

Steven A Figueroa

Riverside CA. 92502

RECEIVED
FEDERAL ELECTION COMMISSION

2012 FEB -9 AM 11:32

February 6, 2012

OFFICE OF GENERAL
COUNSEL

Office of General Counsel
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

MUR # 6529

RE: In the Matter of: Gloria Negrete McLeod and Gloria Negrete McLeod for Congress
(C00502534)

Complaint

My name is Steven A Figueroa, I am a Community Activist, hereinafter "Complainant" in the Inland Empire of Southern California, or commonly known as the Eastern most part of Los Angeles County- all of San Bernardino and Riverside Counties. I am writing this letter to request an investigation and I would like submit this as a complaint to the Federal Election Commission ("FEC"). As a citizen and a community activist and watchdog, I am seeking an immediate investigation and enforcement action against Gloria Negrete McLeod and Gloria Negrete McLeod, for Congress (C00502534) hereinafter "Respondent," for violations of the Federal Elections Campaign Act ("FECA"). Respondent McLeod became a candidate for the 35th California Congressional District on or about September 22, 2011. Respondent is also an incumbent state Senator from the 32nd Senate District in California who has demonstrated a blatant disregard for Federal campaign law including the restrictions against soliciting, receiving, or spending funds that are not in compliance with Federal source and amount restrictions.

Complainant

I, Steven A Figueroa, am a citizen of the United States and a registered voter. I reside at Riverside CA. 92501. I am active throughout the Inland Empire advocating for community issues and acting as "Watch-dog" on government.

Respondent

Respondent Gloria Negrete McLeod is a candidate for the 35th Congressional District and Gloria Negrete McLeod for Congress (C00502534) is her authorized campaign committee. The committee's treasurer is Gilbert L. McLeod.

Violations and Request for Investigation

1. Receipt of Contribution Over Limit

On January 27, 2012, Respondent filed with the FEC the committee's 2011 year-end campaign report, covering the period October 1 through December 31, 2011. Pages 20-21 of the report are attached as Exhibit 1. According to this report, on December 23, 2011 Respondent accepted an \$8,000 contribution from California lobbying firm Lang, Hansen, O'Malley & Miller. The entire \$8,000 contribution was designated to the 2012 primary election.

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This \$8,000 contribution I believe exceeds the \$2,500 per election limit imposed by Federal law on contributions from partnerships. (11 C.F.R. §110.1(b).) This is true even if the contribution, when attributed to each partner as required by Federal law, results in partner contributions of less than the \$2,500 per election contribution limit.

2. Non-Compliance with Federal Disclaimer Requirements

On September 22, 2011, Respondent hosted a fundraising event in support of her Congressional election. A copy of the fundraising solicitation is attached hereto as Exhibit 2.

FECA imposes strict disclaimer requirements on authorized campaign committees of Federal candidates who solicit Federal contributions. (11 C.F.R. §110.11.) Specifically, Federal law requires that authorized committee of a Federal candidate to clearly and conspicuously identify who paid for the communication by including the name of the payor in a printed box set apart from the other contents in the communication.

Respondent's solicitation does not comply with the disclaimer requirements contained in Section 110.11 because it does not clearly indicate who paid for the communication and the disclaimer is not contained in a text box set apart from other contents of the communication.

The committee also failed to comply with the "best efforts" notification required by FEC Regulation 104.7(b).

3. Non-Compliance with Prohibition Against Disbursing Non-Federal Funds

FEC Regulation section 300.62 prohibits a Federal candidate from soliciting, receiving, directing, transferring, spending, or disbursing funds in connection with any non-Federal election unless the expenditures are consistent with state law and comply with the Federal amount and source restrictions. There is an exception to this rule that allows Federal candidates who are running simultaneously for state or local office to continue to raise and spend funds in connection with their state or local campaign. (11 C.F.R. §300.63.) However, the FEC has interpreted this exception to apply only if the solicitation, receipt, or spending of funds is: (1) solely in connection with election for State or local office; (2) refers only to him or her, to other candidates for that same State or local office, or both; and (3) the expenditure is permitted by State law. (FEC Advisory Opinion 2007-26, December 10, 2007, p. 6.)

The Commission has advised candidates running simultaneously for Federal and State or local office that they may not use non-Federal funds from their state or local campaign committees to contribute to other state or local candidates or committees. (Id.)

Gloria Negrete McLeod Senate 2010 is a committee controlled by Respondent. The committee contains funds raised for Respondent's 2010 campaign for the California Senate. The committee recently filed its state campaign report covering the period from July 1 through December 31, 2011. The campaign report discloses more than \$18,000 in contributions made to other state candidates and committees. The report is attached as Exhibit 3.

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Complainant requests that the Commission investigate expenditures by Gloria Negrete McLeod Senate 2010 to determine if Respondent violated the prohibition on spending non-Federal funds for purposes other than supporting her candidacy for State or local office.

4. Non-Compliance with Prohibition Against Soliciting Non-Federal Funds

Respondent's September 22, 2011 fundraising solicitation (Exhibit 2) mischaracterizes the ability of non-Federal committees to contribute to Federal candidates when it says "State and local PACs may contribute maximum \$1,000. Corporate contributions and cash cannot be accepted."

While some non-Federal committees may contribute up to \$1,000 to all Federal candidates and committees during a calendar year without triggering registration as a Federal political committee, many non-Federal committees – such as those sponsored by labor organizations and corporations – are not eligible to contribute to Federal candidates unless they are registered with the FEC and comply with the solicitation rules for separate segregated funds. Respondent's mischaracterization of Federal law suggests that the committee is soliciting funds in violation of FEC Regulation 300.61, which expressly prohibits Federal candidates from soliciting funds from non-Federally permissible sources.

Complainant requests that the Commission investigate the extent to which Respondent is not in compliance with the prohibition on soliciting funds from non-Federally permissible sources.

5. Impermissible Transfer of Funds from Non-Federal Campaign Committee

A federal candidate's authorized committee may not accept funds or assets transferred from a committee established by the same candidate for a non-Federal election campaign. (11 C.F.R. §110.3(d).) Goods or services offered free, offered at less than the usual charge, or paid for on the committee's behalf by another person result in an in-kind contribution. (11 C.F.R. §100.52(d)(1).) An expenditure made by any person in cooperation, consultation or concert with, or at the request or suggestion of a candidate's campaign is also considered an in-kind contribution to the candidate. (11 C.F.R. §109.20.)

Gloria Negrete McLeod Senate 2010 and Gloria Negrete McLeod Supervisor 2014 are committees controlled by Respondent for her election to state or local office. Respondent recently filed campaign reports for each committee covering the period July 1 through December 31, 2011. The relevant campaign reports for each committee are attached as Exhibits 3 and 4, respectively.

As the reports demonstrate, during the period July 1 through December 31, 2011, Gloria Negrete McLeod Senate 2010 reported expenses of \$11,295 and \$3,765 to "LAKE RESEARCH PARTNERS," [sic] located in Washington D.C., for "polling and survey research." During the same period, Gloria Negrete McLeod Supervisor 2014 also reported expenses of \$11,295 and \$3,765 to "Lake Research Partners," located in Washington D.C., for "polling and survey research." Combined, these expenses total \$30,120.

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Given that Gloria Negrete McLeod Senate 2010 is a committee established for her 2010 election to the California Senate, it is unclear for what purpose the committee would legitimately share polling expenses with the Gloria Negrete McLeod Supervisor 2014 committee. The absence of the reporting of in-kind contributions from the 2010 committee to the 2014 committee -- or to any other California candidate or committee -- strongly suggests that the polling expenses were unrelated to any state campaign activities and raises questions about whether the polling was used in connection with her campaign for Federal office. This is especially true given that the polling was conducted during a period where Respondent was either assessing her viability for Federal office or after Respondent had decided to run for Federal office.

Complainant requests that the Commission investigate whether these polling expenditures were in any way related-to or made in support of Respondent's campaign for Congress in violation of Section 110.3(d).

Conclusion

I urge the Federal Election Commission to immediately initiate an investigation into the facts and legal issues presented by this complaint.

Haciendo La Diferencia

Steven A Figueroa
Steven A Figueroa, Complainant

State of California County of San Bernardino
Subscribed and sworn to (or affirmed)
before me on this 8 day of Feb 2012 by
Steven A Figueroa
proved to me on
the basis of satisfactory evidence to be the
person(s) who appeared before me.
Signature Hugo E Sanchez
(Seal)



SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Gloria Negrete McLeod for Congress

Full Name (Last, First, Middle Initial)

Lang, Hansen, O'Malley & Miller

A.

Mailing Address 1121 L Street, Suite 100

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

8000.00

Date of Receipt

12 / 23 / 2011

Transaction ID : MCA272

Amount of Each Receipt this Period

8000.00

Full Name (Last, First, Middle Initial)

Beverly K. Hansen

B.

Mailing Address 1121 L Street, Suite 100

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Lang, Hansen, O'Malley & Miller

Lobbyist

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

12 / 23 / 2011

Transaction ID : MTA31

Amount of Each Receipt this Period

2000.00

(MEMO ITEM)

Full Name (Last, First, Middle Initial)

Joseph L. Lang

C.

Mailing Address 1121 L Street, Suite 100

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Lang, Hansen, O'Malley & Miller

Lobbyist

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

12 / 23 / 2011

Transaction ID : IDTA30

Amount of Each Receipt this Period

2000.00

(MEMO ITEM)

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Gloria Negrete McLeod for Congress

Full Name (Last, First, Middle Initial)

George H. Miller

A.

Mailing Address 1121 L Street, Suite 100

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lang, Hansen, O'Malley & Miller

Occupation

Lobbyist

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

12 / 23 / 2011

Transaction ID : IDTA33

Amount of Each Receipt this Period

2000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

John O'Malley

B.

Mailing Address 1121 L Street, Suite 100

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lang, Hansen, O'Malley & Miller

Occupation

Lobbyist

Receipt For: 2011

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

12 / 23 / 2011

Transaction ID : IDTA02

Amount of Each Receipt this Period

2000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Richard A. Lewis

C.

Mailing Address P.O. Box 670

City

Upland

State

CA

Zip Code

91785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lewis Corp.

Occupation

Owner

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

12 / 17 / 2011

Transaction ID : INCA231

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1000.00

Please Join

Senator Gloria Negrete McLeod

for her

Birthday Mixer

Thursday, September 22nd
6:00 p.m. - 8:30 p.m.

Sixth Street Center
Sky Room, 4th Floor
1131 West Sixth Street
Ontario, CA 91762

\$99 per person

\$500 Supporter

\$1500 Co-Sponsor

\$2500 Sponsor

To RSVP or for more information call Manuel J. Carrillo at
or email {

() Yes! I will attend Enclosed is _____

() I cannot attend, but please accept a contribution of \$100 _____ \$500 _____
\$1,000 _____ Other \$ _____

Federal campaign finance laws require that we obtain the following information:

Name	Occupation	Employer
Address		City/State/Zip
Phone	Fax	Email

Please make checks payable to:
Gloria Negrete McLeod for Congress
Mail to: Chino, CA 91710

ALL THE ABOVE INFORMATION IS REQUIRED BY LAW

Paid for and Authorized by Gloria Negrete McLeod for Congress. Contributions to Gloria Negrete McLeod for Congress will first be applied to the 2012 Primary Election, then to the 2012 General Election in the 35th Congressional District. Contributions are not tax-deductible for income tax purposes. An individual may contribute a maximum of \$2500 per individual per election. A Federal/Multi-Candidate PAC may contribute a maximum of \$5,000 per election. State and local PACs may contribute maximum \$1,000. Corporate contributions and cash cannot be accepted.

Home computer generated

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**Recipient Committee
Campaign Statement**
(Government Code Sections 84200-84218.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001-02
FORM
460

Statement covers period

from 9/20/2011

through 12/31/2011

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

Date Stamp

Page 1 of 25

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

LD NUMBER
129125

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

Glenn Negroe McLeod Senate 2010

Treasurer(s)

NAME OF TREASURER

Gilbert L. McLeod

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Chico CA 91710 (909)628-1051

CITY STATE ZIP CODE AREA CODE/PHONE
Chico CA 91710 909-628-1051

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

NAME OF ASSISTANT TREASURER, IF ANY

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS

OPTIONAL: PAYE-MAIL ADDRESS

OPTIONAL: PAYE-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 01/18/2012 By Gilbert McLeod

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/18/2012 By Glenn Negroe-McLeod

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOSITOR OR RESPONSIBLE OFFICER OR SPOON

Executed on DATE By DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOSITOR

Executed on DATE By DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOSITOR

FFPC Form 460 (June/01)
FFPC Toll-Free Helpline: 866/ASK-FFPC
State of California

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Gloria Negrete McLeod			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Held: State Senator Senate District			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
Chicago	CA	91710	32

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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME Gloria Negrete McLeod Supervisor 2014	ID NUMBER 1333624
NAME OF TREASURER Gilbert McLeod	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)	
CITY Chicago	STATE CA
ZIP CODE 91710	AREA CODE/PHONE 909-628-1051
COMMITTEE NAME Gloria Negrete McLeod Senate 2010 Officeholder Account	ID NUMBER 1333626
NAME OF TREASURER Gilbert McLeod	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)	
CITY Chicago	STATE CA
ZIP CODE 91710	AREA CODE/PHONE 909-628-1051

6. 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 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

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Glenn Negrete MacLeod Senate 2010

Statement covers period
from 07/01/2011
through 12/31/2011

CALIFORNIA
FORM 460
Page 3 of 25
ID NUMBER
1293125

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3 \$0.00	\$0.00	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 7 \$0.00	\$0.00	20. Contribution Received \$0.00 \$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$0.00	\$0.00	21. Expenditure Made \$0.00 \$0.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$0.00	\$0.00	

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$0.00	\$0.00	Expenditure Limit Summary for State Candidates
7. Loans Made	Schedule H, Line 7 \$0.00	\$0.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$0.00	\$0.00	Date of Election (mm/dd/yyyy) Total to Date
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$0.00	\$0.00	
10. Nonmonetary Adjustment	Schedule G, Line 3 \$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$0.00	\$0.00	

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$257,529.79	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).
13. Cash Receipts	Column A, Line 3 above \$0.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$0.00	
15. Cash Payments	Column A, Line 8 above \$227,899.72	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$0.00	

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

17. LOAN GUARANTEES RECEIVED

18. Cash Equivalents	See instructions on reverse \$0.00	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$0.00	

Cash Equivalents and Outstanding Debts

67655577031

Schedule B - Part 1 Loans Received

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

Statement covers period
from 07/01/2011
through 12/31/2011

SCHEDULE B - PART 1
CALIFORNIA
FORM 460

Page 5 of 25

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Gloria Negrete McLeod Senate 2010

LD NUMBER
1293125

FULL NAME, STREET ADDRESS AND ZIP CODE (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 ON FORGIVEN THIS PERIOD <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD RATE %	(f) ORIGINAL AMOUNT OF LOAN	(g) CALENDAR CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								CALENDAR YEAR PER ELECTION*
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								CALENDAR YEAR PER ELECTION*
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								CALENDAR YEAR PER ELECTION*
SUBTOTALS								

Schedule B Summary

1. Loans received this period: _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period: _____
(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.) _____
Enter the net here and on the Summary Page, Column A, Line 2.

Net _____
(may be a negative number)

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

Contributor Codes
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/07)
FPPC Toll-Free Helpline: 800/ASK-FPPC

15633374031

Schedule B - Part 2 Loan Guarantors

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

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
Page <u>6</u> of <u>25</u>		

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Clara Negrete McLeod Senate 2010

ID Number
1293125

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN LENDER DATE	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE PER ELECTION (IF REQUIRED) CALENDAR YEAR	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		PER ELECTION (IF REQUIRED) CALENDAR YEAR	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		PER ELECTION (IF REQUIRED) CALENDAR YEAR	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		PER ELECTION (IF REQUIRED) CALENDAR YEAR	
SUBTOTAL						
Enter on Summary Page, Line 17, 800.						

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

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

Statement covers period
from 07/01/2011
through 12/31/2011

Page 8 of 25

CALIFORNIA
FORM
460

LD NUMBER
1293125

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Clara Negrete McLeod Senate 2010

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2011	Payee Name: FURUTANI FOR CITY COUNCIL 2011 Candidate Name: Warren Furutani City Council Member Jurisdiction: City of Los Angeles	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	2011S: \$500.00
8/13/2011	Payee Name: JUAN M LOPEZ SCHOOL BOARD 2011 Candidate Name: Juan M. Lopez Board of Education	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	2011S: \$500.00
8/19/2011	Payee Name: LOS ANGELES COUNTY DEMOCRATIC CLUB Candidate Name: LA County Democratic Party	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	
SUBTOTAL						

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$18,280.00

2. Unitemized contributions and independent expenditures made this period of under \$100 \$0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$18,280.00**

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
from 07/01/2011
through 12/31/2011

Page 2 of 25

CALIFORNIA
FORM **460**

NAME OF FILER
Claris Negrete McLeod Senate 2010

LD NUMBER
1293125

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2011	Payee Name: COPE CENTRAL LABOR COUNCIL SB & RIVERSIDE Candidate Name: COPE-Central Labor Council	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	AD AND CONTRIBUTION (245)	\$480.00	\$480.00	
9/12/2011	Payee Name: LET AND YEE FOR MAYOR 2011 Candidate Name: Leand Yee Mayor	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	2011GE \$500.00
9/26/2011	Payee Name: LOPEZ FOR ASSEMBLY 2012 Candidate Name: Luis Lopez State Assembly Person District 45 Jurisdiction: Assembly District	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2011GE \$1,000.00
10/9/2011	WOMEN'S DEMOCRATIC CLUB PAC	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$100.00	\$100.00	
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 07/01/2011
 through 12/31/2011

SCHEDULE D (CONT.)
CALIFORNIA
FORM
460

NAME OF FILER
 Gloria Negrete McLeod Senate 2010

Page 10 of 25
 ID NUMBER
 1293125

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (MM-1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2011	Payee Name: PAVLEY FOR SENATE 2012 Candidate Name: Fran Pavley State Senator District 23 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,900.00	\$3,900.00	2012P: \$3,900.00
10/29/2011	Payee Name: JACKSON FOR SENATE 2012 Candidate Name: Hannah-Beth Jackson State Senator	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,900.00	\$3,900.00	2012P: \$3,900.00
10/29/2011	Payee Name: ANDREW LACHMAN FOR ASSEMBLY 2012 Candidate Name: Andrew Lachman State Assembly Person District 42 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2012P: \$1,500.00
10/31/2011	Payee Name: LONI HANCOCK FOR SENATE 2012 Candidate Name: Loni Hancock State Senator District 9 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,900.00	\$3,900.00	2012P: \$3,900.00
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 07/01/2011
 through 12/31/2011

CALIFORNIA
 FORM **460**
 Page 11 of 25

NAME OF FILER
 Gloria Negrete McLeod Senate 2010

ID NUMBER
 1293125

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (MM-1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/6/2011	Payee Name: JOE SIMUTTAN FOR SUPERVISOR 2012 Candidate Name: Joe Simutan County Supervisor	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$300.00	\$300.00	2012F: \$500.00
12/3/2011	Payee Name: FURUTANI FOR CITY COUNCIL GENERAL 2012 Candidate Name: Warren Furutani City Council Member	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	2012G: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL				\$18,280.00		

Schedule E Payments Made

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

Statement covers period from 07/01/2011 through 12/31/2011	CALIFORNIA FORM 460
Page 12 of 25	LD NUMBER 1293125

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Clara Negrete McLeod Stearns 2010

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

CNP campaign peripherals/office	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/pouse 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
LT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE IF COMMITTEE, ALSO ENTER LD NUMBER	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LAKE RESEARCH PARTNERS WASHINGTON DC, CA 20036	POL		\$11,295.00
FURUTANI FOR CITY COUNCIL 2011 LONG BEACH, CA 90807	CTB		\$360.00
Committee ID: 1340011 DNC WESTERN STATE CAUCUS RANCHO MURBETTA, CA 95663	CTB		\$500.00
SUBTOTAL			

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$34,334.96
2. Unitemized payments made this period of under \$100. \$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL** \$34,334.96

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Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 07/01/2011
through 12/31/2011

SCHEDULE E (CONT.)
CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Clara Negrete Me Loed Senate 2010

Page 13 of 25
LD NUMBER
1293125

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

CMP	campaign paraphernalia/misc.	MER	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	tv, 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/pouse 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	PRF	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JUAN M LOPEZ SCHOOL BOARD 2011 SAN BERNARDINO, CA 92407	CTB		\$500.00
Committee ID: 1340309 LOS ANGELES COUNTY DEMOCRATIC CLUB LOS ANGELES, CA 90010	CTB		\$1,000.00
Committee ID: 744354 LAKE RESERARCH PARTNERS WASHINGTON DC, CA 20036	POL		\$3,765.00
AMERICAN EXPRESS LOS ANGELES, CA 90096-9000		CREDIT CARD PAYMENT	\$301.37
COPE CENTRAL LABOR COUNCIL SB & RIVERSIDE RIVERSIDE, CA 92507	CTB	AD AND CONTRIBUTION (\$65)	\$480.00
Committee ID: 851055			

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

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Clotia Negrete McLeod Seseno 2010

Statement covers period
from 07/01/2011
through 12/31/2011

SCHEDULE E (CONT.)
CALIFORNIA
FORM 460
Page 14 of 25
LD NUMBER
1293125

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

CMP	campaign paraphernalia/misc.	MGR	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	tv, or cable airtime and production costs
FIL	candidate filing/posted fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/expense travel, lodging, and meals
IND	independent expenditures 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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF CONTRIBUTOR, ALSO ENTER LD NUMBER)</small>	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LELAND YEB FOR MAYOR 2011 SAN FRANCISCO, CA 94102	CTB			\$500.00
Committee ID: 1333626 US POSTMASTER CHINO, CA 91708-9998	POS			\$246.00
LOPEZ FOR ASSEMBLY 2012 LOS ANGELES, CA 90029	CTB			\$1,000.00
Committee ID: 1328640 AMERICAN EXPRESS LOS ANGELES, CA 90096-9000			CREDIT CARD PAYMENT	\$277.62
YOLANDA MIRANDA & ASSOCIATES COVINA, CA 91722	PRO			\$250.00
SUBTOTAL				

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

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 07/01/2011
through 12/31/2011

PAGE 15 of 25

CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Clara Negrete McLeod Senate 2010

LO NUMBER
1293125

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

CAMP 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
LT campaign literature and mailings

MER member communications
MNG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (if committee, also enter LO NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WOMEN'S DEMOCRATIC CLUB PAC RIVERSIDE, CA 92506	CTB		\$100.00
Committee ID: 971989 PAULEY FOR SENATE 2012 LOS ANGELES, CA 90025	CTB		\$3,900.00
Committee ID: 1314513 AMERICAN EXPRESS LOS ANGELES, CA 90096-8000		CREDIT CARD PAYMENT	\$144.51
AMERICAN EXPRESS LOS ANGELES, CA 90096-8000		CREDIT CARD PAYMENT	\$700.46
JACKSON FOR SENATE 2012 LONG BEACH, CA 90807	CTB		\$3,900.00
Committee ID: 1340467			

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

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 07/01/2011
through 12/31/2011

Page 16 of 25

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Gloria Negrete McLeod Senate 2010

ID. NUMBER
1293125

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

CNP campaign paraphernalia/merch.	MIBR 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 TV, or cable airtime and production costs
FIL candidate filing/ballot fees	PHD phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/pouse 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
LT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF CONTRIBUTED, ALSO ENTER ID. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ANDREW LACHMAN FOR ASSEMBLY 2012 STUDIO CITY, CA 91604	CTB		\$1,500.00
Committee ID: 1333939 COMMUNITY FOUNDATION/GEORGE BROWN JR FUND LOS ANGELES, CA 90029	CVC		\$1,000.00
Committee ID: 1314017 LOUI HANCOCK FOR SENATE 2012 BERKELEY, CA 94705	CTB		\$3,900.00
Committee ID: 1314017 JOE SMATTAN FOR SUPERVISOR 2012 PALO ALTO, CA 94303	CTB		\$500.00
Committee ID: 1342827 AMERICAN EXPRESS LOS ANGELES, CA 90096-8000		CREDIT CARD PAYMENT	\$1,775.00
SUBTOTAL			

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

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

SCHEDULE E (CONT.)
CALIFORNIA
FORM
460

Page 17 of 25
I.D. NUMBER
1293125

CAMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explicit/nomoneitary)*	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/postlet fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	candidate travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explicit)*	POS	posting, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FURUTANI FOR CITY COUNCIL GENERAL 2012 LONG BEACH, CA 90807	CTB			\$500.00

CITE

5500.00

SUBTOTAL \$38,334.96

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

CALIFORNIA
FORM

460

Page 18 of 23

I.D. NUMBER
1293125

ഇട (Internal, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER U.S. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

SUBTOTALS

NET _____

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

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

SCHEDULE G

CALIFORNIA
FORM
460

Statement covers period
from 07/01/2011
through 12/31/2011

Page 19 of 25

ID NUMBER
1299125

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Clara Negrete McLeod Senate 2010

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMERICAN EXPRESS

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

- | | | | | | |
|------|---------------------------------------------------------------|-----|-------------------------------------------|-----|------------------------------------------------------------|
| CAMP | 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 |
| CV/C | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/balot fees | PHO | phone bills | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/pouse 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/partisan |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (Internet, email) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER FULL NAME)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MARY ARMSTRONG Ontario, CA 91762	OFC	Holiday gift card		\$100.00
JEANETTE BACA-DIXON CLAREMONT, CA 91711	OFC	Holiday gift card		\$30.00
RUFINO BAUTISTA ROWLAND HEIGHTS, CA 91746	OFC	Holiday gift card		\$100.00
EVELINA CONTRERAS Montclair, CA 91763	OFC	Holiday gift card		\$100.00
TOTAL*				\$330.00

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June 01)
FPPC Toll-Free Helpline: 888/ASRC-FPPC

Schedule G

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

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

Statement covers period from 07/01/2011 through 12/31/2011	CALIFORNIA FORM 460
Page 20 of 25	LD NUMBER 1295125

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Clodia Negrete Mo Lead Senate 2010

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMERICAN EXPRESS

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

- | | | |
|-------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| CNP campaign pamphlets/letters | MSR member communications | RAID 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 tv or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POS polling and survey research | TRB staff/pouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRT print ads | VOT voter registration |
| LT campaign literature and mailings | | WEB information technology costs (internet, email) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (if committee, also include its mailing address)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CLAUDIA GOYTIA Whittier, CA 90604	OFC	Holiday gift card		\$50.00
TERBA GRANTHAM Placerville, CA 95667	OFC			\$150.00
ZEPHAR INMAN	OFC	Holiday gift card		\$50.00
ANDREW LANGLEY Sacramento, CA 95826	OFC	Holiday gift card		\$150.00
TOTAL* \$400.00				

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASAC-FPPC

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Schedule G

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

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

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Glenn Negrete Mc Lead Senate 2010

Statement covers period
from 07/01/2011
through 12/31/2011

CALIFORNIA
FORM

460

Page 21 of 25

LD NUMBER
1293125

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMERICAN EXPRESS

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

CWP campaign paraphernalia/misc.
 CWS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donors
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings
 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads

RAD radio airtime and production costs
 RPD returned contributions
 SAL campaign workers' salaries
 TEL tv, or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/pouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MANUEL CARRILLO CHINO, CA 91710	OFC	Holiday gift card		\$100.00
VINCE MARCHEAND Davis, CA 95616	OFC	Holiday gift card		\$100.00
MARTHA RODRIGUEZ BLOOMINGTON, CA 92316	OFC	Holiday gift card		\$150.00
WENDY MEDINA Fountain, CA 92337	OFC	Holiday gift card		\$100.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$450.00

* Do not transfer to any other schedule or to the Summary Page. The total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 800/ASRC-FPPC

Schedule G

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

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

Statement covers period
from 07/01/2011
through 12/31/2011

Page 22 of 25

CALIFORNIA
FORM
460

ID NUMBER
1293123

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Clara Negrete McLeod Senate 2010

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMERICAN EXPRESS

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	RTD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PEP petition circulating	TEL t.v. or cable airtime and production costs
FL candidate filing/audit fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/purpose 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
LT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NIKI NIDES Sacramento, CA 95816	OFC	Holiday gift card		\$125.00
ALFONSO SANCHEZ Sacramento, CA 95811	OFC	Holiday gift card		\$125.00
LUCIA VALENCIA Sacramento, CA 95823	OFC	Holiday gift card		\$100.00
PETE VERA ARREGUIN San Bernardino, CA 92411	OFC	Holiday gift card		\$125.00
TOTAL* \$475.00				

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 800/ASIC-FPPC

8965557051

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

CALIFORNIA
FORM
460

NAME OF FILER
Gloria Negrete McLeod Senate 2010

Page 23 of 25

I.D. NUMBER
1293125

AMOUNT PAID	
\$160.00	

[illegible]**TOTAL: \$100.00**

FPPC Form 400 (June/01)
FPPC Toll-Free Helpline: 800/ASK-FPPC

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

SCHEDULE H

460

Statement covers period
from 07/01/2011
through 12/31/2011

Page 24 of 25

NAME OF FILER
Chloris Negrete McLeod Senate 2010

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE REMAINING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD	(d) CUMULATIVE BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE _____ % DATE DUE _____	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION _____
SUBTOTALS				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE _____	RATE _____ % DATE DUE _____	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION _____

Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

1. Loans made this period
(Total Column (b) plus unutilized loans less than \$100.)

If Required

2. Payments received on loans (Total Column (c) plus unitized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET

(any but a negative answer)

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

NAME OF FILER
Gloria Negrete McLeod Senate 2010

CALIFORNIA
FORM

460

Page 25 of 25[illegible]

Attach additional information on appropriately labeled continuation sheets.

1. Increases to cash of \$100 or more this period.

2. Unitemized increases to cash under \$100 this period.

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e))

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

TOTAL 5.00

**Recipient Committee
Campaign Statement**
(Government Code Sections 84200-84218.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
200102
FORM **460**

Page 1 of 18
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2011
through 12/31/2011

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
- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6.)
☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preselection
Statement - Attach Form 465

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Gloria Negrete McLeod Supervisor 2014

ID NUMBER
1333604

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Chico CA 91710 (909)628-1051

CITY STATE ZIP CODE AREA CODE/PHONE
Chico CA 91710 909-628-1051

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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

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

Executed on 01/17/2012 By Gilbert McLeod SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/17/2012 By Gloria Negrete-McLeod SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPOSER OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE By SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPOSER

Executed on DATE By SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPOSER

FPFC Form 460 (June/01)
FPFC Toll-Free Helpline: 866/ASK-FPFC
State of California

265337031

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

Glenda Negrete McLeod
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sought: County Supervisor
San Bernardino San Bernardino
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
CA 91710

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

COMMITTEE NAME Glenda Negrete McLeod Senate 2010	ID NUMBER 1293125
NAME OF TREASURER Gilbert McLeod	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)	
CITY Chino	STATE CA
ZIP CODE 91710	AREA CODE/PHONE 909-628-1051
COMMITTEE NAME Glenda Negrete McLeod Senate 2010 Officeholder Account	ID NUMBER 1333626
NAME OF TREASURER Gilbert McLeod	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)	
CITY Chino	STATE CA
ZIP CODE 91710	AREA CODE/PHONE 909-628-1051

6. 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 _____

7. Primarily Formed 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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Oletha Negron McLeod Supervisor 2014

Statement covers period
from 07/01/2011
through 12/31/2011

CALIFORNIA
FORM
460

Page 3 of 18

LD. NUMBER
1333624

Contributions Received

	Column A TOTAL THE PERIOD FROM ATTACHED SCHEDULE	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$24,500.00	\$50,900.00
2. Loans Received	Schedule B, Line 7 \$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$24,500.00	\$50,900.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$0.00	\$156.04
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$24,500.00	\$51,056.04

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	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$19,289.84	\$19,446.56
7. Loans Made	Schedule H, Line 7 \$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$19,289.84	\$19,446.56
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule G, Line 3 \$0.00	\$156.04
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$19,289.84	\$19,602.60

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(* Subject to Voluntary Expenditure Limit)
Date of Election (mm/dd/yyyy) Total to Date

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$679,715.89	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).
13. Cash Receipts	Column A, Line 3 above \$24,500.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$1,198.35	
15. Cash Payments	Column A, Line 8 above \$19,289.84	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$686,124.40	

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

17. LOAN GUARANTEES RECEIVED

\$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents \$0.00
19. Outstanding Debts \$0.00
Add Line 2 + Line 9 in Column B above

*Since January 1, 2001, 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.

Statement covers period
from 07/01/2011
through 12/31/2011

CALIFORNIA
FORM

460

Page 4 of 18

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Glenda Negrete McLeod Supervisor 2014

I.D. Number
1333624

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
8/10/2011	Australia Pharma US Inc. Deerfield, IL 60015-2548	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
10/5/2011	Astronova Winnington, DE 19850-5437	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2014P: \$500.00
9/6/2011	Bridgepoint Education Inc. San Diego, CA 92128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
10/31/2011	Bristol-Myers Squibb Co. Aspen, TX 78701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
8/25/2011	CA Assoc. Of Licensed Investigators PAC Glendora, CA 91740-5398 Committee ID: 791587	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
SUBTOTAL						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$24,500.00
- Amount received this period - unitemized contributions of less than \$100 \$0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$24,500.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE07)
FPPC Toll-Free Helpline: 800/ASK-FPPC

5 1633374031

Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period
from 07/01/2011
through 12/31/2011

SCHEDULE A (CONT.)
CALIFORNIA
FORM 460

Page 3 of 18

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Dionta Negron McLeod Supervisor 2014

I.D. Number
1333624

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
8/9/2011	CA Beer & Beverage Distributors Sacramento, CA 95814 Committee ID: 761487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2014P: \$2,000.00
12/21/2011	CA Beer & Beverage Distributors Sacramento, CA 95814 Committee ID: 761487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2014P: \$2,000.00
8/19/2011	CA Healthcare Institute PAC Sacramento, CA 95814 Committee ID: 1272633	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2014P: \$2,500.00
7/29/2011	CA Nurses Assoc. PAC Sacramento, CA 95814 Committee ID: 780657	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
9/20/2011	CA Veterinary Medical Assn. Sacramento, CA 95815-6505 Committee ID: 771044	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
SUBTOTAL						

Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
Page <u>6</u> of <u>18</u>		I.D. Number <u>133624</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Glenda Negrete McLeod Supervisor 2014

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
8/22/2011	Can Manufacturers Institute Washington, DC 20036	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
8/9/2011	CCA of Tennessee LLC Nashville, TN 37215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2014P: \$1,500.00
9/21/2011	Comcast Philadelphia, PA 19103-2838	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
12/28/2011	Entertainment Software Association Washington, DC 20004	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
10/24/2011	Facebook Inc. Palo Alto, CA 94304	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>18</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Chloria Negrete McLeod Supervisor 2014

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF CONTRIBUTOR, ALSO ENTER ID 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)
8/31/2011	Fairplex Folsom, CA 91768	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2014P: \$2,000.00
9/8/2011	Midland Credit Management Inc. San Diego, CA 92123	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
8/10/2011	Personal Insurance Federation Sacramento, CA 95814 Committee ID: 1338467	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2014P: \$2,000.00
11/9/2011	Pfizer, Inc. New York, NY 10017-5755	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
8/30/2011	Professional Engineers in CA Gov PAC Sacramento, CA 95814 Committee ID: 822501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Clotilda Negrete McLeod Supervisor 2014

Statement covers period
from 07/01/2011
through 12/31/2011

SCHEDULE A (CONT.)
CALIFORNIA
FORM 460
Page 8 of 18
I.D. Number
1333624

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
9/24/2011	Rosa Hills Holdings Corp Houston, TX 77019	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
8/31/2011	The Rubber Manufacturers Assoc. Inc. Washington, CA 20005	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
12/1/2011	United San Francisco, CA 94128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2014P: \$1,000.00
		<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				
SUBTOTAL				\$24,500.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

CALIFORNIA
FORM
460

Statement covers period
from 07/01/2011
through 12/31/2011

Page 2 of 18

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Dionta Negrete McLeod Supervisor 2014

ID. NUMBER
1333624

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER ID. 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) CURRENTLY CONTRIBUTING TO DATE
<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*
<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: _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period: _____

(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 _____
(may be a negative number)

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

Contributor Codes
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

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

Schedule B - Part 2 Loan Guarantors

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

Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>		CALIFORNIA FORM 460
Page <u>10</u> of <u>18</u>		

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Gloria Negrete MacLeod Supervisor 2014

LO Number
1333624

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN LENDER DATE	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE PER ELECTION (IF REQUIRED)	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL			Enter on Summary Page, Line 11, col. 1			

Schedule C Nonmonetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Clara Negrete McLeod Supervisor 2014

Statement covers period
from 07/01/2011
through 12/31/2011

SCHEDULE C
CALIFORNIA
FORM 460

Page 11 of 18
I.D. Number
1333624

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)
		<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					
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		<input type="checkbox"/> IND <					

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 <u>07/01/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460
Page <u>12</u> of <u>18</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Gloria Negrete McLeod Supervisor 2014

LD NUMBER
1333024

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL						

- Schedule D Summary**
- Contributions and Independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
 - Unitemized contributions and independent expenditures made this period of under \$100
 - Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

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

Statement covers period
from 07/01/2011
through 12/31/2011

CALIFORNIA
FORM
460

Page 13 of 18

LD NUMBER
133624

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Charles Negroes McLeod Supervisor 2014

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

CAMP	campaign paraphernalia/misc.	MEM	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	REF	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CYC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/balot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRG	staffhouse travel, lodging, and meals
IND	independent expenditures supporting/opposing others (explain)*	POG	posting, delivery and messenger services	TSE	transfer between committees of the same candidate/endorser
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bertolotto & Bernaldo, Inc. Sacramento, CA 95814	CNS		\$750.00
Lobo Research Partners Washington, DC 20036	POL		\$11,295.00
Lobo Research Partners Washington, DC 20036	POL		\$3,763.00
SUBTOTAL			

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$19,289.34
2. Unitemized payments made this period of under \$100. \$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$19,289.34

48655574051

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

Statement covers period
from 07/01/2011
through 12/31/2011

SCHEDULE E (CONT.)
CALIFORNIA
FORM
460Page 14 of 18

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Clara Negrete McLeod Supervisor 2014

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

CAMP campaign paraphernalia/tricks.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civo donations
FLL candidates filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LT campaign literature and mailings

- MER member communications
- MTG meetings and appointments
- OC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

RAD radio stations and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL tv, or cable stations and production costs
TRC candidate travel, lodging, and meals
TRS staff/purpose travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(If contributor, also include address)</small>	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bertolotto & Bernick, Inc. Sacramento, CA 95814	FND		§ 2311 Fundraising fee and food.	\$2,564.14
Yolanda Miranda & Associates Corina, CA 91722	PRO			\$250.00
Roth, Adell & Cyhan Law Corp Los Angeles, CA 90010	PRO			\$665.00
SUBTOTAL				\$19,289.84

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

SUBTOTAL \$19,289.84

FPPC Form 480 (June/01)
FPPC Toll-Free Helpline: 888/ASK-FPPC

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

CALIFORNIA
FORM
460

Statement covers period
from 07/01/2011
through 12/31/2011

through 12/31/2011

Page 15 of 18

LD. NUMBER
1393624

Statement covers period
from 07/10/2011
through 12/31/2011

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

- MEM *member communications*
- MTG *meetings and appearances*
- OCF *office expenses*
- PEI *petition circulating*
- PHO *phone banks*
- POL *polling and survey research*
- POS *posting, delivery and messenger services*
- PRO *professional services (legal, accounting)*
- PRT *print ads*

RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TTS	staff/purpose travel, lodging, and meals
TSP	transfer between committees of the same candidate/partisan
VOT	voter registration
WEB	information technology costs (Internet, email)

[illegible]

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

SUBTOTALS

	INCURRED TOTALS	PAID TOTALS	NET
1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)			
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)			
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)			

NET

May be a negative number.

FPFC Form 460 (June/01)
FPFC Toll-Free Helpline: 866/ASK-FPFC

insider

1304433986

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Diana Negrete McLeod Supervisor 2014

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Bernolice & Bernolice, Inc.

Statement covers period
from 07/01/2011
through 12/31/2011

CALIFORNIA
FORM
460
Page 16 of 18
ID NUMBER
1113624

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

CMP campaign paraphernalia
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
LT campaign literature and mailings
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone bills
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAID radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL tv, or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/pouse travel, lodging, and meals
TSF trainer between committees of the same candidate/petitioner
VOT voter registration
WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER U.S. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pyramid Aerospace Sacramento, CA 95814	FND	8/29/11	Reception event	\$564.84

Attach additional information on appropriately labeled continuation sheets.

TOTAL: \$564.84

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 800/ASIC-FPPC

7863337031

Schedule H - Loans Made to Others*

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Glenn Negron McLeod Supervisor 2014

Statement covers period
from 07/01/2011
through 12/31/2011

CALIFORNIA
FORM
460

Page 17 of 18

LOAN NUMBER
1333624

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT ON FORGIVENESS THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CALENDAR YEARS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR PER ELECTION**
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR PER ELECTION**
SUBTOTALS								

*Loans that are contributions to another candidate or committee
must also be summarized on Schedule D. Loans forgiven must
also be reported on Schedule E.

(Enter (b) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period
(Total Column (b) plus unfertilized loans less than \$100.)
- Payments received on loans
(Total Column (c) plus unfertilized payments less than \$100.)
- Net change this period: (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET

** If Required

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

Statement covers period
from 07/01/2011
through 12/31/2011

460

Page 18 of 18

**AMOUNT OF
INCREASE TO CASH**

\$448.35

5750.00

SUBTOTAL \$1,194.35

51,198.35

\$0.00

50.00

TOTAL 51,198.35

FPPC Form 400 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC