

**Recipient Committee  
Campaign Statement  
Cover Page**

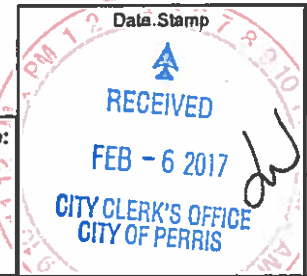
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA **460**  
2001/02  
FORM

Page 1 of 7  
For Official Use Only



Statement covers period  
from 07/01/2016  
through 12/31/2016

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
*(Also Complete Part 5)*
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored  
*(Also Complete Part 6)*
  - Primarily Formed Candidate/  
Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
**1366336**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Rabb for Perris City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

dsrabb@alumni.stanford.edu

**Treasurer(s)**

NAME OF TREASURER

David Starr Rabb

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**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 and in the attached schedules 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 01/31/2017  
Date

By \_\_\_\_\_

Executed on 01/31/2017  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

|                           |            |
|---------------------------|------------|
| CALIFORNIA<br>FORM        | <b>460</b> |
| Page <u>2</u> of <u>7</u> |            |

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**David Starr Rabb**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**Councilman, City of Perris**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)    CITY    STATE    ZIP  
[REDACTED]

**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?<br><input type="radio"/> YES <input type="radio"/> NO |
| COMMITTEE ADDRESS    STREET ADDRESS (NO P.O. BOX) |   |
| CITY    STATE    ZIP CODE    AREA CODE/PHONE      |   |

|   |   |
|---|---|
| COMMITTEE NAME                                    | I.D. NUMBER   |
| NAME OF TREASURER                                 | CONTROLLED COMMITTEE?<br><input type="radio"/> YES <input type="radio"/> NO |
| COMMITTEE ADDRESS    STREET ADDRESS (NO P.O. BOX) |   |
| CITY    STATE    ZIP CODE    AREA CODE/PHONE      |   |

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="radio"/> SUPPORT<br><input type="radio"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed 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="radio"/> SUPPORT<br><input type="radio"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="radio"/> SUPPORT<br><input type="radio"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="radio"/> SUPPORT<br><input type="radio"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="radio"/> SUPPORT<br><input type="radio"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |   |
|--|---|
| Statement covers period<br>from <u>07/01/2016</u><br>through <u>12/31/2016</u> | CALIFORNIA<br>FORM <b>460</b><br>Page <u>3</u> of <u>7</u><br>I.D. NUMBER<br><u>1366336</u> |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rabb for Perris City Council 2014

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>0</u>  | \$ <u>0</u>                                |
| 2. Loans Received ..... Schedule B, Line 3            | <u>0</u>   | <u>0</u>                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>0</u>  | \$ <u>0</u>                                |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>0</u>   | <u>0</u>                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>0</u>  | \$ <u>0</u>                                |

**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**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>\$60.00</u>  | \$ <u>\$145.00</u>                         |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>0</u>   | <u>0</u>                                   |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>\$60.00</u>  | \$ <u>\$145.00</u>                         |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>0</u>   | <u>0</u>                                   |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>0</u>   | <u>0</u>                                   |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>\$60.00</u>  | \$ <u>\$145.00</u>                         |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                    |
|---|--------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>\$150.69</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>0</u>           |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>\$60.00</u>     |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>\$90.69</u>     |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>\$90.69</u>  |

If this is a termination statement, Line 16 must be zero.

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).

|   |             |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ <u>0</u> |
|---|-------------|

**Cash Equivalents and Outstanding Debts**

|   |              |
|---|--------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0</u>  |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>-0</u> |

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2016</u><br>through <u>12/31/2016</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>4</u> of <u>5</u>  |
| I.D. NUMBER<br><b>1366336</b>  |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rabb for Perris City Council 2014

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
|               |   | <input type="radio"/> IND<br><input type="radio"/> COM<br><input type="radio"/> OTH<br><input type="radio"/> PTY<br><input type="radio"/> SCC |   |                             |  |                                       |
|               |   | <input type="radio"/> IND<br><input type="radio"/> COM<br><input type="radio"/> OTH<br><input type="radio"/> PTY<br><input type="radio"/> SCC |   |                             |  |                                       |
|               |   | <input type="radio"/> IND<br><input type="radio"/> COM<br><input type="radio"/> OTH<br><input type="radio"/> PTY<br><input type="radio"/> SCC |   |                             |  |                                       |
|               |   | <input type="radio"/> IND<br><input type="radio"/> COM<br><input type="radio"/> OTH<br><input type="radio"/> PTY<br><input type="radio"/> SCC |   |                             |  |                                       |
|               |   | <input type="radio"/> IND<br><input type="radio"/> COM<br><input type="radio"/> OTH<br><input type="radio"/> PTY<br><input type="radio"/> SCC |   |                             |  |                                       |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2016</u><br>through <u>12/31/2016</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>5</u> of <u>7</u>  |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Rabb for Perris City Council 2014</b> | I.D. NUMBER<br><b>1366336</b> |
|---|-------------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
|               |   | <input type="radio"/> IND<br><input type="radio"/> COM<br><input type="radio"/> OTH<br><input type="radio"/> PTY<br><input type="radio"/> SCC |   |                             |  |                                       |
|               |   | <input type="radio"/> IND<br><input type="radio"/> COM<br><input type="radio"/> OTH<br><input type="radio"/> PTY<br><input type="radio"/> SCC |   |                             |  |                                       |
|               |   | <input type="radio"/> IND<br><input type="radio"/> COM<br><input type="radio"/> OTH<br><input type="radio"/> PTY<br><input type="radio"/> SCC |   |                             |  |                                       |
|               |   | <input type="radio"/> IND<br><input type="radio"/> COM<br><input type="radio"/> OTH<br><input type="radio"/> PTY<br><input type="radio"/> SCC |   |                             |  |                                       |
|               |   | <input type="radio"/> IND<br><input type="radio"/> COM<br><input type="radio"/> OTH<br><input type="radio"/> PTY<br><input type="radio"/> SCC |   |                             |  |                                       |

**SUBTOTAL \$**

**\*Contributor Codes**  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule B – Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2016</u><br>through <u>12/31/2016</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>6</u> of <u>7</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rabb for Perris City Council 2014

I.D. NUMBER

1366336

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*                                      | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN         | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE       |
|--|---|--|------------------------------------|--|--|----------------------------------|--|---|
| David Starr Rabb<br>[REDACTED]   | Attorney,<br>County of San Bernardino   | \$ 338.24  | \$ 0                               | <input type="checkbox"/> PAID<br>\$ 0<br><input type="checkbox"/> FORGIVEN<br>\$ | \$ 338.24<br>DATE DUE                              | %<br>RATE                        | \$ 1475<br>08/08/2014<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0<br>PER ELECTION**<br>\$ |
| <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$   | \$<br>DATE DUE                                     | %<br>RATE                        | \$<br>DATE INCURRED                    | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$   |
| <input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC            |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$   | \$<br>DATE DUE                                     | %<br>RATE                        | \$<br>DATE INCURRED                    | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$   |
| <input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC            |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$   | \$<br>DATE DUE                                     | %<br>RATE                        | \$<br>DATE INCURRED                    | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$   |
| <b>SUBTOTALS \$</b>  |   | <b>0 \$</b>                                      | <b>0 \$</b>                        | <b>0 \$</b>  | <b>338.24 \$</b>                                   | <b>0</b>                         |  |   |

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0**  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

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

† Contributor Codes  
IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULEE

|                                   |            |                               |
|-----------------------------------|------------|-------------------------------|
| Statement covers period           |            | CALIFORNIA<br>FORM <b>460</b> |
| from                              | 07/01/2016 |                               |
| through                           | 12/31/2016 | Page <u>7</u> of <u>7</u>     |
| NAME OF FILER                     |            | I.D. NUMBER                   |
| Rabb for Perris City Council 2014 |            | 1366336                       |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rabb for Perris City Council 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |

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

**SUBTOTAL \$**

**Schedule E Summary**

|  |                 |              |
|--|-----------------|--------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....                                 | \$              | <u>0</u>     |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | <u>60.00</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              | <u>0</u>     |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> | <u>60.00</u> |