Statement covers period	Date of election if applicable:	NOV D	7 201 Pag	LIFORNIA 460 FORM 17 of 17
huly 1 2016	(Month, Day, Year)	Admini	etratio	Por Official Use Only
Sept. 24, 2016	11/8/2016	Aomin	Otto	5-17.
mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Committee  Controlled  Sponsored  Iso Complete Part 6)  rimarily Formed Candidate/  ffficeholder Committee		v er	Quarterly Sta	
	Treasurer(s)			
	NAME OF TREASURER David Goodson MAILING ADDRESS			
-	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
		CA	95966	
		IF ANY		
	MAILING ADDRESS			
E AREA CODE/PHONE	CITY —	STATE	ZIP CODE	AREA CODE/PHONE
	Oroville	CA	95966	the the contract of the contract of the contract of
	janet.goodson@hotmail.	com		
g this statement and to the best of my california that the foregoing is thin and By	knowledge the igformation)contained is sorrect.	-	ched schedules is	s true and complete. I
	July 1, 2016  Sept. 24, 2016  Intrough  Sept. 24, 2016  Implete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 0)  Primarily Formed Candidate/ Officeholder Committee Associate Part 7)  INUMBER 1385258  DE AREA CODE/PHONE  Og this statement and to the best of my California that the foregoin: This and	Sept. 24, 2016   11/8/2016	Sept. 24, 2016   11/8/2016	Sept. 24, 2016   11/8/2016

## Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM 2 of 17

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	t Measure	Committee	9	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Janet Goodson							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTI	ON		SUPPORT
City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO, AND STREET) CI	CA 95966		Identify the controlling office	holder, cand	idate, or state	measure pro	oponent, if any.
100			NAME OF OFFICEHOLDER, CANE	DIDATE, OR PR	ROPONENT		
Related Committees Not Included in this Stat not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	), IF ANY
COMMITTEE NAME	I.D. NUMBER						
Goodson for City Council 2016	1385258	_	B			***	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candi officeholder(s) or candidate(s)	idate/Offic for which this	eholder Co committee is	ommittee in primarily form	List names of ned,
David Goodson	✓ YES □ NO				_		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	xy		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	
Oroville CA 9596	3						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO			Attac	h continuati	on sheets if n	ecessary	T T T T T T T T T T T T T T T T T T T

Campaign	Disclosure	<b>Statement</b>
Summarv	Page	

Amounts may be rounded to whole dollars.

SUMMARY PAGE
CALIFORNIA 460
FORM

Statement covers period July 1, 2016

from \_

SEE INSTRUCTIONS ON REVERSE			throughSept. 24, 20	Page of
NAME OF FILER Janet Goodson				I.D. NUMBER 1385258
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column E CALENDAR YEA TOTAL TO DAT		ar Summary for Candidates Soth the State Primary and
Monetary Contributions Schedule A, Line 3     Loans Received Schedule B, Line 3     SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2     Nonmonetary Contributions Schedule C, Line 3     TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 379.00 1,450.00 \$ 1,829.00	\$\$	20. Contributions Received 21. Expenditures	tions 1/1 through 6/30 7/1 to Date  \$\$
Expenditures Made 6. Payments Made	\$	s	Expenditure Candidates	Limit Summary for State
Loans Made	\$		22. Ct	umulative Expenditures Made* Subject to Volunlary Expenditure Limit) tion Total to Date
10. Nonmonetary Adjustment	\$ 2,948.65	\$	(mm/dd/y)	/) / \$
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	\$	To calculate Column add amounts in Colu A to the correspondir amounts from Colum	mn ng *Amounts in this s	ection may be different from amounts
15. Cash Payments	\$ 125.93	of your last report. S amounts in Column A be negative figures the should be subtracted previous period amount this is the first report	ome nat from unts, If	n B.
17. LOAN GUARANTEES RECEIVED	\$ =====================================	filed for this calendar only carry over the a	year,	
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above		from Lines 2, 7, and s	9 (if	FPPC Form 460 (Jan/2016) ce: advice@fppc.ca.gov (866/275-3772)
	6	- K	· FFFC Advi	www.fppc.ca.gov

Schedule A Monetary Contributions Received			nts may be rounded o whole dollars.	Statement cov	vers period 1, 2016	CALIFORNIA A LA			
SEE INSTRUCTION	ONS ON REVERSE				24, 2016		4of.	17	
NAME OF FILER Janet God						I.D. NU 13852			
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 T CALENDAR \() (JAN. 1 - DE(	YEAR	PER ELE TO DA (IF REQU	TE	
9/1/2016	William Bynum  Orovine OA 95965	☑IND □COM □OTH □PTY □SCC	Retired	99.00					
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC		1					
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC			li				
			SUBTOTAL \$	99.00					
Amount red     (Include all     Amount red     Total mone	A Summary  ceived this period – itemized monetary contributions.  Schedule A subtotals.)  ceived this period – unitemized monetary contribution tary contributions received this period.  1 and 2. Enter here and on the Summary Page, Colu	s of less than	\$100\$		IND COM	(other ti - Other (e - Political	al ent Committee han PTY or S e.g., business	CC) entity)	
(, 100 E11100	. a 2. Entor hore and on the buninary rage, but		.,	FP	PC Advice: advi				

	A (Continuation Sheet) Contributions Received	Amounts may to whole		Statement cov from July 1 through Sept.	2016	SCHEDULE A (CONT.  CALIFORNIA 460  FORM 17  LD, NUMBER 1385258		
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 SEJF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE PER CALENDAR YEAR TO		PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	<u>.</u>					
	:-	IND COM OTH PTY SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		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

01.41.5.5.44	Ап	nounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1		to whole dollar			Statement cov	ers period	CALIFORN	HA 460
Loans Received				1	fromJuly 1	1, 2016	FORM	400
					0	04 0040		47
SEE INSTRUCTIONS ON REVERSE					through Sept.	24, 2016	Page 6	of
NAME OF FILER							I.D. NUMBER	
Janet Goodson							1385258	
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 PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
David Goodson	Educator, Butte College	TENOD		☐ PAID	FEMOD			CALENDAR YEAR
Oroville, CA 96966	,			\$ FORGIVEN	.   1	RATE	\$	\$ 1,450.00 PER ELECTION**
<sup>†</sup> ☑IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		5	s_1,450.00	s	DATE DUE	s	DATE INCURRED	\$
E als E sem E em E em E em				☐ PAID		-		CALÉNDAR YEAR
				\$	\$	%	\$	\$
				☐ FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				\$	\$	RATE %	\$	\$
				FORGIVEN	1 3			PER ELECTION**
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC		\$	\$	5	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	\$	}	\$	5		Weit !
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period  (Total Column (b) plus unitemized loans	s of less than \$100.)			\$	1,450.00	_		
, , , , ,	,						ontributor Codes  - Individual	
<ol><li>Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that</li></ol>	0 paid or forgiven.)		••••••	\$		co	M – Recipient Co (other than F H – Other (e.g., b	TY or SCC)
Net change this period. (Subtract Line	2 from Line 1,)	,		NET \$	1,450.00_	PT	Y – Other (e.g., b Y – Political Party C – Small Contrib	
Enter the net here and on the Summar	Page, Column A, Line 2.			(M	ay be a negalive number)			

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

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Stater from	nent covers period July 1, 2016 Sept. 24, 201	_	CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				- through		- 22		
Janet Goodson							1.D. NUMBER 1385258	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I,D, NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD		JMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER			CA \$_	LENDAR YEAR	
	□OTH □PTY □SCC		DATE				ER ELECTION FREQUIRED)	
	□ IND		LENDER			CAI	ENDAR YEAR	
	□OTH □PTY □SCC		DATE				R ELECTION F REQUIRED)	
	□IND □COM		LENDER			CAI	ENDAR YEAR	
	□OTH □PTY □SCC		DATE				R ELECTION REQUIRED)	
	□IND □COM		LENDER			CAL	ENDAR YEAR	
	□OTH □PTY □scc		DATE			PE (IF	R ELECTION REQUIRED)	
			SUB	FOTAL \$		Sur	Enter on nmary Page, ne 17 only.	Affigure V

Schedule Nonmone	e C etary Contributions Received		Amounts may be rounded to whole dollars.							4
	INS ON REVERSE				thro	ough Sept. 24,	2016	Page _	8 of 17	_
Janet Good	dson							1.D NUMI		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	GOODS OR SERVICES FAIR MAR		AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)		PER ELECTION TO DATE (IF REQUIRE	
		□IND □COM □OTH □PTY □SCC	c							
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach addition	onal information on appropriately labeled o	continuation s	sheets.	SUBTO	TAL \$					
(Include all 2. Amount red	seived this period – itemized nonmonetary Schedule C subtotals.)eived this period – unitemized nonmoneta	ary contribution					IND - COM OTH - PTY -	other the Other (e., Political P	t Committee in PTY or SCC) j., business entit arty	
	onetary contributions received this period. 1 and 2. Enter here and on the Summary		nn A, Lines 4 and 10.)	ТОТА	L \$		_ Lace	- Small Co	ntributor Committ	ee

Supporting Candidate	Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		e rounded blars.	Statement covers fromJuly 1, 2	2016	CALIFORNIA 460 FORM 9 of 17		
NAME OF FILER  Janet Good						1,D. NUMI 138525	BER	
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	CUMULATIV CALENDA (JAN, 1 - I	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	Support Oppose  Support Oppose  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure  Monetary Contribution Nonmonetary Contribution Independent Expenditure  Monetary Contribution Independent Expenditure						
			SUBTOTAL	\$				
Itemized co     Unitemized	D Summary ontributions and independent expenditures made d contributions and independent expenditures ma ibutions and independent expenditures made this	ade this period of un	der \$100		•••••	\$		

Summar Supporti	nation Sheet) y of Expenditures ing/Opposing Other tes, Measures and Committees	Amounts may to whole (		Statement covers fromJuly 1, 2 throughSept. 24	SCHEDULE D (CONTINUE OF CONTINUE OF CONTIN		
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 CALENDAI (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Independent Expenditure  Monetary Contribution  Nonmonetary Contribution  Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	\$		out it	1 1 1 1 1 1 1

Schedule E Payments Made	Amounts may t to whole d			St from	July 1, 2016		FORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Janet Goodson				throu	gh Sept. 24, 2016	Page _ I.D. NUM 13852	
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CMP campaign consultants campaign consultants contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, delir	nmunication d appearant ses lating urvey resea very and me	s ces	RAD r RFD r SAL c TEL t TRC c TRS s TSF tr VOT v	escribe the payment.  adio airtime and production  blurned contributions  ampaign workers' salaries  v. or cable airtime and produandidate travel, lodging, and  taff/spouse travel, lodging, cansfer between committees  oter registration  formation technology costs	uction cost d meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION O	PF PAYMENT		AMOUNT PAID
Vistaprint.Com/On line		СМР		11			\$260.65
Davis Hammon & Co. 2080 Myers St. #3 Oroville, CA 96966		LEG					\$50.00
City of Oroville 1735 Montgomery St. Oroville CA 95965		PRO					\$400.00
* Payments that are contributions or independent expenditures must also be	e summarized on Scher	dule D.	7)		SUE	STOTAL \$	710.65
Schedule E Summary							
<ol> <li>Itemized payments made this period. (Include all Schedule</li> <li>Unitemized payments made this period of under \$100</li> <li>Total interest paid this period on loans. (Enter amount from</li> </ol>						\$	
4. Total payments made this period. (Add Lines 1, 2, and 3, 8	,		***************************************				

Schedule E (Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Janet Goodson

Schedule E (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2016

FORM 460

Page 12 of 17

I.D. NUMBER 1385258

The state of the s						3	
NAME OF FILER						I.D. NUMBE	R
Janet Goodson						1385258	
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  fundraising events  IND independent expenditure supporting/opposing others (explain)*	MBR member com MTG meetings and OFC office expens PET PHIO phone banks POL polling and si POS postage, deli	munications l appearance es ating urvey resean	es ch	RAD rac RFD ret SAL cal TEL t.v. TRC cal TRS sta	scribe the payment. dio airtime and production turned contributions mpaign workers' salaries or cable airtime and prod ndidate travel, lodging, an aff/spouse travel, lodging, nsfer between committee	duction costs ad meals and meals	candidate/sponsor
LEG legal defense LIT campaign literature and mailings	PRO professional s			VOT vot	ter registration ormation technology costs		·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE	OR D	ESCRIPTION OF	F PAYMENT		AMOUNT PAID
Gravis Marketing 910 Belle Ave, Ste 1180 Winter Springs, FL 32708		LIT					\$1,500.00
Inside Out Designs 1115 Oro Dam Blvd. E		CMP					\$418,00

 
 Gravis Marketing 910 Belle Ave, Ste 1180 Winter Springs, FL 32708
 LIT
 \$1,500.00

 Inside Out Designs 1115 Oro Dam Blvd. E Oroville, CA 95965
 CMP
 \$418.00

 Oroville Boxing Club 3351 Burlington Ave. Oroville, CA 95966
 CMP
 \$130.00

 Rachael Cowan 1626 6th Street Oroville, CA 95965
 CMP
 \$130.00

 ODBA Salmon Festival 1346 Myers St. Oroville, CA 95965
 CMP
 \$60.00

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

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

SUBTOTAL \$

www.fppc.ca.gov

2,238.00

SCHEDULE F Schedule F Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. Accrued Expenses (Unpaid Bills) **FORM** July 1, 2016 from Sept. 24, 2016 through: 13 Page\_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER LD. NUMBER Janet Goodson 1385258 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
CTB contribution (explain nonmonetary)\* MTG meetings and appearances returned contributions OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs TEL FII candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services professional services (legal, accounting) TSF transfer between committees of the same candidate/sponsor LEG legal defense VOT voter registration campaign literature and mailings LIT PRT print ads WEB information technology costs (internet, e-mail) (b) AMOUNT INCURRED THIS PERIOD (a) OUTSTANDING (c) AMOUNT PAID (d) OUTSTANDING NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D., NUMBER) CODE OR DESCRIPTION OF PAYMENT BALANCE BEGINNING BALANCE AT CLOSE OF THIS PERIOD THIS PERIOD (ALSO REPORT ON E) OF THIS PERIOD \* Payments that are contributions or independent expenditures must also be SUBTOTALS \$ \$ \$ \$ summarized on Schedule D. Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 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 ......NET \$ \_\_\_\_\_\_\_Nay be a negative number on the Summary Page, Column A, Line 9.)

FPPC Form 460 (Jan/2016)

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be roun to whole dollars.	Statement cov from July 1 through Sept.		SCHEDULE F (CO CALIFORNIA 46 FORM Page 14 of 17	
Janet Goodson					I.D. NUMBER 1385258
CODES: If one of the following codes accurately described campaign paraphernalia/misc, campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings  * Payments that are contributions or independent expenditures must.	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and re PRO professional services (femore)	ons nces earch messenger services legal, accounting)	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable ai TRC candidate trav TRS staff/spouse tr	and production cost ibutions kers' salaries rtime and product el, lodging, and ma avel, lodging, and en committees of on	ion costs neals I meals I the same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PA THIS PERIC (ALSO REPORT C	DD BALANCE AT CLOSE
	_				

SUBTOTALS \$

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

\$

\$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)  Amounts may be rounded to whole dollars.						Statement covers period CALIFO			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thre	Sept. 2	4, 2016	Page15		
Janet Goodson							1385258		
NAME OF AGENT OR INDEPENDENT CONTRACTOR									
CODES: If one of the following codes accurately describes the	he payment.	vou mav e	nter the code.	Otherwise.	describe the	payment.			
CNS campaign consultants CTB contribution (explain nonmonetary)* OCVC civic donations FIL candidate filing/ballot fees FND fundraising events IND lidependent expenditure supporting/opposing others (explain)* LEG legal defense	OS postage, de RO professiona RT print ads	nd appearand nses culating ks survey reseal elivery and me il services (leg	es	RFD SAL TEL TRC TRS TSF VOT	radio airtime and returned contribution campaign worke t.v. or cable airtin candidate travel, staff/spouse trav transfer between voter registration information technical contributions are the contribution of the contribution o	utions rs' salaries me and production lodging, and me el, lodging, and a committees of t	on costs eals meals the same ca	·	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE C	DR .	DESCRIPTION	OF PAYMENT			AMOUNT PAID	
9									
Attach additional information on appropriately labeled continuation	n sheets.					T	OTAL* \$		

Schedule H Loans Made to Others*	As sub-also de House				Statement co	vers period 1, 2016	california 460		
SEE INSTRUCTIONS ON REVERSE		throughSept. 24, 2016					Page 16 of 17		
NAME OF FILER							I.D. NUMBER		
Janet Goodson							1385258		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER   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 O FORGIVENESS THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE	
				PAID  \$  FORGIVEN	\$	%	5	CALENDAR YEAR  \$  PER ELECTION**	
		s	s	s	DATE DUE	s	DATE INCURRED	\$	
				s Forgiven	s	RATE %	s	CALENDAR YEAR  \$ PER ELECTION**	
		5	s	s	DATE DUE	s	DATE INCURRED	s	
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgiver reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$			
					*	(Enter (e) on Schedule I, Line 3)			
Schedule H Summary									
Loans made this period  (Total Column (b) plus unitemized loans	of less than \$100.)			*******************	\$			**If Required	
Payments received on loans  (Total Column (c) plus unitemized paym	ents of less than \$100.)				\$		-		
3. Net change this period. (Subtract Line 2	from Line 1.)				NET \$	be a negative number)	7		

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	from	July 1, 2016 Sept. 24, 2016	CALIFORNIA 460 FORM Page 17 of 17		
NAME OF FILER	INS ON REVERSE		tilrough	-	I.D. NUMBER		
Janet Goods	son				1385258		
DATE FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)			DESCRIPTION OF RECEIPT				
		2					
<b>.</b>							
0							
				R			
Attach addit	1 lional information on appropriately labeled continuation sheets	;		SUBTOTAL \$			
<ol> <li>Unitemized</li> <li>Total of all i</li> <li>Total misce</li> </ol>	Summary creases to cash this period. increases to cash of under \$100 this period. nterest received this period on loans made to others. (S llaneous increases to cash this period. (Add Lines 1, 2, age, Line 14.)	chedule H, Column (e).)		\$	FPPC Form 460 (Jan/2016)		
				FPPC Advice: advice	@fppc.ca.gov (866/275-3772) www.fppc.ca.gov		