Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period
from 1-1-15
to 1-31-15

Date of election if applicable:
(Month, Day, Year)
2016 JAN-7 PM 3:26

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
   - Primarily Formed
   - Controlled
   - Sponsored
   - (Also Complete Part 6)
   - Primarily Formed Candidate/Officerholder Committee
   - (Also Complete Part 7)

2. Type of Statement:
   - □ Preelection Statement
   - √ Semi-annual Statement
   - □ Termination Statement
   - □ Amendment (Explain below)

3. Committee Information
   I.D. NUMBER 135/549
   COMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Ricusing Murray for City Council
   2012
   STREET ADDRESS (NO P.O. BOX)
   CITY
   STATE ZIP CODE AREA CODE/PHONE
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   CITY
   STATE ZIP CODE AREA CODE/PHONE
   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 1-4-16
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on 1-4-16
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (June/91)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY COUNCIL</td>
<td></td>
</tr>
</tbody>
</table>

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>I.D. NUMBER</th>
<th></th>
</tr>
</thead>
</table>

6. Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
<th></th>
</tr>
</thead>
</table>

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 OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary.
## Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3  
   Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  $ 0
   Column B CALENDAR YEAR TOTAL TO DATE  $ 0

2. Loans Received ............................................................. Schedule B, Line 3  
   $ 0

3. SUBTOTAL CASH CONTRIBUTIONS .................................. Add Lines 1 + 2  
   $ 0

4. Nonmonetary Contributions ........................................... Schedule C, Line 3  
   $ 0

5. TOTAL CONTRIBUTIONS RECEIVED .................................. Add Lines 3 + 4  
   $ 0

## Expenditures Made

6. Payments Made ............................................................. Schedule E, Line 4  
   $ 0

7. Loans Made ................................................................. Schedule H, Line 3  
   $ 0

8. SUBTOTAL CASH PAYMENTS ........................................... Add Lines 5 + 7  
   $ 0

9. Accrued Expenses (Unpaid Bills) ..................................... Schedule F, Line 3  
   $ 0

    $ 0

11. TOTAL EXPENDITURES MADE ........................................... Add Lines 8 + 9 + 10  
    $ 0

## Current Cash Statement

12. Beginning Cash Balance ............................................. Previous Summary Page, Line 16  
    $ 173

13. Cash Receipts ............................................................. Column A, Line 3 above  
    $ 0

14. Miscellaneous Increases to Cash ..................................... Schedule I, Line 4  
    $ 0

15. Cash Payments ............................................................. Column A, Line 8 above  
    $ 0

16. ENDING CASH BALANCE ................................................... Add Lines 12 + 13 + 14, then subtract Line 15  
    $ 173

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

17. LOAN GUARANTEES RECEIVED .......................................... Schedule B, Part 2  
    $ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .......................................................... See instructions on reverse  
    $ 0

19. Outstanding Debts ....................................................... Add Line 2 + Line 9 in Column B above  
    $ 0

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

## 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.