

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

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Date Stamp
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COVER PAGE

CALIFORNIA
FORM

460

Page 1 of 11

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/01/13
through 12/31/13

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

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

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

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☒ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1358862

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

Taxpayers Against Recall - Owings, Baca & Molina

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92507

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

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92552

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Michael S. Geller

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92552

NAME OF ASSISTANT TREASURER, IF ANY

Michael S. Geller

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92552

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 2/13/14 Date

Executed on Date

Executed on Date

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 11

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Taxpayers Against Costly Recalls of Co. Baca, Owings, & Molina

BALLOT NO. OR LETTER

JURISDICTION

Not Yet Assigned

City of Moreno Valley, CA

☒ SUPPORT
☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 10/01/13 through 12/31/13	CALIFORNIA FORM 460
Page 3 of 11	I.D. NUMBER 1358862

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Taxpayers Against Recall - Owings, Baca & Molina

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 41350	\$ 46750
2. Loans Received Schedule B, Line 3	\$ -0-	\$ -0-
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 41350	\$ 46750
4. Nonmonetary Contributions Schedule C, Line 3	\$ -0-	\$ -0-
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 41350	\$ 46750

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	\$ -0-	\$ -0-
21. Expenditures Made	\$ -0-	\$ -0-

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 41585	\$ 45643
7. Loans Made Schedule H, Line 3	\$ -0-	\$ -0-
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 41585	\$ 45643
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ -0-	\$ -0-
10. Nonmonetary Adjustment Schedule C, Line 3	\$ -0-	\$ -0-
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 41850	\$ 45643

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
- / - / -	\$ -0-
- / - / -	\$ -0-

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 1342
13. Cash Receipts Column A, Line 3 above	41350
14. Miscellaneous Increases to Cash Schedule I, Line 4	-0-
15. Cash Payments Column A, Line 8 above	41585
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1107

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ -0-
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Cash Equivalents and Outstanding Debts

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

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

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from 10/01/13 through 12/31/13	CALIFORNIA FORM 460 Page 4 of 11
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Taxpayers Against Recall - Owings, Baca & Molina

I.D. NUMBER

1358862

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/13	Tom Owings for City Council 2012 [REDACTED] Moreno Valley CA 92555 FPPC 1345089	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC	2700, 1400, 6500, 2000 5250	17850	17850	17850
10/15/13	Jeff Patty [REDACTED] Newport Coast CA 92667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
10/15/13	Integrated Care Communities 11751 Davis St Moreno Valley CA 92557	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3500	3500	3500
10/18/13	CEVAC PO Box 7172 Moreno Valley CA 92552 PAC 1358863	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500	2500	2500
10/24/13	The William D Lynch Company PO Box 2207 Rancho Santa Fe CA 92067	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000	2000	2000
SUBTOTAL \$				26350		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 41350

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

\$

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 41350

*Contributor Codes

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from 10/01/13 through 12/31/13	CALIFORNIA FORM 460 Page <u>5</u> of <u>11</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Taxpayers Against Recall - Owings Baca & Molina

I.D. NUMBER
1358862

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/13	MALAGUENA LP 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
10/30/13	JCLIN INVESTMENT LP 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
10/30/13	DESERT CANDLE LP 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
10/30/13	AVONE HOMES LLC 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
10/30/13	CPWEST HOMES LLC 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500

SUBTOTAL \$ 2500

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ Extra Page

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

3. Total monetary contributions received this period.

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

*Contributor Codes

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/13</u> through <u>12/31/13</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>11</u>
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NAME OF FILER Taxpayers Against Recall - Owings Baca & Molina	I.D. NUMBER 1358862
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/13	AVTHREE HOMES LLC 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
10/30/13	AVTWO HOMES LLC 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
10/30/13	RVONE HOMES LLC 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
10/30/13	CT CAPITAL LLC 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
10/30/13	SJ HILLS LP 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
SUBTOTAL \$				2500		

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

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from 10/01/13 through 12/31/13	CALIFORNIA FORM 460 Page <u>7</u> of <u>11</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Taxpayers Against Recall - Owings Baca & Molina

I.D. NUMBER

1358862

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)
11/07/13	MEF Homes 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
11/07/13	MV Homes LLC 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
11/07/13	Pacific Communities Builder Inc 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
11/07/13	Victory Homes LLC 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
11/07/13	CHT Investment LLC 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
SUBTOTAL \$				2500		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ Extra Page

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

3. Total monetary contributions received this period.

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

*Contributor Codes

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

FPPC Form 460 (January/05)

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/13</u> through <u>12/31/13</u>	CALIFORNIA FORM 460 Page <u>8</u> of <u>11</u> I.D. NUMBER 1358862
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NAME OF FILER

Taxpayers Against Recall - Owings Baca & Molina

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)
11/07/13	LCTH Investment LP 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
11/07/13	Magnolia LP 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
11/07/13	PAC Home LLC 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
11/07/13	Pinehurst LLC 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
11/07/13	Valley Oak LP 1000 Dove St, Ste 100 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
SUBTOTAL \$				2500		

*Contributor Codes

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/13</u> through <u>12/31/13</u>		CALIFORNIA FORM 460 Page <u>9</u> of <u>11</u>
NAME OF FILER Taxpayers Against Recall - Owings, Baca & Molina		
		I.D. NUMBER 1358862

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)
12/02/13	Teachers Against Recall - Owings Baca & Molina FPPC 1361386 5900 Sycamore Canyon Bl Ste 200, Rvsd 9250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		5000	5000	5000
		<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 \$				5000		

*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
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	10/01/13	Page	10 of 11
through	12/31/13	I.D. NUMBER	1358862

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Taxpayers Against Recall - Owings Baca & Molina

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
ImageMedia 425 E Spruce St Tarpon Springs FL 34689	PRT		American Express PO Box 981535 El Paso TX 79998	7129
VictoryStore.com 5200 SW 30th St Davenport IA 52802	PRT		American Express PO Box 981535 El Paso TX 79998	2535
Office Max 27300 Eucalyptus Avenue Moreno Valley, CA 92555	OFC		American Express PO Box 981535 El Paso TX 79998	923

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

SUBTOTAL \$ 10587

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 41217
2. Unitemized payments made this period of under \$100	\$ 168
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 \$ 41585

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/13	
through	12/31/13	Page <u>11</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
Taxpayers Against Recall - Owings Baca & Molina		1358862

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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
Committee for the Education & Success of Our Children 23595 Judge Ward Court Moreno Valley CA 92557 FPPC 1358520	POL			10790
Richard Archer [REDACTED] Moreno Valley CA 92553	PRT			650
West Coast Public Affairs 16060 Ventura Blvd, Ste 110 Encino CA 91436	PRT			19390

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

SUBTOTAL \$ 30830