Date Stamp

Cover Page	9		Date Stamp	CALIFORNIA 460
Ţ.			City of Orovi	FORM TOU
	Statement covers period	Date of election if applicable:	and of OloAl	10 ge _/ of _4
	from // // // // // // // // // // // // //	(Month, Day, Year)	SEP 2 9 2016	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 9/29/16	11/8/16	Administratio	n
1. Type of Recipient Committee: All Committees - Con	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		9
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Proceedings of the Control	rimarily Formed Ballot Measure ommittee Controlled Sponsored Complete Part 6) rimarily Formed Candidate/ fficeholder Committee Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Special Specia	erly Staternent al Odd-Year Report
3. Committee Information I.D.	NUMBER	Transmit		
OF THE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	386832	Treasurer(s) NAME OF TREASURER		
LINDA DRAPER FOR ORDVILLE CI	TY COUNCIL 2016	MAILING ADDRESS	ER	
STREET ADDRESS (NO P.O. ROX)				
CITY STATE ZIP CODE	95966 AREA CODE/PHONE	OROVIL CE NAME OF ASSISTANT TREASURER	STATE ZIP CODE CA 95966	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	CT - 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	:: :::::::::::::::::::::::::::::::::::
CITY STATE ZIP CODE	AREA CODE/PHONE	CITY		
OPTIONAL: FAX / E-MAIL ADDRESS	Constitution Constitution of the Constitution	OIT	STATE ZIP CODE	AREA CODE/PHONE
TO PHINICADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	N The state of the	
4. Verification				
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Ca	this statement and to the best of my kno alifornia that the foregoing is true and don	wledge the information contained h	erein and in the attached sched	ules is true and complete. I
Executed on 9/29/16 Date	By		,	_ :
Executed on	Signature of Controlling	Officeholder, Candidate, State Ivipasure Propo	onent or Responsible Officer of Sponsor	
Executed on	Signal	ture of Controlling Officeholder, Candidate, Stat	le Measure Proponent	-
Date	BySignat	ure of Controlling Officeholder, Candidate, Stat	e Measure Proponent	

www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

. Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot	Ballot Measure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
LINDA DRAPER							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		
CITY COUNCIL							SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP						
L			Identify the controlling office			neasure pro	ponent, if any.
			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	DPONENT		
Related Committees Not Included in this S	tatement: Listania						
not included in this statement that are controlled by you	or are primarily formed to receive		OFFICE SOUGHT OR HELD			D.O.T	
contributions or make expenditures on behalf of your candidacy.			THE STATE OF THE PARTY OF THE P			DISTRICT NO.	IF ANY
COMMITTEE NAME	3 						
COMMITTEE NAME	I.D. NUMBER						
		-	5	namorovani -	######################################		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7,	Primarily Formed Candi officeholder(s) or candidate(s) is	date/Office	holder Cor	nmittee L	ist names of
	☐ YES ☐ NO		omeendae(s) or candidate(s) i	or which this	committee is p	rimarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	HT OD HELD	
					011102 3000	IN OK HELD	☐ SUPPORT
CITY STATE 210							OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	HT OR UELD	
					011102 3000	HI OK HELD	☐ SUPPORT
COMMITTEE NAME	LD MUMBER						OPPOSE
The state of the s	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE OCCUP		
	1		OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
NAME OF TOTAL SUPER							OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE OF LE		
	☐ YES ☐ NO		TO WILL OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	HT OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.							OPPOSE
	IV.						
CITY STATE ZIP	CODE AREA CODE/PHONE						
STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary							
						,	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$	S Column B CALENDAR YEAR TOTAL TO DATE \$ 2, 249 \$ 0 \$ 2, 249 \$ 2, 249	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 \$ \$\$
Expenditures Made 6. Payments Made	0	\$\frac{1,308.65}{6}\$ \$\frac{6}{6}\$ \$\frac{6}{1,308.65}\$ \$\frac{1,308.65}{6}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ O	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).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE NAME OF FILER			· · · · · · · · · · · · · · · · · · ·	Statement covers period from// through		CALIFORNIA 460 FORM Page 4 of 4		
						I.D. NUN	1BER	
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELE TO D	ATE
429/16	RAROL RAMIREZ	IND COM OTH PTY SCC	RETIRED	\$ 1,000				
1/21/16	ROBERT J. WENTZ OROVILLE, CA. 95966	IXIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO OREVILLE HOSPITAL	\$ 1,000				
109/16	OREVILLE, CA. 95966	MIND □ COM □ OTH □ PTY □ SCC	RETIRED	# 99				
/27/16	ERLIPE GARRIA BROVILLE, CA, 95965	IND COM OTH PTY SCC	RETIRED	\$150				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
Schodulo	A Cumman		SUBTOTAL \$					
Amount red (Include all Amount red Total mone	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contributions tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	s of less than	\$100\$	<i>b</i>	IND – COM - OTH – PTY –	(other the Other (e. Political F	nt Committee an PTY or S	SCC) s entity)