Recipie / Committee Campaign Statement Cover Page			Date Stamp	califorma 460
	Statement covers period from01/01/2017	Date of election if applicable: (Month, Day, Year)		For Official Use Only
EEE INSTRUCTIONS ON REVERSE	through12/31/2017	11/8/2016		
I. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee  State Candidate Election Committee  Recall (Also Compiste Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	t $\square$	Quarterly Statement Special Odd-Year Report
	D. NUMBER 1390163	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Scott Thomson for Oroville City Council 2016		Edward E Hall, III		
-		210 Meirose Dr		
STREET ADDRESS (NO BO DOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
		Oroville		95966 530.990.5622
CITY STATE ZIP CC		NAME OF ASSISTANT TREASURE	ER, IF ANY	
Oroville CA 9596	55 530.370.3570	None		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS None		
None	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CC			a a	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of   Executed on   O3/28/2018  Date	ing this statement and to the best of my f California that the foregoing is true and By	knowledge the information contained correct.  Signature of Treasurer or Assistan		ed schedules is true and complete.
Executed on	By == O'Bullardie of Cobb	olling Officeholder, Candidate, State Measure P	reponent or Responsible Officer of	of Sponsor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	, State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	, State Measure Proponent	

COVER PAGE

## Recipient Committee Campaign Statement Cover Page — Part 2

CALIF		460
Page _	2	of

Officeholder or Candidate Controlled Commit	tee	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Scott Thomson OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	N		SUPPORT OPPOSE
	CA, 95965		Identify the controlling offic			measure propo	onent, if any.
Related Committees Not Included in this Stat not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your canditudes.	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
NAME OF TREASURER	I.D. NUMBER  CONTROLLED COMMITTEE?	7	. Primarily Formed Can	didate/Offic	eholder Co	ommittee Lis	st names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO		NAME OF OFFICEHOLDER OR			IGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	3		At	tach continuati	on sheets if i	necessary	

# Campaig., Disclosure Statement Summary Page

Amounts ma, rounded to whole dollars.

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1390163 Scott Thomson Calendar Year Summary for Candidates Column B Column A **Contributions Received** CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 0 1. Monetary Contributions...... Schedule A, Line 3 \$ 7/1 to Date 1/1 through 6/30 0 20. Contributions 0 0 0.0 0.0 \$ SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1+2 \$ Received 21. Expenditures Nonmonetary Contributions...... Schedule C, Line 3 0.0 0.0 Made **Expenditure Limit Summary for State Expenditures Made** Candidates 0 0 22. Cumulative Expenditures Made\* 0 (if Subject to Voluntary Expenditure Limit) SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 0 Total to Date 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Date of Election (mm/dd/yy) 0 10. Nonmonetary Adjustment......Schedule C, Line 3 0 **Current Cash Statement** To calculate Column B. add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may be negative figures that should be subtracted from previous period amounts. If If this is a termination statement, Line 16 must be zero. this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_ only carry over the amounts from Lines 2, 7, and 9 (If Cash Equivalents and Outstanding Debts any). FPPC Form 460 (Jan/2016) 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Advice: advice@fppc.ca.gov (866/275-3772)

							28 al		
Schedu.  Monetary Contributions Received		Amount / be rounded to whole dollars.		Statement coverage of 1/01	ers period /2017	CALI F	california 460		
				through12/3	31/2017	Page	4 of		
SEE INSTRUCTION NAME OF FILER Scott Thor			::	anough.			JMBER		
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 CALENDAI (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)		
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□ IND □ COM □ OTH □ PTY □ SCC							
		□ IND □ COM □ OTH □ PTY □ SCC			j.				
			SUBTOTAL	\$					
1 Amount re	A Summary ceived this period – itemized monetary contributions Il Schedule A subtotals.)		\$		1				

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ \_\_

3. Total monetary contributions received this period.

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

PTY - Political Party

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

# Schedul A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

		SUMEDULE A (CONT.)
Stat	ement covers period 01/01/2017	CALIFORNIA 460
through	12/31/2017	Page5 of
		I.D. NUMBER

NAME OF FILER						13901			
Scott Thom	son					-			
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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
S <del>E-100</del> (III II I		□IND □COM □OTH □PTY □SCC					2		
r) <del>o</del>	П	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	:#						
		□IND □COM □OTH □PTY □SCC							
		IND COM OTH PTY SCC							
		IND COM OTH 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

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

P 9							SC	LE B - PART 1	
Schedule B – Part 1 Loans Received	Amounts may bended to whole dollars.				Statement cover	-		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through 12/3	31/2017	Page6	of	
NAME OF FILER							I.D. NUMBER		
Scott Thomson							1390163	- Act	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(°) AMOUNT PAII OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
		(2.000		PAID	\$	% RATE	\$	\$PER ELECTION**	
†   IND   COM   OTH   PTY   SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID  \$ FORGIVEN	.   \$	% RATE	\$	\$PER ELECTION*	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
	ä			□ PAID  \$ □ FORGIVEN	-   \$	% RATE	\$	\$ PER ELECTION*	
† IND COM OTH PTY SCC	a	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS	\$	\$	\$	\$			
Schedule B Summary						(Enter (e) on Schedule E, Line	3)		
1. Loans received this period				\$ —	None	1			
(Total Column (b) plus unitemized loar  2. Loans paid or forgiven this period				\$	None	. [	†Contributor Code: IND – Individual COM – Recipient (		

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

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

PTY - Political Party

(May be a negative number)

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

#### Schedule B – Part 2 **Loan Guarantors**

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from01/01/2017	FORM 400
through12/31/2017	Page7 of
	I.D. NUMBER
	1390163

SEE INSTRUCTIONS ON REVERSE				through_	12/31/2017	Page7	of
NAME OF FILER						I.D. NUMBER	
Scott Thomson						1390163	
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	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM		LENDER			CALENDAR YEAR	
	□OTH □PTY		DATE			PER ELECTION (IF REQUIRED)	
	scc					\$	
	□ IND □ COM		LENDER			CALENDAR YEAR	
	□OTH □PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc					1	
	□IND		LENDER			CALENDAR YEAR	
	□ COM □ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc					\$	
	□ IND		LENDER			CALENDAR YEAR	
	☐ COM ☐ OTH ☐ PTY		DATE			PER ELECTION (IF REQUIRED)	
	SCC					\$Enter on	
			SU	BTOTAL	\$	Summary Page, Line 17 only.	

### 

NAME OF FILER

Statement covers period	CALIFORNIA 160
from01/01/2017	FORM 400
through12/31/2017	Page8 of
	I.D. NUMBER

SCHEDULE C

1390163 Scott Thomson CUMULATIVE TO PER ELECTION AMOUNT/ IF AN INDIVIDUAL, ENTER **DESCRIPTION OF** DATE CONTRIBUTOR FULL NAME, STREET ADDRESS AND DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE **GOODS OR SERVICES** CALENDAR YEAR CODE \* ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) □ COM Потн ☐ PTY □ scc ☐ COM □ OTH ☐ PTY □ scc ☐ COM □ OTH □ PTY □ scc ☐ IND ☐ COM □ OTH ☐ PTY □ SCC SUBTOTAL \$ Attach additional information on appropriately labeled continuation sheets.

5	cnedule C Summary	
1.	. Amount received this period – itemized nonmonetary contributions.	
	(Include all Schedule C subtotals )	

2.	Amount received this period – unitemized nonmone	ary contributions of less than \$100	 \$

3.	Total nonmonetary contributions received this period.	maral A
	(Add Lines 1 and 2. Enter here and on the Summary Page,	Column A, Lines 4 and 10.)TOTAL \$

*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

Schedul D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be rounded to whole dollars.		Statement covers from01/01/2	•	CALIFORNIA 460	
SEE INSTRUCTIO	INS ON REVERSE			through 12/31/	2017	Page9 of	
Scott Thom	son					139016	
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	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		=			
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
<u></u>	8		SUBTOTAL	\$			
1. Itemized co	D Summary ontributions and independent expenditures made						

Schedu. D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULE D (CONT
Statement covers period	CALIFORNIA AGO
from01/01/2017	FORM 400
through 12/31/2017	Page 10 of
	I,D. NUMBER
	1200162

Scott Thor	nson				13901	63
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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL \$	5		

Schedule de Payments Made	Amounts may be aded to whole dollars.			Stat	ement covers period 01/01/2017	CALIF FO	CALIFORNIA 460	
-	¥0			110111_	10/01/0017		44	
SEE INSTRUCTIONS ON REVERSE				throug	h12/31/2017	Page		
NAME OF FILER			***************************************			I,D. NUM	BER	
Scott Thomson			4			139016	33 	
CODES: If one of the following codes accurately describe	s the payment, yo	u may er	nter the code.	Otherwise, de	scribe the payment.			
CMP campaign paraphernalia/misc.	MBR member com	munications		RAD ra	dlo airtime and productior	n costs		
CNS campaign consultants	MTG meetings and OFC office expens		98		turned contributions impaign workers' salaries			
CTB contribution (explain nonmonetary)* CVC civic donations	PET petition circul			TEL t.v	or cable airtime and pro	duction costs	3	
FIL candidate filing/ballot fees	PHO phone banks				indidate travel, lodging, a			
FND fundraising events	POL polling and si POS postage, deli				aff/spouse travel, lodging, ansfer between committee		ne candidate/sponsor	
IND independent expenditure supporting/opposing others (explain)* LEG legal defense	PRO professional	services (leg	jai, accounting)	VOT vo	ter registration			
LIT campaign literature and mailings	PRT print ads			WEB In	formation technology cos	ts (internet, e	-mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION C	F PAYMENT		AMOUNT PAID	
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			S	UBTOTAL	\$	
Schedule E Summary								
Itemized payments made this period. (Include all Schedu	le E subtotals.)					\$ _		
2. Unitemized payments made this period of under \$100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					\$	<del></del>	
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Pa	t 1, Colur	nn (e).)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$		
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Sumi	mary Page, Col	umn A, Line 6	) T	OTAL \$ _		

SCHEDULE E

Schedu : Continuation Sheet) Payments Made EE INSTRUCTIONS ON REVERSE	Amounts may be to whole dol			Sta from _ throu	atement covers period 01/01/2017 gh 12/31/2017	CALIFO FOR Page	ORNIA 460
Scott Thomson						1390163	
CODES: If one of the following codes accurately describes  MP campaign paraphernalia/misc.  NS campaign consultants  TB contribution (explain nonmonetary)*  VC civic donations  IL candidate filing/ballot fees  ND fundraising events  independent expenditure supporting/opposing others (explain)*  EG legal defense  IT campaign literature and mallings	MBR member community meetings and OFC office expension petition circular PHO phone banks POL polling and suppostage, delivers.	munication appearan es ating urvey resea	ns ces	RAD RFD SAL TEL TRC TRS	radio airtime and production returned contributions campaign workers' salariest t.v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committe voter registration	on costs  s oduction costs and meals g, and meals ees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
		i	1				

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		84		
J <del></del>			*	
		1		
Payments that are contributions or independent expenditures must also be summarized on School	dule D		SUBTOTAL	.\$

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

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Schedule	s' 14		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Amounts may be unded to whole dollars.

Statement covers period from01/01/2017	CALIFORNIA 460
through 12/31/2017	Page of
	I.D. NUMBER
	1000100

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1390163 Scott Thomson

CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filling/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	the payment, you may MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	ns ices arch nessenger services	therwise, describe the payment.  RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (Internet, e-mail)				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
387					*		
	Y						
* Payments that are contributions or independent expenditures must also be	SUBTOTALS	\$	\$	\$	\$		

#### Schedule F Summary

1.	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	
	accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)	
_	The state of the s	

2. Total accrued expenses paid this period.	nclude all Schedule F, Column (c) subtotals for payments on	
accrued expenses of \$100 or more, plus	tal unitemized payments on accrued expenses under \$100.)	

3. Net change this period.	(Subtract Line 2 from Line 1	. Enter the difference here and	NET	
on the Summary Page,	Column A, Line 9.)		NET \$	May be a negative number

#### Schedule r (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from01/01/2017	CALIFORNIA 460
through12/31/2017	Page of
	I.D. NUMBER
	1390163

NAME OF FILER

Scott Thomson

1390163

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalla/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)\* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees POL polling and survey research staff/spouse travel, lodging, and meals FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB Information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$	\$	\$	\$

Schedule Repeat of Independent Contractor (on Behalf of This Committee)	Amounts n. ∠e rounded to whole dollars.			from	Statement covers period from01/01/2017				
NAME OF FILER Scott Thomson							1.D. NUMBE 1390163		
NAME OF AGENT OR INDEPENDENT CONTRACTOR							U <sub>1</sub>		
	MBR member co MTG meetings ar OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	mmunications and appearanc ases ulating as survey resea blivery and me at services (leg	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio a returne campa t.v. or c candid staff/sp transfe voter re	ribe the paymen irtime and production d contributions ign workers' salaries table airtime and product travel, lodging, a couse travel, lodging r between committee egistration ation technology cos	n costs duction costs nd meals , and meals es of the same c		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR .	DESCRIPTION	OF PA	MENT		AMOUNT PAID	
	×						11011		

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

		F	

Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.			Statement cov	ers period 1/2017	CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2017	Page	of
NAME OF FILER							I.D. NUMBER	
Scott Thomson							1390163	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(2) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(e) REPAYMENT O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
***************************************				☐ PAID				CALENDAR YEAR
				\$	.   \$	RATE	\$	PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	.   \$	RATE	\$	PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgive 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					\$			**If Required
Payments received on loans (Total Column (c) plus unitemized payn	nents of less than \$100.)	***************************************	entaranterezzettenene	***************************************	\$	e e e e e e e e e e e e e e e e e e e	_	
3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summar					NET \$	ay be a negative number)	-	

Scheduk Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period from01/01/2017	CALIFORNIA 460
SEE WATER OFFICE	o ou privrage		through12/31/2017	Page of
SEE INSTRUCTIONS NAME OF FILER	S ON REVERSE			I.D. NUMBER
Scott Thomso	n			1390163
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
			The state of the s	
		ю		
			CURTOTAL	
Attach additi	ional information on appropriately labeled continuation sheets.		SUBTOTA	
Schedule I	Summary			
	creases to cash this period			
2. Unitemized	increases to cash of under \$100 this period		\$	<del></del>
	nterest received this period on loans made to others. (Sched		\$	-
4. Total miscel Summary P	llaneous increases to cash this period. (Add Lines 1, 2, and 3 Page, Line 14.)	3. Enter here and on the	TOTAL \$	_