

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>OCTOBER 22, 2022</u>	Date of election if applicable: (Month, Day, Year) <u>NOVEMBER 8, 2022</u>
through <u>DECEMBER 22, 2022</u>	

Date Stamp	CALIFORNIA FORM 460
RECEIVED CITY OF HANFORD DEC 28 2022	Page <u>1</u> of <u>5</u> For Official Use Only
CITY CLERK	

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

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee	<input type="checkbox"/> Preelection Statement
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled	<input type="checkbox"/> Quarterly Statement
<input type="radio"/> Recall	<input type="radio"/> Sponsored	<input type="checkbox"/> Semi-annual Statement
(Also Complete Part 5)	(Also Complete Part 6)	<input checked="" type="checkbox"/> Termination Statement
 		(Also file a Form 410 Termination)
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	<input type="checkbox"/> Amendment (Explain below)
<input type="radio"/> Sponsored	(Also Complete Part 7)	 <hr/> <hr/>
<input type="radio"/> Small Contributor Committee		
<input type="radio"/> Political Party/Central Committee		

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1452180

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

COMMITTEE TO ELECT TRAVIS PADEN FOR HANFORD CITY COUNCIL
DISTRICT A

STREET ADDRESS (NO P.O. BOX)

2268 N ARBOR AVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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HANFORD CA 93230 559-381-3096

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

TRAVIS.PADEN@YAHOO.COM

Treasurer(s)

NAME OF TREASURER

LUKE ROBINSON

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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HANFORD CA 93230 559-836-8843

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 12/22/2022
Date

Executed on 12/22/2022
Date

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA **460**
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

TRAVIS PADEN

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

HANFORD CITY COUNCIL DISTRICT A

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

2268 N ARBOR AVE HANFORD CA 93230

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

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

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	AREA CODE/PHONE
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
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YES NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	AREA CODE/PHONE
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from OCTOBER 23, 2022

CALIFORNIA
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through DECEMBER 22, 2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT TRAVIS PADEN FOR HANFORD CITY COUNCIL DISTRICT A

I.D. NUMBER

1452180

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3	\$ <u>1,000.00</u>	\$ <u>15,852.75</u>
2. Loans Received.....	Schedule B, Line 3	\$ <u> </u>	\$ <u> </u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <u>1,000.00</u>	\$ <u>15,852.75</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$ <u> </u>	\$ <u>2,375.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ <u>1,000.00</u>	\$ <u>18,227.75</u>

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ <u>1,725.04</u>	\$ <u>15,852.75</u>
7. Loans Made.....	Schedule H, Line 3	\$ <u> </u>	\$ <u> </u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>1,725.04</u>	\$ <u>15,852.75</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$ <u> </u>	\$ <u> </u>
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ <u> </u>	\$ <u>2,375.00</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>1,725.04</u>	\$ <u>18,227.75</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>725.04</u>
13. Cash Receipts	Column A, Line 3 above	\$ <u>1,000.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u> </u>
15. Cash Payments	Column A, Line 8 above	\$ <u>1,725.04</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0.00</u>

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ <u> </u>
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Cash Equivalents and Outstanding Debts

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

**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	\$ <u> </u>	\$ <u> </u>
21. Expenditures Made	\$ <u> </u>	\$ <u> </u>

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
<u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </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 any).

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

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from OCTOBER 23, 2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT TRAVIS PADEN FOR HANFORD CITY COUNCIL DISTRICT A

I.D. NUMBER
1452180

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/09/22	SHAH NAHAL [REDACTED] HANFORD, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS OWNER	500.00	100.00	
11/10/22	JUDITH DOWD [REDACTED] HANFORD, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$ 1,000.00						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1,000.00**

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

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
 from OCTOBER 23, 2022

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NAME OF FILER

COMMITTEE TO ELECT TRAVIS PADEN FOR HANFORD CITY COUNCIL DISTRICT A

I.D. NUMBER

1452180

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

CMP campaign paraphernalia/misc.

MBR member communications

RAD radio airtime and production costs

CNS campaign consultants

MTG meetings and appearances

RFD returned contributions

CTB contribution (explain nonmonetary)*

OFC office expenses

SAL campaign workers' salaries

CVC civic donations

PET petition circulating

TEL t.v. or cable airtime and production costs

FIL candidate filing/ballot fees

PHO phone banks

TRC candidate travel, lodging, and meals

FND fundraising events

POL polling and survey research

TRS staff/spouse travel, lodging, and meals

IND independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services

TSF transfer between committees of the same candidate/sponsor

LEG legal defense

PRO professional services (legal, accounting)

VOT voter registration

LIT campaign literature and mailings

PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COSCTCO WHOLESALE [REDACTED]	MTG			118.73
TRACTION CONTROL [REDACTED]	LIT			536.13

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

SUBTOTAL \$ 654.86
Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 654.86
2. Unitemized payments made this period of under \$100	\$ 1,070.18
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.)	TOTAL \$ 1,725.04