet) of Expenditures ng/Opposing Other es, Measures and Committees	Type or prin Amounts may b to whole d	be rounded	Statement covers period from July 1, 2020 through December 31, 2020					
NAME OF FILER						I.D. NUMI 128687			
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	CUMULATIV CALENDA (JAN. 1 - E	R YEAR	PER ELE TO DA (IF REQU	TE	
10/22/2020	Joe Patterson for Rocklin City Council	Monetary Contribution		250.00		250.00			
	Support Dppose	Monetary Contribution							
	Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 							
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
			SUBTOTAL	\$ 250.00					

Schedule E		Type or print in ink. Amounts may be rounded						
					atement covers period	CALIFORNIA	460	
Pay	ments Made	,	to whole dollars.	fron	July 1, 2020	FORM	400	
SEE II	INSTRUCTIONS ON REVERSE			thro	ugh December 31, 2020	Page o	of	
NAME	OF FILER					I.D. NUMBER		
s	cott Yuill					1286872		
COE	ES: If one of the following codes accurately describes	the p	payment, you may enter the code. Otherw	vise, d	escribe the payment.			
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production of	osts		
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions			
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL				
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and produ			
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and			
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, a			
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees	of the same candi	date/sponsor	

professional services (legal, accounting)

- ND independent expenditure supporting/opposing others (explain)
- LEG legal defense
- campaign literature and mailings LIT
- NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Annual fee for campaign committee CA Secretary of State 50.00 CMP

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

PRO

PRT

print ads

SUBTOTAL \$

VOT voter registration

WEB information technology costs (internet, e-mail)

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$_	50.00
2. Unitemized payments made this period of under \$100 \$ _	0
3. Total interest paid this period on loans. (Enter amount from 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.)	50.00

Recipient Committee Campaign Statement Cover Page)		Date Stamp CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from January 01, 2020 through June 30, 2020	Date of election if applicable: (Month, Day, Year)	JUL 2 7 2020 Page 1 of 4
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
 Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Aso Complete Part 8) General Purpose Committee Sponsored Small Contributor Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored Neo Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Neo Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	ermination)
), NUMBER 286872	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	
Friends of Scott Yuill for Rocklin City Council 2014		David Brockway MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO)	x	MAILING ADDRESS	
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of	-		d herein and in the attached schedules is true and complete.

Executed on 07/23/2020	By
Executed on 07/23/2020	By
Executed on	By Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
	FPPC Form 460 (Jan/20) SDPC Advice: advice@finer.ca.gov/866/275-37

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



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Scott Yuill

OFFICE SOUGHT	OR HELD (INCLUDE	OCATION AI	ND DISTRICT	NUMBER IF	APPLICABLE)

Rocklin City Council

RESIDENTIAL/BUSINESS ADDRESS (NO.	AND STREET) CITY	STATE	ZH
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Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLI	LED COMMITTEE?
1000			T YES	
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. B	OX)	
CITY	STATE	ZIPCC	DE	AREA CODE/PHONE
COMMITTEE NAME	and a second statement of the second statement of the second statement of the second statement of the second s		I.D. NUMBE	BR
NAME OF TREASURER	and the second		CONTROL	LED COMMITTEE?
			YES	D NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. B	OX)	
CITY	STATE	ZIP CO	DDE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
Identify the controlling offi	And a second	state measure proponent, if any. ENT
OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

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

Campaign Disclosure Statement Summary Page SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be rounde to whole dollars.	State from Jan	SUMMARY PAGE ment covers period mary 01, 2020 CALIFORNIA FORM 460 FORM 460 Page <u>3</u> of <u>4</u> I.D. NUMBER
Scott Yuill			1286872
Contributions Received 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 2 + 4	Column A TOTAL THIS PERIOD (FRCM ATTACHED SCHEDULES) \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Column B CALENDAR YEAR TOTAL TO DATE \$ 0 0	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
5. TOTAL CONTRIBUTIONS RECEIVED	\$	\$	
 Payments Made	0	\$ 50.00 0 50.00 0 0 0 50.00 \$ 50.00	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts	\$ <u>4763.03</u> <u>0</u> <u>0</u> <u>50.00</u> \$ <u>4713.03</u> \$ <u>0</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if anv)	*Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>Q</u> \$ <u>Q</u>	any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

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 from January 01, 2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through June 30, 2020	Page of
Scott Yuill			1286872
CODES: If one of the following codes accu	irately describes the payment, you may enter the code.	Otherwise, describe the payment.	

CMP	campalgn paraphemalia/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		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		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
CA Secretary of State	CMP	Annual fee for campaign committee	\$50.00

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

SUBTOTAL \$ 50.00

Schedule E Summary

-

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	50.00
2. Unitemized payments made this period of under \$100 \$	0
3. Total interest paid this period on loans. (Enter amount from 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.)	\$50.00

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

1

Recipient Committee Campaign Statement Cover Page)	Date Stamp		COVER PAGE FORNIA 460 ORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period fromJuly 30, 2019 throughDecember 31, 2019	Date of election if applicable: (Month, Day, Year)	By Long	9 7070Page	1 of <u>3</u> for Official Use Only
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		the second s	
State Candidate Election Committee O Recall (Aleo Complete Part 5) General Purpose Committee	Primarily Formed Ballot Measure Committee O Controlled O 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 b 	ermination)	Quarterly Stat	
3. Committee Information	D. NUMBER 1286872	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Scott Yuill for Rocklin City Council 2014		NAME OF TREASURER David Brockway MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	e de la companya de l		Constant of the grant of the second
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	\$8		

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 penjury under the laws of the State of California that the forenoing is true and correct.

Executed on 1-28.2020	Signature of Treasurer & Assistant Treasurer 1	
Executed on $1 - 26 - 2020$	Sy Signisture of Controlling Officeholder, Candidate, State Measure Proposent or Responsible Officer of Sponsor	
Executed on	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460 (Jan/2016

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Scott Yuill			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER	R IF APPLICABLE)	
Rocklin City Council			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP

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

COMMITTEE NAME		I.D. NUM	BER
NAME OF TREASURER		CONTRO	LLED COMMITTEE?
			S INO
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	in we share a new second s	I.D. NUM	BER
NAME OF TREASURER	and the second secon	CONTRO	LLED COMMITTEE?
		I YE	S 🗍 NO
COMMITTEE ADDRESS	STREET ADDRESS (N	O P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	

Attach continuation sheets if necessary

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

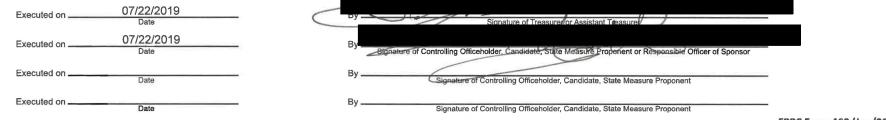


	2			1
Campaign Disclosure Statement Summary Page	Amounts may be rounded to whole dollars.		ment covers period July 30, 2019	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Scott Yuill		through	December 31, 2019	Page <u>3</u> of <u>3</u> I.D. NUMBER 1286872
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		amary for Candidates be State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0 0	\$0 \$0 \$0 \$0	20. Contributions Received \$	hrough 6/30 7/1 to Date
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$0 \$0 0	\$ <u>1050.00</u> <u>0</u> \$ <u>1050.00</u> <u>0</u> \$ <u>0</u> \$ <u>1050.00</u>	Candidates	Summary for State
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	0 0 0 1762.02	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	*Amounts in this section reported in Column B.	may be different from amounts
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	this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Advice: ad	FPPC Form 460 (Jan/2016) dvice@fppc.ca.gov (866/275-3772)

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

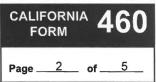
Destiniant Committee			COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp DECEIV CALIFORNIA 460 FORM
	Statement covers period from January 1, 2019	Date of election if applicable: (Month, Day, Year)	JUL 2 3 201 Page 1 of 5
SEE INSTRUCTIONS ON REVERSE	through June 30, 2019	i	
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	×
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Nso Complete Part 7)	 Preelection Statement Semi-annual Statemen Termination Statement (Also file a Form 410 Te Amendment (Explain be) 	ermination)
3. Committee Information	D. NUMBER 1286872	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	
Friends of Scott Yuill for Rocklin City Council 2014		David Brockway MAILING ADDRESS	
		MALEING ADDICEGO	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, 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/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	38

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.



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COVER PAGE - PART 2



Officeholder or Candidate Controlled Committee 5.

NAME OF OFFICEHOLDER OR CANDIDATE

Scott Yuill

OFFICE SOUGHT OR HELD (INCLUD	E LOCATION AND DIS	TRICT NUMBER IF.	APPLICABLE)	
Former Rocklin City Councilm	ember			
RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET)	CITY	STATE	ZIP

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

COMMITTEE NAME		I.D. NUM	BER
NAME OF TREASURER		CONTRO	DLLED COMMITTEE?
			S 🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		I.D. NUM	IBER
NAME OF TREASURER		CONTRO	DLLED COMMITTEE?
			s 🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE

STATE

ZIP CODE

AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
------------------------	--

BALLOT NO. OR LETTER	JURISDICTION	
----------------------	--------------	--

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

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

Campaign Disclosure Statement Amounts may be rounded to whole dollars.			ement covers period January 1, 2019	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Scott Yuill for Rocklin City Council 2014	· · · · ·	through	June 30, 2019	Page 3 of 5 I.D. NUMBER 1286872 1286872 1286872
Contributions Received 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. OUNTOTAL CONTRIBUTIONS Schedule B, Line 3	0	Column B CALENDAR YEAR TOTAL TO DATE	Running in Both th General Elections 1/1 t 20. Contributions	hrough 6/30 7/1 to Date
 SUBTOTAL CASH CONTRIBUTIONS	0	\$\$ \$	21. Expenditures	\$\$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$0 \$0 0	\$ \$ \$ \$		Summary for State
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	0 0 1050.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	*Amounts in this section reported in Column B.	\$may be different from amounts
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 \$0 \$0	this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	EPDC Advices ad	FPPC Form 460 (Jan/2016) vice@fppc.ca.gov (866/275-3772)

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. ees		Statement covers period from January 1, 2019 through June 30, 2019		CALIFORNIA 460 FORM 0f 5_	
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	CUMULATIVI CALENDA (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
01/24/2019	Friends of Bill Halldin for Rocklin City Council 2018	Monetary Contribution		500.00	0 500.00		
01/25/2019	Support Oppose Elect Jill Gayaldo for ROcklin City Council 2018	Monetary Contribution		500.00		500.00	
	Support Dppose	Expenditure			P1		
		Monetary Contribution					
	Support Dppose	Independent Expenditure					
			SUBTOTA	AL \$ 1000.00			

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$ 1000.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$ 0_
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$ 1000.0

Schedule E Payments Made	Amounts may be rounded Statement covers period to whole dollars.		CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through June 30, 2019	Page of
NAME OF FILER			I.D. NUMBER
Friends of Scott Yuill for Rocklin City Council 2014			1286872

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

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

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Secretary of State			Annual Fee	50.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	50.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	50.00
2. Unitemized payments made this period of under \$100 \$	0
3. Total interest paid this period on loans. (Enter amount from 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.)	50.00

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in in Statement covers period from	nk. Date of election if applicable: (Month, Day, Year)	Date Stamp Date Stamp DECEIV JUL 2 3 20 By M
SEE INSTRUCTIONS ON REVERSE	through December 31, 2018		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Implete Parts 1, 2, 3, and 4. 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 Te Armendment (Explain b 	ermination)
3. Committee information	D. NUMBER 1286872	Treasurer(s) NAME OF TREASURER David Brockway MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO		CITY NAME OF ASSISTANT TREASUR	STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADDF	STATE ZIP CODE AREA CODE/PHONE

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 _07/22/2019	Date	Ву	Signature of Treasurer or Assistant Treasurer	
Executed on _07/22/2019	Date	BySig	gnature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed on	Date	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	e.
Executed on	Date	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460 (January/05)
			FPPC Toll-Free Helpline	: 866/ASK-FPPC (866/275-3772)

State of California

COVER PAGE - PART 2



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Scott Yuill

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)						
Former Rocklin City Couinciln	nember					
RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET)	CITY	STATE	ZIP		

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

COMMITTEE NAME		I.D. 1	NUMBER	8
NAME OF TREASURER		CON	TROLLE	D COMMITTEE?
			YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)		
CITY	STATE	ZIP CODE		AREA CODE/PHONE
		1		
COMMITTEENAME		[I.D. I	NUMBER	K
NAME OF TREASURER		CON	TROLLE	D COMMITTEE?
			YES	D NO
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)		
CITY	STATE	ZIP CODE		AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME	OF	BALI	_OT	MEA	SURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	

Attach continuation sheets if necessary

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

Campaign Disclosure Statement Summary Page	to whole dollars.		Statement covers period m July 1, 2018	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		thr	rough	Page 3 of 4 I.D. NUMBER
Friends of Scott Yuill for Rocklin City Council 2014				1286872
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0</u> \$ <u>0</u>	\$ \$ \$	20. Contributions 20. Contributions Received \$ 21. Expenditures	nrough 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u> 0 1200.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</u>	\$ \$ \$ \$	22. Cumulativ (If Subject to Date of Election (mm/dd/yy)	Summary for State Ye Expenditures Made* Voluntary Expenditure Limit) Total to Date \$\$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	□ 0 0 1200.00 \$ 5813.03 \$ 0 \$ 0 \$ 0	To calculate Column B, amounts in Column A t corresponding amount from Column B of your report. Some amounts Column A may be nega figures that should be subtracted from previc period amounts. If this the first report being fil for this calendar year, carry over the amount from Lines 2, 7, and 9 any).	to the ts *Amounts in this section n r last s in lative ous s is iled only ts	nay be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0_		FPPC Toll-Free Helplin	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)

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 July 1, 2018		CALIFORNIA FORM 460		
SEE INSTRUCTIO	DNS ON REVERSE			through December	31, 2018	Page _4	of	
NAME OF FILER						I.D. NUMB	ER	
Friends of S	cott Yuill for Rocklin City Council 2014					1286872		
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 CALENDAI (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
09/10/2018	Friends of Susan Haldin for Rocklin School Board 2018	Monetary Contribution		250.00		750.00		
09/20/2019	Friends of Bill Hallding for Rocklin City Council 2018	Monetary Contribution Nonmonetary Contribution Independent Expenditure		250.00		250.00		
10/29/2018	Friends of Bill Hallding for Rocklin City Council 2018	Monetary Contribution	*	700.00		950.00		
			SUBTOTA	AL \$ 1200.00				

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	1200.00
2. Unitemized contributions and independent expenditures made this period of under \$100 \$	0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	1200.00

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