# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Statement covers period: from 1-1-14 through 6-30-14

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

Date Stamp: RECEIVED UPLAND CITY CLERK'S OFFICE 14 JUL 23 PM 3:02

CALIFORNIA 2001/02 FORM 460

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For Official Use Only

## 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)*
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

## 2. Type of Statement:

- [ ] Preelection Statement
- [X] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER: 1351328

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

Debbie Stone for Upland Mayor 2012

STREET ADDRESS (NO P.O. BOX)

400 N. Mountain Ave, Suite #109

CITY | STATE | ZIP CODE | AREA CODE/PHONE

Upland | CA | 91786 | 909-946-9393

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

GARY A. BRENDZEL

MAILING ADDRESS

400 N. Mountain Ave, Suite #109

CITY | STATE | ZIP CODE | AREA CODE/PHONE

Upland | CA | 91786 | 909-946-9393

NAME OF ASSISTANT TREASURER, IF ANY

ERIC HANSON

MAILING ADDRESS

1153 W. 9th St.

CITY | STATE | ZIP CODE | AREA CODE/PHONE

Upland | CA | 91786 | 909-981-4500

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 7-17-14 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 7-21-14 (Date) By Debbie Stone (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)

Type or print in ink.

COVER PAGE - PART 2

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# 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)
MAYOR OF UPLAND CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
355 E. 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 |
|---|---|
| COMMITTEE TO ELECT DEBAR K STONE UPLAND CITY COUNCIL 2011 | 1339332 |
| NAME OF TREASURER: GARY BRENDZEL | CONTROLLED COMMITTEE? ☒ YES ☐ NO |

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
400 N. MOUNTAIN AVE, SUITE #109

CITY STATE ZIP CODE AREA CODE/PHONE
UPLAND CA 91786 909-946-9393

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| N/A | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO |

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

CITY STATE ZIP CODE AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE
N/A

| 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 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 |
|---|---|---|
| DEBBIE STONE | UPLAND Mayor | |
| 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

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

SUMMARY PAGE

Statement covers period
from 1-1-14
through 6-30-14

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DEBBIE STONE FOR UPLAND MAYOR 2012

I.D. NUMBER
1351328

## 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 | $ 0 | $ 0 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made (Refund of Sec of State Fee) | Schedule E, Line 4 | $ (50) | $ (50) |
| 7. Loans Made | Schedule H, Line 3 | - | - |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ (50) | $ (50) |
| 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 | $ (50) | $ (50) |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ 1368 |
| 13. Cash Receipts | Column A, Line 3 above | - |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | - |
| 15. Cash Payments (Refund of Sec of State Fee) | Column A, Line 8 above | (50) |
| 16. **ENDING CASH BALANCE** | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 1418 |

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

| | | |
|---|---|---|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | $ - |

## Cash Equivalents and Outstanding Debts

| | | |
|---|---|---|
| 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

| | 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

# Schedule E
## Payments Made

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

Statement covers period
from 1-1-14
through 6-30-14

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DEBBIE STONE FOR UPLAND MAYOR 2012

I.D. NUMBER
1351328

**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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

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

**SUBTOTAL $**

## Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ _____
2. Unitemized payments made this period of under $100 ..... Refund of Sec of State Fee ..... $ <50>
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 $** <50>