

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | |
|--|--------------------------------|
| Data Stamp CITY CLERK 2014 MAY 21 PM 2:25 | CALIFORNIA FORM 460 |
| Page <u>1</u> of <u>11</u> | |
| For Official Use Only | |

| | |
|--|--|
| Statement covers period from <u>3/18/14</u> through <u>5/17/14</u> | Date of election if applicable: (Month, Day, Year) <u>6/3/14</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 5)</small> |
| <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER

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

Mike Morrill

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Blondale, Ca 91206 [REDACTED]

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

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

Treasurer(s)

NAME OF TREASURER

Lorraine Morrill

MAILING ADDRESS

Blondale, Ca 91206 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

Mike Morrill

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Blondale, Ca 91206 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

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 5/21/14 Date

Executed on 5/21/14 Date

Executed on _____ Date

Executed on _____ Date

By Lorraine Morrill

By Mike Morrill
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 <u>2</u> of <u>11</u> | |

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mike McMillan For Council 2014

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Menlo Park, Ca 91206

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 | <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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | |
|--|--------------------------------|
| Statement covers period from <u>3/18/14</u> through <u>5/17/14</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>11</u> | I.D. NUMBER <u>1364722</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

M. La Motte

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 3/29 | Carol idemp ██████████ ██████████ 91206 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 150.00 | 150.00 | |
| 3/29 | Frank Maria ██████████ Hendale, Ca 91205 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 100.00 | 100.00 | |
| 3/31 | Rogina J. J. J. ██████████ Hendale, Ca 91206 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 100.00 | 100.00 | |
| 3/31 | Laura B. LIBERTS ██████████ Hendale, Ca 91221 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | STUDENT | 100.00 | 100.00 | |
| 4/7 | Id. m. Vannib ██████████ Hendale, Ca 91208 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 100.00 | 100.00 | |

SUBTOTALS \$550.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2575.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1374.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 4249.00

*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

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>3/18/14</u> through <u>5/12/14</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>11</u> |
| | I.D. NUMBER |

NAME OF FILER

Milla Mottic

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 4/7 | <i>Louis [REDACTED]</i> <i>Glendale, Ca 91206</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired</i> | 125.00 | 125.00 | |
| 4/7 | <i>Catherine [REDACTED]</i> <i>Glendale, Ca 91206</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired</i> | 100.00 | 100.00 | |
| 4/11 | <i>Steve Markonich</i> <i>Glendale, Ca 91206</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Stremar Co Los Angeles, Ca Self employed</i> | 100.00 | 100.00 | |
| 4/11 | <i>Richard [REDACTED]</i> <i>Glendale, Ca 91206</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>M.P.</i> | 250.00 | 250.00 | |
| 4/7 | <i>Stephen [REDACTED]</i> <i>Los Angeles, Ca 90017</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>D.D.S. Stephen Hernandez</i> | 100.00 | 100.00 | |
| | | | | SUBTOTAL \$ | 675.00 | |

*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

**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>3/18/14</u> through <u>5/17/14</u> | CALIFORNIA FORM 460 |
| Page <u>5</u> of <u>11</u> | I.D. NUMBER <u>1364722</u> |

NAME OF FILER

Milla Mottill

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 4/8 | <u>MURRAY PORTKOUS</u> [REDACTED] <u>GLADDALE, CA 91206</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>RETIRED</u> | <u>100.00</u> | <u>100.00</u> | |
| 4/16 | <u>Alan Mottill</u> [REDACTED] <u>Vanocula, Ca 92590</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Law OFFICER</u> <u>103 Alameda</u> <u>MOTTILL</u> | <u>500.00</u> | <u>500.00</u> | |
| 4/8 | <u>Delores EVERTS</u> [REDACTED] <u>Glendale, Ca 91207</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>RETIRED</u> | <u>100.00</u> | <u>100.00</u> | |
| 4/22 | <u>William BARR</u> [REDACTED] <u>Glendale, Ca 91208</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>RETIRED</u> | <u>100.00</u> | <u>100.00</u> | |
| 4/22 | <u>Heather Williams</u> [REDACTED] <u>Los Angeles, Ca 91214</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>RETIRED</u> | <u>250.00</u> | <u>250.00</u> | |
| SUBTOTAL \$ | | | | <u>1050.00</u> | | |

*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>3/18/14</u> through <u>5/17/14</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>11</u> |
| | I.D. NUMBER <u>1344722</u> |

NAME OF FILER
Miller Mottill

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|----------------------------------|--|---------------------------------------|
| 4/26 | <u>Nora Prizila</u> [REDACTED] <u>Montrose, Ca 91020</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>D.O.S.</u> <u>NEIRA TRILLO D.D.S.</u> | <u>200.00</u> | <u>200.00</u> | |
| 4/30 | <u>Margaret Marcic</u> [REDACTED] <u>San Jose, Ca 95128</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>RESTAURANT</u> | <u>100.00</u> | <u>100.00</u> | |
| 4/15 | <u>Leon Mottill</u> [REDACTED] <u>Aguanga, Ca 92536</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>PILOT & FLIGHT INSTRUCTOR</u> | <u>300.00</u> | <u>300.00</u> | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>AVIATION CAPTAIN</u> | | | |
| | | | | SUBTOTAL \$ <u>600.00</u> | | |

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>3/18/14</u> through <u>5/17/14</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MILK MOHILL

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------------|--|--|--|---------------------------------------|---------------------------|---|------------------------------------|
| <u>3/19/14</u> | <u>PRINTAFEX</u> [REDACTED] <u>Glendale, Ca 91204</u> | <input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>PRINTAFEX</u> | <u>COMPASS LITERATURE (ENVELOPES)</u> | <u>130.80</u> | <u>130.80</u> | |
| <u>5/7/14</u> | <u>YERAWAN PRINTING</u> [REDACTED] <u>Glendale, Ca 91205</u> | <input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>YERAWAN PRINTING</u> | <u>COMPASS POSTERS</u> | <u>985.50</u> | <u>1525.00</u> | |
| | | <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 | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,116.30

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 1,116.30
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 1,116.30

*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 cover: period from <u>3/18/14</u> through <u>5/17/14</u> | SCHEDULEE CALIFORNIA FORM 460 |
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| | I.D. NUMBER <u>1364722</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mike Mohr

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 |
| FL 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 |
|---|------------|---|----------------|
| <u>LOANING MOBILE REIMBURSEMENT</u> <u>[REDACTED]</u> <u>Merced, CA 91206</u> | <u>CVC</u> | <u>SUB-VENDOR A N C</u> <u>A N C LUNCHEON FOR (2)</u> | <u>8100.00</u> |
| <u>LOANING MOBILE REIMBURSEMENT</u> <u>[REDACTED]</u> <u>Merced, CA 91206</u> | <u>PRT</u> | <u>SUBVENDOR L.A. TIMES</u> <u>PRINTED IN BLANK NEWS</u> <u>PRESS</u> | <u>875.00</u> |
| <u>AABC CORPORATION</u> <u>Merced, CA</u> | <u>TEL</u> | <u>ADVERTISING ON AABC</u> <u>TELEVISION</u> | <u>600.00</u> |

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

SUBTOTAL \$ 1575.00

Schedule E Summary

| | |
|--|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>3618.50</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>1010.24</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>4688.74</u> |

**Schedule B - Part 1
Loans Received**

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

SCHEDULE B, PART 1

Statement covers period
from 3/18/14
through 5/12/14

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Miles Morrill

I.D. NUMBER
1364722

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|--|------------------------------------|--|--|----------------------------------|--|--|
| <u>LUCIANE MORRILL</u> <u>5 HERNDON CA 91206</u> † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Retired Homeowner</u> | <u>\$65000</u> | <u>\$0</u> | <input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u> | <u>\$65000</u> <u>N/A</u> DATE DUE | <u>0</u> RATE <u>0</u> | <u>\$65000</u> <u>2/1/14</u> DATE INCURRED | CALENDAR YEAR \$ <u>65000</u> PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS \$ | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Schedule B Summary

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>3/18/14</u> through <u>5/17/14</u> | CALIFORNIA FORM 460 |
| | Page <u>11</u> of <u>11</u> |
| NAME OF FILER: <u>M. L. McNeill</u> | I.D. NUMBER <u>1364722</u> |

SEE INSTRUCTIONS ON REVERSE

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>4249.00</u> | \$ <u>4649.00</u> |
| 2. Loans Received Schedule B, Line 3 | \$ <u>0 -</u> | \$ <u>6500.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>4249.00</u> | \$ <u>11,149.00</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | \$ <u>1116.30</u> | \$ <u>1655.85</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>5365.30</u> | \$ <u>12,804.85</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 | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>4688.74</u> | \$ <u>6104.98</u> |
| 7. Loans Made Schedule H, Line 3 | \$ <u>0 -</u> | \$ <u>0 -</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>4688.74</u> | \$ <u>6104.98</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment Schedule G, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>4688.74</u> | \$ <u>6104.98</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 |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|-------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>5483.76</u> |
| 13. Cash Receipts Column A, Line 3 above | \$ <u>4249.00</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | \$ <u>0</u> |
| 15. Cash Payments Column A, Line 8 above | \$ <u>4688.74</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>5044.02</u> |

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

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.