

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Date Stamp  <b>CITY CLERK</b>  JUL 26 2018  <b>YUBA CITY</b>	<b>CALIFORNIA FORM 460</b>
	Page 1 of 4
	For Official Use Only

<b>Statement covers period</b> from 01/01/2018 through 06/30/2018	<b>Date of Election if applicable</b> _____ (Month, Day, Year)
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**1. Type of Recipient Committee**

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
 General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
 Primarily Formed Candidate/Officeholder Committee

**2. Type of Statement**

Pre-election Statement  
 Semi-Annual Statement  
 Termination Statement  
 Amendment

Quarterly Statement  
 Special Odd-Year Statement  
 Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

I.D. Number 1368633

COMMITTEE NAME  
Stan Cleveland for Yuba City Council 2014

STREET ADDRESS (NO PO BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
Yuba City CA 95991 \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT)  
\_\_\_\_\_

CITY STATE ZIP CODE  
\_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
/ frypanman@excite.com

**Treasurer(s)**

NAME OF TREASURER  
Kelly Lawler

STREET ADDRESS  
9460 Tegner Rd

CITY STATE ZIP CODE AREA CODE/PHONE  
Hilmar CA 95324 209/656-1542

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
\_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
( ) - / kellylawler@thekalgroup.com

**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 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 7/24/18 By Kelly Lawler  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/26/18 By Stanley M Cleveland Jr.  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page - Part 2**

<b>Statement covers period</b>	
from	<u>01/01/2018</u>
through	<u>06/30/2018</u>

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE Mr. Stanley M Cleveland JR			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member Yuba City			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[REDACTED]	Yuba City	CA	95991

**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 ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<b>Identify the controlling officeholder, candidate, or state measure proponent, if any.</b>		
NAME OF OFFICEHOLDER OR 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement  
Summary Page**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2018	
through	06/30/2018	
		Page 3 of 4

NAME OF FILER Stan Cleveland for Yuba City Council 2014

I.D. NUMBER  
1368633

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

**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	\$ _____	\$ _____

<b>Expenditures Made</b>		
6. Payments Made . . . . . Schedule E, Line 4	\$ 295.00	\$ 295.00
7. Loans Made . . . . . Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7	\$ 295.00	\$ 295.00
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	\$ 295.00	\$ 295.00

**Expenditure Limit Summary  
for State Candidates**

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

_____	\$ _____
_____	\$ _____

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

<b>Current Cash Statement</b>	
12. Beginning Cash Balance . . . . . Previous Summary Page, Line 16	\$ 926.49
13. Cash Receipts . . . . . Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4	0.00
15. Cash Payments . . . . . Column A, Line 8 above	295.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 631.49

17. LOAN GUARANTEES RECEIVED. . . . . Schedule B, Part 2	\$ 0.00
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<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents . . . . .	\$ 0.00
19. Outstanding Debts. . . . . Add Lines 2 + Line 9 in Column B above	\$ 0.00

**Schedule E  
Payments Made**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
<b>from</b> 01/01/2018	<b>through</b> 06/30/2018	
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NAME OF FILER Stan Cleveland for Yuba City Council 2014

**CODES:** If one of the following 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 production costs
FIL candidate filing / ballot fees	PHO phone banks	TRC candidate travel, lodging and meals
FND fundraising expenses	POL polling and survey research	TRS staff/spouse travel, lodging and meals
IND independent expenditures supporting/opposing others	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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Statecraft 8618 Nottingham Place La Jolla, CA 92037	OFC		195.00
Tri Counties Bank 210 North Tehama St Willows, CA 95988	OFC		10.00
Tri Counties Bank 210 North Tehama St Willows, CA 95988	OFC		90.00
<b>SUBTOTAL \$</b>			295.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 295.00
2. Unitemized payments made this period of under \$100	\$ 0.00
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 295.00</b>