Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Date Stamp: RECEIVED UPLAND CITY CLERK'S OFFICE 17 JAN 11 AM 9:54

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SEE INSTRUCTIONS ON REVERSE

Statement covers period from Oct. 23, 2016 through Dec. 31, 2016

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

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

- [x] 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)

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER: 1389861

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Debbie Stone for Upland Mayor 2016

STREET ADDRESS (NO P.O. BOX): 1109 W 9th St

CITY: Upland | STATE: CA | ZIP CODE: 91786 | AREA CODE/PHONE: 909-256-8787

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: debbiestoneforupland@gmail.com

Treasurer(s)

NAME OF TREASURER: Stephen Dunn

MAILING ADDRESS: 1748 Brentwood Ave

CITY: Upland | STATE: CA | ZIP CODE: 91784 | AREA CODE/PHONE: 951-315-9224

NAME OF ASSISTANT TREASURER, IF ANY: Eric Hanson

MAILING ADDRESS: 1153 W 9th

CITY: Upland | STATE: CA | ZIP CODE: 91786 | AREA CODE/PHONE: 818-219-5603

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 1-5-2017 (Date) — By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 1-5-2017 (Date) — By [signature] (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)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Debbie Stone

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

Upland Mayor

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

1109 W 9th St Upland, CA 91786

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

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ 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

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

Statement covers period
from Oct. 23, 2016
through Dec. 31, 2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Debbie Stone for Upland Mayor 2016

I.D. NUMBER
1389861

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 5048.00	$ 28680.17
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 5048.00	$ 28680.17
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 5048.00	$ 28680.17

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 9910.62	$ 20827.76
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 9910.62	$ 20827.76
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 9910.62	$ 20827.76

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 12715.03
13. Cash Receipts	*Column A, Line 3 above*	5048.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	9910.62
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 7852.41

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ 0.00

Cash Equivalents and Outstanding Debts

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

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

	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
__/__/__	$
__/__/__	$

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from Oct. 23, 2016 through Dec. 31, 2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Debbie Stone for Upland Mayor 2016

I.D. NUMBER: 1389861

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)
10/27/2016	Janice Grawbowski 1752 N Redding Way Upland CA 91784-1958	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500.00	500.00	
10/27/2016	Bunga Teratai Cemerlang America, Inc. 583 E Foothill Blvd #7&8 Upland CA 91786	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	
10/27/2016	Carolyn Anderson 1810 Coolcrest Way Upland CA 91784-1514	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Waste Management	250.00	250.00	
10/27/2016	Michael L. Kennedy PO Box 8295 Alta Loma CA 91701-0295	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed Attorney	250.00	250.00	
10/27/2016	Eric Hanson 559 E 23rd St Upland CA 91784	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Inland Productivity Solutions	400.00	500.00	
			SUBTOTAL $	1500.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 4850.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 198.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 5048.00

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from Oct. 23, 2016
through Dec. 31, 2016

CALIFORNIA FORM 460

NAME OF FILER
Debbie Stone for Upland Mayor 2016

I.D. NUMBER
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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)
10/27/2016	Pravin G Joshi 9416 Canyon Oaks Ct Rancho Cucamonga CA 91730-7934	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Agent MGR Real Estate	100.00	100.00	
10/27/2016	Purushottam B Patel 2171 Albright Ave Upland CA 91784-1259	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Officer Ranch Market	100.00	100.00	
12/8/2016	Medical Investor Holdings LLC 3251 Grande Vista Dr Newbury Park CA 91320-1193	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	1000.00	
12/8/2016	Certified Air Conditioning, Inc. 7912 Armour St. San Diego CA 92111	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	1000.00	
12/8/2016	Building Industry Association of So Cal 515 S Figuroa St, Ste 1110 Los Angeles CA 90071	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	ID#: 741733	1000.00	1000.00	
			SUBTOTAL $	3200.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
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NAME OF FILER
Debbie Stone for Upland Mayor 2016

I.D. NUMBER
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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)
11/8/2016	Manufactured Housing Educational Trust PAC 9070 Irvine Center Drive, #150 Irvine CA 92618	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	ID#: 820165	150.00	150.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	150.00		

*Contributor Codes
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Schedule E
Payments Made

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I.D. NUMBER
1389861

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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Main Street Signs 1211 W Brooks St Ontario CA 91762		Signs	1593.00
United States Post Office 10950 Arrow Rte Rancho Cucamonga CA 91730	POS		2136.11
Minuteman Press 10844 Edison Ct Rancho Cucamonga CA 91730	LIT		1737.54

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

SUBTOTAL $ 5466.65

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 9761.39
2. Unitemized payments made this period of under $100 ..... $ 149.23
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 $** 9910.62

Schedule E (Continuation Sheet) Payments Made

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I.D. NUMBER: 1389861

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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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Inland Valley News 2009 Porterfield Way, Ste C Upland CA 91786	PRT		459.11
Inland Productivity Solutions, Inc. PO Box 1448 Upland CA 91785-1448	WEB		3044.41
Los Angeles News Media Group 202 W 1st St Los Angeles CA 90012	PRT		791.22

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

SUBTOTAL $ 4294.74