Type or print in ink.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable: (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 1-1-14</td>
<td></td>
</tr>
<tr>
<td>through 6-30-14</td>
<td></td>
</tr>
</tbody>
</table>

1. **Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
   - [X] Officeholder, Candidate Controlled Committee
   - [ ] Ballot Measure Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
   - [ ] Primarily Formed Candidate Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Controlled
   - [ ] Prima. Formed Candidate/Officeholder Committee

2. **Type of Statement:**
   - [ ] Prelection Statement
   - [ ] Semi-Annual Statement
   - [ ] Termination Statement
   - [ ] Amendment (Explain below)

3. **Committee Information**

   **ID NUMBER:** 35-15-49

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

   [Signature]

   **STREET ADDRESS:**

   [Address]

   **CITY:**

   **STATE:**

   **ZIP CODE:**

   **AREA CODE/PHONE:**

   **MAILING ADDRESS (IF DIFFERENT):**

   **CITY:**

   **STATE:**

   **ZIP CODE:**

   **AREA CODE/PHONE:**

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:** 7-9-14

   **Executed on:** 7-9-14

   **Executed on:** 7-9-14

   **Executed on:** 7-9-14

   **By:**

   **By:**

   **By:**

   **By:**

   **FPCC Form 460 (June/01) FPPC Toll-Free Helpline 866/ASK-FPPC State of California**
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICERHOLDER OR CANDIDATE</th>
<th>ID NUMBER</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

CITY

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

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>ID NUMBER</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES       NO</td>
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<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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CITY

6. Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
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<tr>
<th>NAME OF OFFICERHOLDER, CANDIDATE, OR PROPOSER</th>
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<tbody>
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</table>

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.

<table>
<thead>
<tr>
<th>NAME OF OFFICERHOLDER OR CANDIDATE</th>
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<th>SUPPORT</th>
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Attach continuation sheets if necessary
Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $ ___ C ___ $ ___ C ___
2. Loans Received ............................................. Schedule B, Line 3
3. SUBTOTAL CASH CONTRIBUTIONS .................. Add Lines 1 + 2 $ ___ C ___ $ ___ C ___
4. Nonmonetary Contributions .......................... Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED ............... Add Lines 3 + 4 $ ___ C ___ $ ___ C ___

Expenditures Made

6. Payments Made ........................................... Schedule E, Line 4 $ ___ 5 0 ___ $ ___ 5 0 ___
7. Loans Made ................................................. Schedule F, Line 3
8. SUBTOTAL CASH PAYMENTS .......................... Add Lines 6 + 7 $ ___ 5 0 ___ $ ___ 5 0 ___
10. Nonmonetary Adjustment ................................ Schedule H, Line 3
11. TOTAL EXPENDITURES MADE ......................... Add Lines 8 + 9 + 10 $ ___ 5 0 ___ $ ___ 5 0 ___

Current Cash Statement

12. Beginning Cash Balance ............................. Previous Summary Page, Line 16 $ ___ 2 7 3 ___
13. Cash Receipts ............................................. Column A, Line 3 above
14. Miscellaneous Increases to Cash .................. Schedule I, Line 4
15. Cash Payments ............................................ Column A, Line 5 above
16. ENDING CASH BALANCE ............................... Add Lines 12 + 13 + 14 then subtract Line 15 $ ___ 2 2 3 ___

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents ....................................... See instructions on reverse $ ___ ___ ___
19. Outstanding Debts ...................................... Add Line 2 + Line 3 in Column A above $ ___ ___ ___

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 Through 6/30 7/1 To Date
20. Contributions Received $ ___ ___ ___ $ ___ ___ ___
21. Expenditures Made $ ___ ___ ___ $ ___ ___ ___

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) Total to Date
$ ___ ___ ___ $ ___ ___ ___ $ ___ ___ ___
$ ___ ___ ___ $ ___ ___ ___ $ ___ ___ ___
$ ___ ___ ___ $ ___ ___ ___ $ ___ ___ ___
$ ___ ___ ___ $ ___ ___ ___ $ ___ ___ ___
$ ___ ___ ___ $ ___ ___ ___ $ ___ ___ ___

*Since January 1, 2001 Amounts in this section may be different from amounts reported in Column B.
Schedule E
Payments Made

NAME OF FILER

NAME AND ADDRESS OF PAYEE

CODE OR DESCRIPTION OF PAYMENT

AMOUNT PAID

* 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.) $ 5

2. Unitemized payments made this period of under $100 $ 5

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 5

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) $ 5

SUBTOTAL $ 5

CALIFORNIA FORM 460

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