Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from Oct. 23, 2016	Date of election if applicable: (Month, Day, Year)	JAN 3 1 2017	Page 7 of /
SEE INSTRUCTIONS ON REVERSE	through Dec. 31, 2016	11/08/16	Office of the City Clark	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee  ○ Recall (Also Complete 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 Tel  Amendment (Explain be	☐ Spermination)	arterly Statement ecial Odd-Year Report
3 LOMMITTEE INFORMATION	D. NUMBER 1380213	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Jaime Franco Campaign/District 2 City Council	······································	NAME OF TREASURER Ruben Pina MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		спу Modesto	STATE ZIP C	
CITY STATE ZIP CO Turfock CA 9538		name of assistant treasurer Rodolfo Lezema		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
Turlock CA 9538	· · · · · · · · · · · · · · · · · ·	CITY Winton OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP C CA 953	
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	California that the foregoing is true and	snowledge the information contained to correct.  Signalure of Treasurer or Assistant 1, state Measure Proposition Officeholder Candidate, State Measure Prop	feasurer	Makana distribution

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIFORNIA 460							
Page2 of7							

Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballo	ot Measure	Committee				
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	*****	· · · · · · · · · · · · · · · · · · ·				
Jaime Franco								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	☐ SUPPORT			
Turlock City Council District 2				· · · · · · · · · · · · · · · · · · ·	OPPOSE			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZI  Turlock, CA 95380		Identify the controlling office	eholder, candi	idate, or state measure p	roponent, if any.			
1 UNIOCK, CA 33360	<del></del>	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT						
Related Committees Not Included in this Statement: List any committee 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.		OFFICE SOUGHT OR HELD		DISTRICT	O. IF ANY			
COMMITTEE NAME I.D. NUMBER								
NAME OF TREASURER CONTROLLED COMMITTEE?	7.	Primarily Formed Candificeholder(s) or candidate(s)	didate/Offic ) for which this	eholder Committee committee is primarily for	List names of med.			
☐ YES ☐ NO								
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	_	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT			
CITY STATE ZIP CODE AREA CODE/PHO	NE	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT			
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT			
NAME OF TREASURER CONTROLLED COMMITTEE?  YES NO	_	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	<del>_</del>							
CITY STATE ZIP CODE AREA CODE/PHO	NE	Atta	ach continuati	on sheets if necessary				

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period Oct. 23, 2016	CALIFORNIA 460
through Dec. 31, 2016	Page3 of7
	I.D. NUMBER
	1380213

Jaime Franco Campaign/District 2 City Council Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 3.419.93 1.949.00 1/1 through 6/30 7/1 to Date 0.00 (100.00)20. Contributions 3,419.93 1.849.00 Received 1,500.00 21. Expenditures 4,919.93 1.849.00 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ \_\_\_\_\_ 2,277.54 3.481.43 Candidates 0.00 0.00 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 2,277.54 3,481.43 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ \_\_\_\_ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 2,277.54 3,481.43 **Current Cash Statement** 278.54 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. 1,849.00 add amounts in Column A to the corresponding \*Amounts in this section may be different from amounts 150.00 amounts from Column B reported in Column B. 2.277.54 of your last report. Some amounts in Column A may 0.00 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. 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 Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ 0.00 FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	rers period 3, 2016	SCHEDULE A CALIFORNIA 460 FORM	
SEE INSTRUCTIO	NS ON REVERSE			through Dec.	31, 2016	Page	4of7
NAME OF FILER  Jaime Fran	nco Campaign/District 2 City Council					1.D. NU 13802	1
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 ELECTION TO DATE (IF REQUIRED)
10/31/16	David Renteria 1145 E. Main St. Turlock, CA 95380	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.	00	THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH
11/4/16	2007 Vieira Revocable Trust 2190 El Capitan Turlock, CA 95380	□IND □COM ØOTH □PTY □SCC		500.00	500.0	00	
11/4/16	P & F Metals 301 South Broadway Turlock, CA 95380	□IND □COM ☑OTH □PTY □SCC		500.00	500.	00	
11/4/16	Cal Mill 213 C. St. Turlock, CA 95380	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.1	00	
11/8/16	Pardeep Sahota 858 Geer Rd. Turlock, CA 95380	☑IND □COM □OTH □PTY □SCC	Certified Public Accountant	100.00	100.0	00	
			SUBTOTAL \$	1,850.00			

## **Schedule A Summary**

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

\*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

Schedule B – Part 1 Loans Received	Am		Statement confrom Oct. 2	vers period 23, 2016	SCHEDULE B - PART CALIFORNIA 460 FORM			
SEE INSTRUCTIONS ON REVERSE					through Dec.	31, 2016	Page5	of7
NAME OF FILER				·			I.D. NUMBER	
Jaime Franco Campaign/District 2 City C	ouncil						1380213	
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 PAID OR FORGIVED THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Jaime Franco	Retired			paid s 100.00	ss	O_%	s 100.00	s 100.00
Turlock, CA 95380		s 100.00	s0.00	FORGIVEN \$	DATE DUE	\$		\$
		c		PAID  S  FORGIVEN	5	RATE	s	CALENDAR YEAR  SPER ELECTION*
TO IND COM OTH PTY SCC			•	PAID	DATE DUE	%	DATE INCURRED	CALENDAR YEAR
TO IND COM OTH PTY SCC		\$	s	FORGIVEN	DATE DUE	\$	DATE INCURRED	PER ELECTION*
		SUBTOTALS \$	0.00 \$	100.00	\$ 0.00	\$ 0.0	o	
Schedule B Summary					<u> </u>	(Enter (e) on Schedule E, Line	3)	
1. Loans received this period		***********	********************	\$	0.00	•		
(Total Column (b) plus unitemized loar  2. Loans paid or forgiven this period	•			\$	100.00		†Contributor Codes IND – Individual	

\*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.

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

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

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

PTY - Political Party

(100.00)

(May be a negative number)

COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

Schedule E  Amounts may be rounded to whole dollars.  Payments Made			ent covers period Oct. 23, 2016	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE				through_	Dec. 31, 2016	Page	6 of 7
NAME OF FILER		,				I.D. NUM	BER
Jaime Franco Campaign/District 2 City Council						138021	3
CODES: If one of the following codes accurately describe	s the payment, yo	ou may en	er the code. Other	wise, descr	ibe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB 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, deli PRO professional PRT print ads	d appearances ses lating urvey researc very and mes	h senger services	RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transi VOT voter	airtime and production and contributions algn workers' salaries cable airtime and producte travel, lodging, and proving travel, todging, and produce travel, todging, and proving travel to the tween committees registration atton technology costs	uction costs d meals and meals s of the same	·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR DESC	CRIPTION OF PA	YMENT		AMOUNT PAID
Wahl, Willemse & Wilson 401 E. Main St. Turlock, CA 95380		PRO					1,450.00
Jaime Franco Turlock, CA 95380		LIT	Reimbursement				548.74
Tunock, GA 90000				6 1 1 100 AVIII	sakondo de la companya de la company		
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			SUI	BTOTAL \$	1,998.74
Schedule E Summary							
Itemized payments made this period. (Include all Schedule)	e E subtotals.)					\$	1,998.74
Unitemized payments made this period of under \$100	•						278.80
<ol><li>Total interest paid this period on loans. (Enter amount fron</li></ol>							0.00
4. Tatal research made this period on loans. (Enter amount non						TAL C	2,277.54

Schedule I Miscellaneous Increases to Cash		Amounts may be rou			SCHEDULE			
		to whole dollars		Statement co		CALIFORNI	<sup>A</sup> 460	
				from Oct. 2	3, 2016	FORM		
CEE INSTRUCTIO	NS ON REVERSE		through Dec.	31, 2016	Page7	of		
NAME OF FILER	INS ON REVERSE		<b>11.10</b> .1.10.10.10.10.10.10.10.10.10.10.10.10.1	I		I.D. NUMBER		
Jaime Franc	co Campaign/District 2 City Council					1380213		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	=	DES	SCRIPTION OF RECEIP	т	AMOU INCREASE		
12/22/16	Stanislaus County Elections Office 1021 I St., Ste. 101 Modesto, CA 95354	С	eposit check fo	or LIT			150.00	
<del></del>								
Attach addi	itional information on appropriately labeled continuation she	ets.			SUBTOTAL \$	,	150.00	
Schedule I	Summary							
I. Itemized in	creases to cash this period.			\$				
2. Unitemized	d increases to cash of under \$100 this period	••••••	***************************************	\$				
3. Total of all	interest received this period on loans made to others.	(Schedule H, Column (e)	.)	\$	0.00			
	ellaneous increases to cash this period. (Add Lines 1, Page, Line 14.)			TOTAL \$	150.00			