Form 460 – Communications Identifying State Candidates

1. General Information
2. Application Form
3. Data Elements
4. Filing Requirements
5. Written Notations
6. Signature Requirements

GENERAL INFORMATION:

1. A “Sendback” letter is sent only when the signature is missing.
2. In many instances, missing or incomplete information may be found elsewhere in the form, or by other sources (e.g. existing record in AMS, other submitted forms, or elsewhere on the same form, etc.).
3. If missing or incomplete information cannot be determined, attempt to contact the filer by phone, email or letter.
4. FINES: Amendments are generally not fined.
5. FINES: Each filing period must be evaluated, based on the requirements of the FPPC filing schedule (dates that contributions were received or made and the contribution dollar amount) to determine a separate fine for each eligible filing period.
6. Any questions regarding processes should be directed to a PRD supervisor.

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

COVER PAGE

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

1

Statement covers period
from
through

2

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

Date Stamp

CALIFORNIA FORM 460

3

Page ____ of ____

For Official Use Only

4

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

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

5

2. Type of Statement:

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

6 a-h

3. Committee Information

I.D. NUMBER

7

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

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

8 a-i

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

9

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 ____ (Date) By ____ (Signature of Treasurer or Assistant Treasurer)

Executed on ____ (Date) By ____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on ____ (Date) By ____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on ____ (Date) By ____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Clear Cover Pg1 | Print Form

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page _____ of _____

3

5. Officeholder or Candidate Controlled Committee

10 a-c

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP

11 a-g

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

COMMITTEE NAME | I.D. NUMBER

NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

COMMITTEE NAME | I.D. NUMBER

NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

12 a-d

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER | JURISDICTION | ☐ SUPPORT ☐ OPPOSE

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

13 a-c

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY

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

14 a-c

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Clear Cover Pg2 | Print Form

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

1

Statement covers period
from _____
through _____

CALIFORNIA FORM 460

Page _____ of _____

3

SEE INSTRUCTIONS ON REVERSE

6 a

NAME OF FILER

I.D. NUMBER

7

15 a-e

Contributions Received

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

16 a-f

Expenditures Made

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

17 a-e

Current Cash Statement

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

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

18

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

Cash Equivalents and Outstanding Debts

19 a-b

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

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

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

20 a-d

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

21 a-b

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

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

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

Clear Summ Pg Print Form

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from _____
through _____

Page _____ of _____

1

3

SEE INSTRUCTIONS ON REVERSE

6 a

NAME OF FILER

I.D. NUMBER

7

22 a-g

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $			

Schedule A Summary

23 a-c

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

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

Clear Sch. A Print Form

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

1

Statement covers period
from _____
through _____

CALIFORNIA FORM **460**

Page _____ of _____

3

6 a

NAME OF FILER

I.D. NUMBER

7

22 a-g

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $			

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

Clear Sch. A Con.

Print Form

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

SCHEDULE B - PART 1

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

1

Statement covers period
from _____
through _____

CALIFORNIA FORM 460

Page _____ of _____

3

SEE INSTRUCTIONS ON REVERSE

6 a

NAME OF FILER

I.D. NUMBER

7

24 a-i

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	%, $ RATE	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	%, $ RATE	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	%, $ RATE	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	$	$	$ (Enter (e) on Schedule E, Line 3)			

25 a-c

Schedule B Summary

1. Loans received this period ..... $ _____
   (Total Column (b) plus unitemized loans of 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 $ _____
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

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

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

Clear Sch. B-1 | Print Form

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period

from _____

through _____

Page _____ of _____

1

3

SEE INSTRUCTIONS ON REVERSE

6 a

NAME OF FILER

I.D. NUMBER

7

26 a-h

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)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $

27 a-c

Schedule C Summary

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

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

Clear Sch. C | Print Form

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

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

Amounts may be rounded to whole dollars.

1

SCHEDULE D

Statement covers period
from _____
through _____

CALIFORNIA FORM 460

Page _____ of _____

3

SEE INSTRUCTIONS ON REVERSE

6 a

NAME OF FILER

I.D. NUMBER

7

28 a-g

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)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL $			

29 a-c

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ _____
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ _____
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL .. $ _____

Clear Sch. D Print Form

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

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

Amounts may be rounded to whole dollars.

1

SCHEDULE D (CONT.)

Statement covers period
from _____
through _____

CALIFORNIA FORM **460**

Page _____ of _____

3

6 a

NAME OF FILER

I.D. NUMBER

7

28 a-g

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)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
				SUBTOTAL $		

Clear Sch. D-Con. | Print Form

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

SCHEDULE E

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

1

Statement covers period
from _____
through _____

CALIFORNIA FORM **460**

Page _____ of _____

3

SEE INSTRUCTIONS ON REVERSE

6 a

NAME OF FILER

I.D. NUMBER

7

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

30 a-c

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

SUBTOTAL $

31

Schedule E Summary

32 a-d

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

Clear Sch. E

Print Form

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

SCHEDULE E (CONT.)

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

1

Statement covers period
from _____
through _____

CALIFORNIA FORM **460**

Page _____ of _____

3

SEE INSTRUCTIONS ON REVERSE

6 a

NAME OF FILER

I.D. NUMBER

7

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

31 a-d

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

SUBTOTAL $

Clear Sch. E-Con. | Print Form

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

SCHEDULE F

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

1

Statement covers period
from _____
through _____

CALIFORNIA FORM **460**

Page _____ of _____

3

SEE INSTRUCTIONS ON REVERSE

6 a

NAME OF FILER

I.D. NUMBER

7

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

33 a-f

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $	$	$	$	$

34

Schedule F Summary

35 a-c

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.) ..... **INCURRED TOTALS $** _____
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.) ..... **PAID TOTALS $** _____
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

Clear Sch. F Print Form

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

SCHEDULE F (CONT.)

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

1

Statement covers period
from _____
through _____

CALIFORNIA FORM **460**

Page _____ of _____

3

6 a

NAME OF FILER

I.D. NUMBER

7

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

33 a-f

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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 $		$	$	$

Clear Sch. F-Con. | Print Form

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

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

Amounts may be rounded to whole dollars.

1

SCHEDULE G

Statement covers period
from _____
through _____

CALIFORNIA FORM 460

Page _____ of _____

3

SEE INSTRUCTIONS ON REVERSE

6 a

NAME OF FILER

I.D. NUMBER

7

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

36 a-c

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $

37

** 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.*

Clear Sch. G

Print Form

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

SCHEDULE H

Schedule H
Loans Made to Others*

Amounts may be rounded to whole dollars.

1

Statement covers period
from _____
through _____

CALIFORNIA FORM **460**

Page _____ of _____

3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

6 a

I.D. NUMBER

7

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 BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ 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.	SUBTOTALS	$	$	$	$	$ (Enter (e) on Schedule I, Line 3)		

38 a-i

39

Schedule H Summary

1. Loans made this period ..... $ _____
   (Total Column (b) plus unitemized loans of less than $100.)
2. Payments received on loans ..... $ _____
   (Total Column (c) plus unitemized payments of less than $100.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ _____
   (Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

**If Required

40 a-c

Clear Sch. H Print Form

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

SCHEDULE I

Statement covers period
from _____
through _____

CALIFORNIA FORM **460**

Page ____ of ____

1

3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

6 a

7

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

41 a-d

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

42

Schedule I Summary

1. Itemized increases to cash this period. ..... $
2. Unitemized increases to cash of 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 $

43 a-d

Clear Sch. I

Print Form

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

DATA ELEMENTS

This section provides guidance for reviewing the Form 460, explaining the data fields the filer must or may complete, and the method used for obtaining missing or incomplete information. It also indicates the location of the corresponding AMS data entry field (if any).

***Methods of Contact (MOC):**
PC –Phone Call
EL – Exception Letter (sent for Amendments/Terminations)
OC – Other contact (email, fax)
SB – Sendback Letter
N/A – No Action needed

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
1	Cover Page	Statement Covers Period	Yes		EL	Log Filings
2	Cover Page	Date of Election, if applicable: (Month, Day, Year	Yes, if applicable		EL (if applicable)	Filer: Attributes
3	Cover Page	Page _ of _	No		N/A	No field available to enter this data.
4	Cover Page	Type of Recipient Committee (checkbox and radio buttons)	Yes		EL	Filer: Attributes
5	Cover Page	Type of Statement checkbox	Yes		EL	Log Filings
6a	Cover Page	Committee Name (or Candidate's Name if No Committee)	Yes		EL	Filer: Name
6b	Cover Page	Street Address	Yes	P.O. Box is not allowed	EL	Filer:Address
6c	Cover Page	City, State and Zip Code	Yes		EL	Filer:Address
6d	Cover Page	Area Code/Phone	Yes		EL	Filer:Phone
6e	Cover Page	Mailing Address, if different)	Yes, if needed	P.O. Box is allowed	EL – if needed	Filer:Address
6f	Cover Page	Mailing City, State, Zip Code	Yes, if needed		EL – if needed	Filer:Address
6g	Cover Page	Area Code/Phone	No		N/A	Filer:Phone
6h	Cover Page	Fax/ Email address	No		N/A	Filer:Address/Phone
7	Cover Page	ID Number	Yes	FPPC number. May be obtained by searching on the Filer Name	N/A	Search screens
8a	Cover Page	Name of Treasurer	Yes		EL	Filer: Name (link to committee)
8b	Cover Page	Mailing Address	Yes		EL	Filer:Address
8c	Cover Page	City, State, Zip Code	Yes		EL	Filer:Address
8d	Cover Page	Area Code/Phone	Yes		EL	Filer:Phone
8e	Cover Page	Name of Assistant Treasurer, if any	Yes, if provided	A committee is not required to have an Assistant Treasurer	EL	Filer: Name
8f	Cover Page	Mailing Address	Conditional	Yes, if Assistant Treasurer provided.	EL	Filer:Address

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
8g	Cover Page	City, State, Zip Code	Conditional	Yes, if Assistant Treasurer provided.	EL	Filer:Address
8h	Cover Page	Area Code/Phone	Conditional	Yes, if Assistant Treasurer provided.	EL	Filer:Phone
8i	Cover Page	Fax/Email Address	No		EL	Filer:Address/Phone
9	Cover Page	Verification/Execution Date	Yes		SB if signature missing EL if other signature issue	No field available to enter this data.
10a	Cover Page – Part 2	Name of Officeholder or Candidate	Conditional	Yes, if Officeholder or Candidate Controlled Committee	EL	Filer: Name
10b	Cover Page – Part 2	Office Sought or Held (Include Location and District Number if applicable)	Yes		EL	Filer: Name/Attribute
10c	Cover Page – Part 2	Residential/Business Address	Yes		EL	Filer: Address
11a	Cover Page – Part 2	Committee Name	Conditional	Yes, if Related Committees Not Included in this Statement	EL	Filer: Name
11b	Cover Page – Part 2	ID Number	Yes		EL	Search screen
11c	Cover Page – Part 2	Name of Treasurer	Yes		EL	Filer: Name Links screen
11d	Cover Page – Part 2	Controlled Committee checkbox (Yes/No)	Yes		EL	Filer: Attribute
11e	Cover Page – Part 2	Committee Address – Street Address	Yes	P.O. Box is not allowed	EL	Filer: Address
11f	Cover Page – Part 2	City, State, Zip Code	Yes		EL	Filer: Address
11g	Cover Page – Part 2	Area Code/Phone	Yes		EL	Filer: Phone
12a	Cover Page – Part 2	Name of Ballot Measure	Conditional	Yes, if this is a Primarily Formed Ballot Measure Committee	EL	Filer: Name
12b	Cover Page – Part 2	Ballot No. or Letter	Yes, If known		EL	No field available to enter this data.
12c	Cover Page – Part 2	Jurisdiction	Yes		EL	Filer: Attribute
12d	Cover Page – Part 2	Support/Oppose checkbox	Yes		EL	Filer: Attribute
13a	Cover Page – Part 2	Officeholder, Candidate or Proponent	Yes		EL	Filer: Name
13b	Cover Page – Part 2	Office Sought or Held	Yes		EL	Filer: Attribute
13c	Cover Page – Part 2	District No. if any	Yes		EL	Filer: Attribute
14a	Cover Page – Part 2	Name of Officeholder or Candidate	Conditional	Yes, if Primarily Formed Candidate/Officeholder Committee	EL	Filer: Name
14b	Cover Page – Part 2	Office Sought or Held	Yes		EL	Filer: Attribute
14c	Cover Page – Part 2	Support/Oppose checkbox	Yes		EL	Filer: Attribute

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
15a	Summary Page	Contributions Received: Monetary Contributions	Yes	Column A (Total this period) must match the totals from Schedule A or "$0.00." Column B (Calendar Year Total to Date). Obtain the prior Form 460 for the current calendar year; Add *prior filing* Column B (if any) to *current filing* Column A to obtain this total.	PC/EL if needed	No field available to enter this data.
15b	Summary Page	Loans Received	Yes	Column A (Total this period) must match the totals from Schedule B or "$0.00." Column B (Calendar Year Total to Date). Obtain the prior Form 460 for the current calendar year; Add *prior filing* Column B (if any) to *current filing* Column A to obtain this total.	PC/EL if needed	No field available to enter this data.
15c	Summary Page	Subtotal Cash Contributions	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
15d	Summary Page	Nonmonetary Contributions	Yes	Column A (Total this period) must match the totals from Schedule C or "$0.00." Column B (Calendar Year Total to Date). Obtain the prior Form 460 for the current calendar year; Add *prior filing* Column B (if any) to *current filing* Column A to obtain this total.	PC/EL if needed	No field available to enter this data.
15e	Summary Page	Total Contributions Received	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
16a	Summary Page	Payments Made	Yes	Column A (Total this period) must match the totals from Schedule E or "$0.00." Column B (Calendar Year Total to Date). Obtain the prior Form 460 for the current calendar year; Add *prior filing* Column B (if any) to *current filing* Column A to obtain this total.	PC/EL if needed	No field available to enter this data.
16b	Summary Page	Loans Made	Yes	Column A (Total this period) must match the totals from Schedule H or "$0.00." Column B (Calendar Year Total to Date). Obtain the prior Form 460 for the current calendar year; Add *prior filing* Column B (if any) to *current filing* Column A to obtain this total.	PC/EL if needed	No field available to enter this data.
16c	Summary Page	Subtotal Cash Payments	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
16d	Summary Page	Accrued Expenses (Unpaid Bills)	Yes	Column A (Total this period) must match the totals from Schedule F or "$0.00." Column B (Calendar Year Total to Date). Obtain the prior Form 460 for the current calendar year; Add *prior filing* Column B (if any) to *current filing* Column A to obtain this total.	PC/EL if needed	No field available to enter this data.
16e	Summary Page	Nonmonetary Adjustment	Yes	Column A (Total this period) must match the totals from Schedule C or "$0.00." Column B (Calendar Year Total to Date). Obtain the prior Form 460 for the current calendar year; Add *prior filing* Column B (if any) to *current filing* Column A to obtain this total.	PC/EL if needed	No field available to enter this data.
16f	Summary Page	Total Expenditures Made	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
17a	Summary Page	Beginning Cash Balance	Yes	Must match the Summary page from the most prior filing.	PC/EL if needed	No field available to enter this data.
17b	Summary Page	Cash Receipts	Yes	Must match 15C.	PC/EL if needed	No field available to enter this data.
17c	Summary Page	Miscellaneous Increases to Cash	Yes	Must match Schedule I	PC/EL if needed	No field available to enter this data.
17d	Summary Page	Cash Payments	Yes	Must match 16C.	PC/EL if needed	No field available to enter this data.
17e	Summary Page	Ending Cash Balance	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
18	Summary Page	Loan Guarantees Received	Yes	Column A (Total this period) must match the totals from Schedule B or "$0.00."	PC/EL if needed	No field available to enter this data.
19a	Summary Page	Cash Equivalents	Yes	If no amount, then enter "$0.00."	PC/EL if needed	No field available to enter this data.
19b	Summary Page	Outstanding Debts	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
20a	Summary Page	Contributions Received (1/1-6/30)	Yes	If no amount, then enter "$0.00."	PC/EL if needed	No field available to enter this data.
20b	Summary Page	Contributions Received (7/1 to Date)	Yes	If no amount, then enter "$0.00."	PC/EL if needed	No field available to enter this data.
20c	Summary Page	Expenditures Made (1/1-6/30)	Yes	If no amount, then enter "$0.00."	PC/EL if needed	No field available to enter this data.
20d	Summary Page	Expenditures Made (7/1 to Date)	Yes	If no amount, then enter "$0.00."	PC/EL if needed	No field available to enter this data.
21a	Summary Page	Cumulative Expendures Made: Date of Election (mm/dd/yyyy)	Yes	Applies if subject to Voluntary Expenditure Limit	PC/EL if needed	No field available to enter this data.
21b	Summary Page	Cumulative Expenditures Made Total to Date	Yes	Applies if subject to Voluntary Expenditure Limit	PC/EL if needed	No field available to enter this data.
22a	Schedule A	Date Received	Yes		PC/EL if needed	No field available to enter this data.
22b	Schedule A	Full Name, Street Address and Zip code of contributor (if committee, also enter ID number)	Yes		PC/EL if needed	No field available to enter this data.

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
22c	Schedule A	Contributor Code	Yes	• IND – Individual • COM – Recipient Committee other than PTY or SCC • OTH – Other (e.g business entity) • PTY – Political Party • SCC – Small Contributor Committee	PC/EL if needed	No field available to enter this data.
22d	Schedule A	If an Individual, enter occupation and employer (if self-employed, enter name of business)	Yes		PC/EL if needed	No field available to enter this data.
22e	Schedule A	Amount Received this Period	Yes		PC/EL if needed	No field available to enter this data.
22f	Schedule A	Cumulative to Date Calendar Year (Jan 1 – Dec 31)	Yes		PC/EL if needed	No field available to enter this data.
22g	Schedule A	Per Election to Date	Conditional	If Required	PC/EL if needed	No field available to enter this data.
23a	Schedule A	Amount received this period – itemized monetary contributions (include all Schedule A subtotals)	Yes		PC/EL if needed	No field available to enter this data.
23b	Schedule A	Amount received this period – unitemized monetary contributions of less than $100.	Yes		PC/EL if needed	No field available to enter this data.
23c	Schedule A	Total monetary contributions received this period.	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
24a	Schedule B	Full Name, Street Address and Zip Coe of Lender (If committee, also enter ID number)	Yes		PC/EL if needed	No field available to enter this data.
24b	Schedule B	If an individual, enter occupation and employer (if self-employer, enter name of Business	Yes		PC/EL if needed	No field available to enter this data.
24c	Schedule B	Outstanding Balance beginning this period	Yes	The ending balance of the prior filing must equal the beginning balance this period.	PC/EL if needed	No field available to enter this data.
24d	Schedule B	Amount received this period	Yes		PC/EL if needed	No field available to enter this data.
24e	Schedule B	Amount paid or forgiven this period	Yes	Indicates whether paid or forgiven, and respective amounts.	PC/EL if needed	No field available to enter this data.
24f	Schedule B	Outstanding balance at close of this period	Yes		PC/EL if needed	No field available to enter this data.
24g	Schedule B	Interest paid this period	Yes		PC/EL if needed	No field available to enter this data.
24h	Schedule B	Original Amount of Loan	Yes		PC/EL if needed	No field available to enter this data.
24i	Schedule B	Cumulative Contributions to Date	Yes		PC/EL if needed	No field available to enter this data.
25a	Schedule B	Loans received this period	Yes	Total Column B plus unitemized loans of less than $100.	PC/EL if needed	No field available to enter this data.
25b	Schedule B	Loans paid or forgiven this period.	Yes	Total Column C plus loans under $100 paid or forgiven. (Include loans paid by a third party that are also itemized on Schedule A	PC/EL if needed	No field available to enter this data.

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
25c	Schedule B	Net change this period.	Yes	Subtract line 2 from line 1.	PC/EL if needed	No field available to enter this data.
26a	Schedule C	Date Received	Yes		PC/EL if needed	No field available to enter this data.
26b	Schedule C	Full Name, Street Address and Zip code of contributor (if committee, also enter ID number)	Yes		PC/EL if needed	No field available to enter this data.
26c	Schedule C	Contributor Code	Yes	• IND – Individual • COM – Recipient Committee other than PTY or SCC • OTH – Other (e.g business entity) • PTY – Political Party • SCC – Small Contributor Committee	PC/EL if needed	No field available to enter this data.
26d	Schedule C	If an Individual, enter occupation and employer (if self-employed, enter name of business)	Yes		PC/EL if needed	No field available to enter this data.
26e	Schedule C	Description of Goods or Services	Yes		PC/EL if needed	No field available to enter this data.
26f	Schedule C	Amount/Fair Market Value	Yes		PC/EL if needed	No field available to enter this data.
26g	Schedule C	Cumulative to Date Calendar Year (Jan 1 – Dec 31)	Yes		PC/EL if needed	No field available to enter this data.
26h	Schedule C	Per Election to Date	Conditional	If Required	PC/EL if needed	No field available to enter this data.
27a	Schedule C	Summary: Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals)	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
27b	Schedule C	Amount received this period – unitemized nonmonetary contributions of less than $100.	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
27c	Schedule C	Total nonmonetary contributions received this period.	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
28a	Schedule D	Date	Yes		PC/EL if needed	No field available to enter this data.
28b	Schedule D	Name of Candidate, office and district, or measure number or letter and jurisdiction or committee. Support/Oppose checkboxes	Yes		PC/EL if needed	No field available to enter this data.
28c	Schedule D	Type of Payment	Yes		PC/EL if needed	No field available to enter this data.
28d	Schedule D	Description	Conditional	Yes, if required	PC/EL if needed	No field available to enter this data.
28e	Schedule D	Amount this period	Yes		PC/EL if needed	No field available to enter this data.
28f	Schedule D	Cumulative to Date Calendar Year (Jan 1 – Dec 31)	Yes		PC/EL if needed	No field available to enter this data.
28g	Schedule D	Per Election To Date	Conditional	If Required	PC/EL if needed	No field available to enter this data.

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
29a	Schedule D	Itemized contributions and independent expenditures made this period	Yes	Include all Schedule D subtotals. Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
29b	Schedule D	Unitemized contributions and independent expenditures made this period of under $100.	Yes		PC/EL if needed	No field available to enter this data.
29c	Schedule D	Total contributions and independent expenditures made this period.	Yes	Add Lines 1 and 2.	PC/EL if needed	No field available to enter this data.
30a	Schedule E	Payments Made – Name and Address of Payee (if Committee, also enter ID number)	Yes		PC/EL if needed	No field available to enter this data.
30b	Schedule E	Code or Description of Payment	Yes		PC/EL if needed	No field available to enter this data.
30c	Schedule E	Amount Paid	Yes		PC/EL if needed	No field available to enter this data.
31	Schedule E	Subtotal	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
32a	Schedule E	Itemized payments made this period	Yes	Include all Schedule E subtotals.	PC/EL if needed	No field available to enter this data.
32b	Schedule E	Unitemized payment made this period of under $100.	Yes		PC/EL if needed	No field available to enter this data.
32c	Schedule E	Total interest paid this period on loans	Yes	Enter amount from Schedule B, Part 1, Column E	PC/EL if needed	No field available to enter this data.
32d	Schedule E	Total payments made this period	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
33a	Schedule F	Name and address of Creditor (If committee, also enter ID number)	Yes		PC/EL if needed	No field available to enter this data.
33b	Schedule F	Code or Description of Payment	Yes		PC/EL if needed	No field available to enter this data.
33c	Schedule F	Outstanding Balance Beginning of this Period	Yes	The ending balance of the prior filing must equal the beginning balance this period.	PC/EL if needed	No field available to enter this data.
33d	Schedule F	Amount Incurred this Period	Yes		PC/EL if needed	No field available to enter this data.
33e	Schedule F	Amount Paid this Period (Also reported on Schedule E)	Yes		PC/EL if needed	No field available to enter this data.
33f	Schedule F	Outstanding Balance at the Close of this Period	Yes		PC/EL if needed	No field available to enter this data.
34	Schedule F	Subtotals	Yes	Subtotals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
35a	Schedule F	Total accrued expenses incurred this period.	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
35b	Schedule F	Total accrued expenses paid this period	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
35c	Schedule F	Net change this period	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
36a	Schedule G	Name and address of payee or creditor	Yes		PC/EL if needed	No field available to enter this data.
36b	Schedule G	Code or Description of Payment	Yes		PC/EL if needed	No field available to enter this data.
36c	Schedule G	Amount Paid	Yes		PC/EL if needed	No field available to enter this data.
37	Schedule G	Total	Yes	Total must be mathematically correct.	PC/EL if needed	No field available to enter this data.

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

No.	Page	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
38a	Schedule H	Full name, street address and zip code of recipient (if committee, also enter ID number)	Yes		PC/EL if needed	No field available to enter this data.
38b	Schedule H	If an Individual, enter occupation and employer (if self-employed, enter name of business)	Yes		PC/EL if needed	No field available to enter this data.
38c	Schedule H	Outstanding Balance beginning this period	Yes	The ending balance of the prior filing must equal the beginning balance this period.	PC/EL if needed	No field available to enter this data.
38d	Schedule H	Amount Loaned This Period	Yes		PC/EL if needed	No field available to enter this data.
38e	Schedule H	Repayment of Forgiveness this Period	Yes		PC/EL if needed	No field available to enter this data.
38f	Schedule H	Outstanding Balance at close of this period	Yes	Total must be mathematically correct.	PC/EL if needed	No field available to enter this data.
38g	Schedule H	Interest Received (interest rate and amount)	Yes		PC/EL if needed	No field available to enter this data.
38h	Schedule H	Original amount of loan (and date incurred)	Yes		PC/EL if needed	No field available to enter this data.
38i	Schedule H	Cumulative Loans to Date - Calendar Year - Per Election	Yes		PC/EL if needed	No field available to enter this data.
39	Schedule H	Subtotals	Yes	Subtotals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
40a	Schedule H	Loans made this period	Yes		PC/EL if needed	No field available to enter this data.
40b	Schedule H	Payments received on loans	Yes		PC/EL if needed	No field available to enter this data.
40c	Schedule H	Net change this period	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.
41a	Schedule I	Date Received	Yes		PC/EL if needed	No field available to enter this data.
41b	Schedule I	Full name and address of source (if committee also enter ID number)	Yes		PC/EL if needed	No field available to enter this data.
41c	Schedule I	Description of Receipt	Yes		PC/EL if needed	No field available to enter this data.
41d	Schedule I	Amount of Increase to Cash	Yes		PC/EL if needed	No field available to enter this data.
42	Schedule I	Subtotal	Yes	Subtotal must be mathematically correct.	PC/EL if needed	No field available to enter this data.
43a	Schedule I	Itemized increases to cash this period	Yes		PC/EL if needed	No field available to enter this data.
43b	Schedule I	Unitemized increases to cash of under $100 this period	Yes		PC/EL if needed	No field available to enter this data.
43c	Schedule I	Total of all interest received this period on loans made to others	Yes	Schedule H	PC/EL if needed	No field available to enter this data.
43d	Schedule 1	Total miscellaneous increases to cash this period.	Yes	Totals must be mathematically correct.	PC/EL if needed	No field available to enter this data.

Form 460 – Communications Identifying State Candidates
Review Points – Form and AMS

Filing Requirements

This section provides an explanation of other forms that may have a dependency on this form, or whether this form has any dependencies on other forms.

Attachment Description	Required/ Optional	Comments
None		

Written Notations

This section explains information handwritten or stamped onto the Form.

Entered By	Notation	Comments
Public Desk	Date Stamp	The date stamp includes "Received and Filed." For both electronic and paper forms. Check to see if the form was filed late per the filing schedule for Recipient Committees for the Period Covered (3) [see FPPC website for filing schedule].
Reviewer	FPPC ID#	This is written at the top of the form, and optionally also along the left side in large numbers.
Registration – Initial Reviewer, A&T	"R" for "Reviewed" and Initials	

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the Form 460, based on the Committee Type.

Committee Type	Authorized Signer	Comments
General Purpose	Treasurer or Assistant Treasurer	Reject if signed by an Other Principal Officer
Primarily Formed	Treasurer or Assistant Treasurer	Reject if signed by an Other Principal Officer
Candidate Controlled (including Ballot Measure Committees)	Treasurer, Assistant Treasurer, Candidate or Ballot Measure Proponent	
Caucus Committee	Caucus President and Treasurer	