Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5) 1.094714 REE INSTRUCTIONS ON REVERSE	Statement covers period from 07/01/2016 through 09/24/2016	Date of election if applicable: (Month, Day, Year) 11/08/2016	RECEIVED	FORM 460 age 1 of 16 For Official Use Only
 State Candidate Election Committee Recall (Also Complete Pert 5) General Purpose Committee Sponsored Small Contributor Committee 	rimarily Formed Ballot Measure Committee Controlled Sponsored No Complete Part 6) Primarily Formed Candidate/ Officeholder Committee No Complete Part 7)	2. Type of Statement: X Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termina Amendment (Explain below)	Special C	Statement Odd-Year Report ental Preelection nt - Attach Form 495
L'Ammittee Intormation		Treasurer(s) NAME OF TREASURER Brady McCarron MAILING ADDRESS CITY NAME OF ASSISTANT TREASURER, IF	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE	AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	By Brady McCarr By Brady McCarr By Brady McCarr Signature of Contr	con	risible Officer of Sponsor	s true and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidata, State Meas	sure Proponent	- FPPC Form 460 (Jan/2016)

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	trolled Committee	6.	Primarily Formed Ballo	t Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			,
Brady McCarron						
OFFICE SOUGHT OR HELD (INCLUDE LOCA	ATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
City Council Member: City of Pe	erris			<u> </u>		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A	ND STREET) CITY STATE ZIP	1	Identify the controlling offi	ceholder, can	didate, or state meas	ure proponent, if an
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT	
Related Committees Not Includ	led in this Statement: List any committees					
	ontrolled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER			-		
		-	Dalacastly Council Con-	III-A-IOEI	holder Committee	
	CONTROLLED COMMUTTEES	7.	Primarily Formed Cand			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	officeholder(s) or candidate(s)			
NAME OF TREASURER COMMITTEE ADDRESS STREET ADD	☐ YES ☐ NO	7.		for which this		formed.
		/.	officeholder(s) or candidate(s)	for which this	committee is primarily	formed.
	☐ YES ☐ NO	7.	officeholder(s) or candidate(s)	for which this	committee is primarily	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD	☐ YES ☐ NO DRESS (NO P.O. BOX)	7.	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C	for which this	OFFICE SOUGHT OR HE	ELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD	☐ YES ☐ NO DRESS (NO P.O. BOX)	7.	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C	ANDIDATE ANDIDATE	OFFICE SOUGHT OR HE	FLD SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD	TRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	7.	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C	ANDIDATE ANDIDATE	OFFICE SOUGHT OR HE	FLD SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD	TRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	7.	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C	ANDIDATE ANDIDATE ANDIDATE	OFFICE SOUGHT OR HE	FLD SUPPORT OPPOSE FLD SUPPORT OPPOSE FLD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY COMMITTEE NAME NAME OF TREASURER	TRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	7.	Officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C	ANDIDATE ANDIDATE ANDIDATE	OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE	FLD SUPPORT OPPOSE ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY COMMITTEE NAME NAME OF TREASURER	TYES NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	7.	Officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C	ANDIDATE ANDIDATE ANDIDATE	OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE	FLD SUPPORT OPPOSE FLD SUPPORT OPPOSE FLD SUPPORT OPPOSE FLD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY COMMITTEE NAME NAME OF TREASURER	TRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	7.	Officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C NAME OF OFFICEHOLDER OR C	ANDIDATE ANDIDATE ANDIDATE ANDIDATE ANDIDATE	OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE	FLD SUPPORT OPPOSE ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE ELD SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA ACO

SUMMARY PAGE

Outlinary Fage	to whole dollars.	from	07/01/2016	FORM 460
SEE INSTRUCTIONS ON REVERSE		through _	09/24/2016	Page3 of16
NAME OF FILER				I.D. NUMBER
McCarron for Perris City Council 2016				1374036
		_		

Contributions Received	(FRO	COLUMN A TOTAL THIS PERIOD MATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	s	4,604.00	\$	7,788.00	
2. Loans Received Schedule B, Line 3	_	2,076.19		11,025.20	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	s _	6,680.19	\$	18,813.20	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3	_	5,200.00		5,580.00	21 Evpenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ _	11,880.19	\$	24,393.20	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$_	4,957.76	\$	13,939.07	Candidates
7. Loans Made Schedule H, Line 3	_	0.00		0.00	22 Cumulativa Evpandituras Madat
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$_	4,957.76	\$	13,939.07	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment		5,200.00		5,580.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$_	10,157.76	\$	19,519.07	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ _	3,251.96	To	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	_	6,680.19		nounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	_	0.00		rresponding amounts om Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	_	4,957.76		port. Some amounts in blumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	s _	4,974.39	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.			ре	btracted from previous	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _	0.00	fo	e first report being filed r this calendar year, only arry over the amounts	
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$ _	0.00		·41-	1
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _	11,025.20			
					FPPC Form 460 (Jan

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

Schedule /	A Contributions Received		ts may be rounded	Statement cov	ers period	SCHEDULE CALIFORNIA 160	
MOHELATY V	Contributions Neceived	to	whole dollars.	from07/01/2	016	CALIFORNIA 460 FORM	
SEE INSTRUCTION	NS ON REVERSE			through <u>09/24/2</u>	016	Page4 of16	
NAME OF FILER	10 ON NETERIOR					I.D. NUMBER	
McCarron for	Perris City Council 2016					1374036	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE	
07/12/2016	Truman Club Of The Inland Empire	□IND □COM 図OTH □PTY □SCC		1,000.00	2,06	00.00	
08/19/2016	Motte Mutual Water Company	□IND □COM 図OTH □PTY □SCC		500.00	50	00.00	
08/25/2016	Frank Lesinski	⊠IND □COM □OTH □PTY □SCC	Promotions Editor Taft Broadcasting	400.00	4.5	99.00	
08/25/2016	Angel Orozco	IND COM	Audio Visual Producer Department of Defense	200.00	20	00.00	
08/27/2016	Karla Pedraza	⊠IND □COM □OTH □PTY □SCC	Service Coordinator Border Region Behavioral Health Center	200.00	20	00.00	
			SUBTOTAL	\$ 2,300.00			
Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)			4,300.00	IND-II COM-	butor Codes ndividual Recipient Committee (other than PTY or SCC) Other (e.g., business entity)	

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

3. Total monetary contributions received this period.

SCC - Small Contributor Committee

PTY - Political Party

304.00

4,604.00

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A	(CONT.)
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Statement covers period

,		to whole d	ioliars.	from07/01/2016 through09/24/2016			
NAME OF FILER						I.D. NUI	
McCarron for	Perris City Council 2016					13740	36
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)
09/17/2016	Truman Club Of The Inland Empire	□IND □COM 図OTH □PTY □SCC		1,000.00	2,0	00.00	
09/19/2016	Honor PACID #1278587	□IND □COM 図OTH □PTY □SCC		1,000.00	1,0	00.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	2,000.00			

*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	Amo	ounts may be ro to whole dollar			Statement cov	vers period	california 460		
SEE INSTRUCTIONS ON REVERSE					through09/2	4/2016	Page6	of <u>16</u>	
NAME OF FILER				·			I.D. NUMBER		
McCarron for Perris City Council 2016							1374036		
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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	CLOSE OF THIS	(•) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIO TO DATE	
Brady McCarron	Audio Visual Producer Department of Defense			IX PAID				CALENDAR YEA	
				\$ 91.8	5 \$ 0.00	RATE	\$ 91.85	\$9,780.4	
		\$ 91.85	\$0.00	\$ 0.0		\$0.00	12/24/2014	s	
T⊠ IND □ COM □ OTH □ PTY □ SCC Brady McCarron	Audio Visual Producer Department of Defense			IX PAID	DATE DUE		DATE INCURRED	CALENDAR YEA	
				\$91,9	\$\$	RATE	\$ 91.91	\$9,780.4 PER ELECTION	
TIND □ COM □ OTH □ PTY □ SCC		\$91.91	\$0.00	\$0.0	DATE DUE	\$0.00	03/05/2015 DATE INCURRED	s	
Brady McCarron	Audio Visual Producer Department of Defense			X PAID				CALENDARYEA	
				\$ 91.9	-	RATE %	\$91.90	\$9,780.4	
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$91.90	\$0.00	\$0.0	DATE DUE	\$	03/18/2015 DATE INCURRED	s	
		SUBTOTALS \$	0.00	\$ 275.	.66\$ 0.00	\$ 0.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
1. Loans received this period		************		\$ _	3,806.47				
(Total Column (b) plus unitemized loar	s of less than \$100.)					I .	Contributor Codes		
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 	0 paid or forgiven.)		•••••	\$	1,730.28	0	D – Individual DM – Recipient Co (other than I IH – Other (e.g., IY – Political Party	PTY or SCC) business entity	

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 2,076.19

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

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

** If required.

FPPC Form 460 (Jan/2016)

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

SCC - Small Contributor Committee

Schedule B - Part 1 (Continuation Sheet) Loans Received Amounts may be rounded to whole dollars. Statement covers period from				CALIFORN FORM	460			
SEE INSTRUCTIONS ON REVERSE					through09/2	4/2016	Page7	of <u>16</u>
NAME OF FILER							I.D. NUMBER	
McCarron for Perris City Council 2016							1374036	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Brady McCarron	Audio Visual Producer Department of Defense			X PAID \$ 9.90 ☐ FORGIVEN		RATE %	\$ 9.96	CALENDAR YEAR \$ 9,780.46 PER ELECTION***
TIND □ COM □ OTH □ PTY □ SCC		\$ 9.96	\$0.00	\$0.00	DATE DUE	\$0.00	03/18/2015 DATE INCURRED	\$
Brady McCarron	Audio Visual Producer Department of Defense			\$ 14.30	§ 77.53	RATE %	\$91.91	\$ 9,780.46 PER ELECTION ***
TIND □ COM □ OTH □ PTY □ SCC		\$91.91	\$0.00	\$0.00	DATE DUE	\$0.00	04/07/2015 DATE INCURRED	s
Brady McCarron	Audio Visual Producer Department of Defense			PAID \$ 0.00	91.90	RATE	\$ 91.90	CALENDAR YEAR \$ 9,780.46 PER ELECTION**
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ 91.90	s <u>0.00</u>	\$0.0	DATE DUE	\$0.00	04/30/2015 DATE INCURRED	s
Brady McCarron	Audio Visual Producer Department of Defense			\$ 0.00	91.91	RATE	\$ 91.91	\$9,780.46 PER ELECTION***
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ 91.91	\$0.00	\$0.00	DATE DUE	\$0.00	06/26/2015 DATE INCURRED	\$
		SUBTOTALS \$	0.00	24.	34\$ 261.34	\$ 0.00		

†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

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

Schedule B – Part 1 (Continua Loans Received	tion Sheet) Amo	ounts may be re to whole dollar			from 07/0	rers period	CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE					through 09/2	4/2016	Page 8	of <u>16</u>	
NAME OF FILER	•			50			I.D. NUMBER		
McCarron for Perris City Council 2016							1374036		
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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOI	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Brady McCarron	Audio Visual Producer Department of Defense			PAID \$ 0.00	9 40.10	RATE %	\$40.10	CALENDAR YEAR \$ 9,780.46 PER ELECTION**	
†MIND □ COM □ OTH □ PTY □ SCC		\$40.10	s	\$0.00	DATE DUE	\$0.00	07/06/2015 DATE INCURRED	s	
Brady McCarron	Audio Visual Producer Department of Defense			\$ 0.00	91.90		\$91.90	\$ 9,780.46 PER ELECTION*	
TE IND □ COM □ OTH □ PTY □ SCC		\$91.90	\$0.00	\$	DATE DUE	\$0.00	07/09/2015 DATE INCURRED	s	
Brady McCarron	Audio Visual Producer Department of Defense	\$91.90	\$0.00	\$ O.01 \$ FORGIVEN \$ O.04		RATE %	\$91.90 08/20/2015 DATE INCURRED	\$ 9,780.46 PER ELECTION**	
TIME COM OTH PTY SCC Brady McCarron	Audio Visual Producer Department of Defense		A million	PAID \$ 0.00		RATE %	\$91.90	\$ 9,780.46 PER ELECTION**	
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$91.90	\$0.00	\$0.00	DATE DUE	\$0.00	10/01/2015 DATE INCURRED	\$	
		SUBTOTALS \$	0.00	\$ 0.0	00\$ 315.80	\$ 0.00			

†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

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

Schedule B – Part 1 (Continual Loans Received	tion Sheet) Amo	unts may be ro to whole dollar			Statement cov	ers period	california 460		
SEE INSTRUCTIONS ON REVERSE					through 09/2	4/2016	Page 9	of <u>16</u>	
NAME OF FILER							I.D, NUMBER		
McCarron for Perris City Council 2016							1374036		
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	(g) CUMULATIVE CONTRIBUTION TO DATE	
Brady McCarron	Audio Visual Producer Department of Defense			PAID \$ 0.0	91.90	RATE %	\$91.90	\$ 9,780.46 PER ELECTION	
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$ 91.90	\$0.00	\$0.0	DATE DUE	\$	10/29/2015 DATE INCURRED	s	
Brady McCarron	Audio Visual Producer Department of Defense			PAID \$ 0.0	91.90	RATE	\$ 91.90	\$ 9,780.46 PER ELECTION	
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$91.90	\$0.00	5	DATE DUE	\$0.00	11/12/2015 DATE INCURRED	s	
Brady McCarron	Audio Visual Producer Department of Defense			PAID \$ 0.0		RATE %	\$91.90 11/25/2015	S 9,780.46	
To IND □ COM □ OTH □ PTY □ SCC		\$91.90	\$0.00	\$	DATE DUE	80.00	DATE INCURRED	5	
Brady McCarron	Audio Visual Producer Department of Defense	g 91.90	0.00	\$ 0.00		RATE 0.00	\$ 91.90 12/10/2015	GALENDAR YEAR 9 9,780.46 PER ELECTION	
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED		

SUBTOTALS \$

0.00\$

0.00\$

367.60\$

†Contributor Codes

IND - Individual

0.00

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

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

Loans Received	tion Sheet) Amo	unts may be ro to whole dollar			from07/0	ers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through09/2	4/2016	Page 10	of <u>16</u>	
McCarron for Perris City Council 2016							1374036		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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 PERIOI	N CLOSE OF THIS	(a) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Brady McCarron	Audio Visual Producer Department of Defense	\$ 100.00	s0.00	\$ 0.00 PAID PAID PAID PAID 0.00	0	%_RATE	\$ 100.00 01/25/2016	\$ 9,780.46 PER ELECTION**	
TE IND COM OTH PTY SCC Brady McCarron	Audio Visual Producer Department of Defense			PAID \$ 0.00	DATE DUE	%	S 91.90	CALENDAR YEAR \$ 9,780.46 PER ELECTION**	
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$ 91.90	\$0.00	\$0.00	DATE DUE	\$0.00	02/04/2016 DATE INCURRED	s	
To the thing the things of th	Audio Visual Producer Department of Defense	\$91.90	\$0.00	\$ 0.00 FORGIVEN		RATE %	\$91.90 02/18/2016 DATE INCURRED	\$ 9,780.46 PER ELECTION***	
Brady McCarron	Audio Visual Producer Department of Defense			▼ PAID \$ 1,430.26 □ FORGIVEN	5,622.59	RATE	\$ <u>10,000.00</u>	CALENDAR YEAR \$9,780.46 PER ELECTION***	
TO IND COM OTH PTY SCC		\$ 7,052.87	80.00	\$0.00	DATE DUE	\$ 93.90	03/08/2016 DATE INCURRED	\$	
		SUBTOTALS \$	0.00	1,430.	28\$ 5,906.39	\$ 93.90			

†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

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

Schedule B Part 1 (Continuation Sheet) Loans Received Amounts may be to whole dol								^{IA} 460
SEE INSTRUCTIONS ON REVERSE					through09/2	4/2016	Page 11	of <u>16</u>
NAME OF FILER							I.D. NUMBER	
McCarron for Perris City Council 2016							1374036	
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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Bradv McCarron	Audio Visual Producer Department of Defense			PAID \$ 0.00	91.90	RATE %	\$91.90	CALENDAR YEAR \$ 9,780.46 PER ELECTION*
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$ 91.90	\$0.00	\$0.00	DATE DUE	\$	03/17/2016 DATE INCURRED	\$
Brady McCarron	Audio Visual Producer Department of Defense			PAID \$ 0.00	91.90	RATE %	\$91.90	\$ 9,780.46 PER ELECTION*
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$91.90	\$0.00	\$0.00	DATE DUE	\$0.00	04/28/2016 DATE INCURRED	\$
Brady McCarron	Audio Visual Producer Department of Defense			PAID \$0.00	91.90	%	\$91.90	\$ 9,780.46
† IND □ COM □ OTH □ PTY □ SCC		\$91.90	\$0.00	\$ 0.00	DATE DUE	\$0.00	06/10/2016 DATE INCURRED	s
Brady McCarron	Audio Visual Producer Department of Defense			PAID S 0.00 FORGIVEN	91.90	RATE %	\$91.90	CALENDAR YEAR \$ 9,780.46 PER ELECTION*
†□ IND □ COM □ OTH □ PTY □ SCC		\$ 91.90	\$0.00	30.00	DATE DUE	\$0.00	06/23/2016 DATE INCURRED	\$
		SUBTOTALS \$	0.00	\$ 0.0	00\$ 367.60	\$ 0.00		

†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

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

Schedule B – Part 1 (Continual Loans Received	tion Sheet) Amo	Amounts may be rounded to whole dollars.			Statement cov	ers period	CALIFORNI FORM	^A 460
SEE INSTRUCTIONS ON REVERSE					through 09/2	4/2016	Page 12	of <u>16</u>
NAME OF FILER							I.D. NUMBER	
McCarron for Perris City Council 2016							1374036	
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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOI	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Brady McCarron	Audio Visual Producer Department of Defense			S 0.00	s 3,714.57	5.991 % RATE	\$_3,714.57	\$ 9,780.46 PER ELECTION**
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$0.00	\$ 3,714.57	\$ 0.00	DATE DUE	\$0.00	08/12/2016 DATE INCURRED	\$
Brady McCarron	Audio Visual Producer Department of Defense			\$ 0.00	91.90	RATE	\$ 91.90	\$ 9.780.46 PER ELECTION ***
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$	\$ 91.90	\$0.00	DATE DUE	\$0.00	09/01/2016 DATE INCURRED	s
† IND COM OTH PTY SCC		\$	\$	PAID S———————————————————————————————————	DATE DUE	% RATE	\$	SPER ELECTION ***
				PAID FORGIVEN	. 1	RATE %	\$	CALENDAR YEAR \$ PER ELECTION ***
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	3,806.47	0.	3,806.47	\$ 0.00		

†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

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

Schedul Nonmor	le C netary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers p		CALIFO	
					fron	07/01/201	.6	FOI	KIVI
SEE INSTRUCT	TIONS ON REVERSE				thro	ugh 09/24/201	.6	Page	13 of 16
MaGamman 6	ian Pannia Gitu Ganasil 2016							1374036	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	DA CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/01/2016	RockFilmz	□IND □COM ⊠OTH □PTY □SCC		Video packages filming, producing, edi		4,500.00		4,500.00	
08/29/2016	So Cal Graphics	□IND □COM ☑OTH □PTY □SCC		Yard signs		700.00		700.00	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labe	led continuat	ion sheets.	SUBTO	TAL \$	5,200.00			
		.							
1. Amount	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)	/ contributions).		\$ _	5,200.0	IND	ntributor Cod – Individual II – Recipient	: Committee
2. Amount	received this period – unitemized nonmonet	ary contributio	ns of less than \$100		\$_	0.0			an PTY or SCC) g., business entity) arty
	nmonetary contributions received this period. es 1 and 2. Enter here and on the Summary		n A, Lines 4 and 10.)	ТОТА	L \$_	5,200.0	sco		ntributor Committee

					SCHEDULE				
Schedule E		Amounts may be rounded				vers period	CALIFO		
Payments Made	to whole d	ollars.		fro	om07/	01/2016	FOF	RM TOO	
					ough 09/	24/2016	Bass	14 of 16	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				Line	ough		I.D. NUM		
McCarron for Perris City Council 2016							137403	6	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munication d appearan ses lating survey rese ivery and r	s ces	RAI RFL SAI TEL TRC TRS S TSF VO'	radio airtime returned co campaign w t.v. or cable candidate tr staff/spouse transfer bet voter registi	e and production ntributions vorkers' salaries airtime and produced, lodging, and travel, lodging, and travel, todging, aween committees	uction costs I meals and meals s of the san	ne candidate/sponso	
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO EXTER I.D. NUMBER)		CODE	OR	DESCRIPTI	ON OF PAYMEN	r		AMOUNT PAID	
Hakan Jackson		CNS						250.0	
VistaPrint		CMP						43.1	
City of Perris		FIL						525.0	
* Payments that are contributions or independent expenditures	must also be summ	arized on	Schedule D.	•		SUI	BTOTAL\$	818.1	
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	**********	*****************	*************			\$	4,536.35	
2. Unitemized payments made this period of under \$100									
3. Total interest paid this period on loans. (Enter amount from									
•	-								

Schedule (Continua		Sheet)
Payments	Mad	ie

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.) Statement covers period

from.	07/01/2016	FORM	460

SEE INSTRUCTIONS ON REVERSE	through 09/24/2016	Page 15 of 16
NAME OF FILER		I.D. NUMBER
McCarron for Perris City Council 2016		1374036

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 RFD returned contributions MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET FIL candidate filing/ballot fees PHO phone banks TRC 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)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor ND POS LEG legal defense PRO professional services (legal, accounting) VOT voter registration

campaign literature and mailings Ш PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	0	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hakan Jackson	CNS			250.00
Rotary Club Of Perris	cvc			100.00
AMAC LLC	LIT			982.8
La Gare Cafe	FND			150.00
VistaPrint	CMP			72.50
* Payments that are contributions or independent expenditures must also be summarized or	Schadula		CII	BTOTAL \$ 1,555.37

Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do		Statement covers period from 07/01/2016	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			through <u>09/24/2016</u>	Page 16 of 16		
NAME OF FILER McCarron for Perris City Council 2016				I.D. NUMBER 1374036		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CMS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FET petition circulating FIL candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* ND independent expenditure supporting/opposing others (explain)* COPC describe the payment. MBR member communications meetings and appearances MFD meetings and appearances MFD office expenses OFC office expenses O						
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR I	DESCRIPTION OF PAYMENT	AMOUNT PAID		
Hakan Jackson		CNS		250.0		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OF	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Hakan Jackson	CNS			250.00
A-Z Printing	LIT			712.80
Hang-M-Hi	PRO			1,200.00

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

SUBTOTAL \$

2,162.80