

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
JAN - 9 2015	Page <u>1</u> of <u>5</u>
	For Official Use Only

Statement covers period from <u>10-19-14</u> through <u>12-31-14</u>	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.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information:

I.D. NUMBER
1328883

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

FORREST WHITE FOR COUNCIL 2014
STREET ADDRESS (NO. P.O. BOX)
165 N. DAUBENBERGER RD.
CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK CA 95380 209-632-3468
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 2014
CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK CA 95381
OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
MARISSA LEIGER
MAILING ADDRESS
4502 PRAIRE FALCON WAY
CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK CA 95382 209-668-8095
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 12-9-15
Date
Executed on 12-9-15
Date
Executed on _____
Date
Executed on _____
Date

By Marissa Geiger
Signature of Treasurer or Assistant Treasurer
By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent
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 FORM	460
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

FORREST WHITE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

TURLOCK CITY COUNCIL

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

165 N. DAUBENBERGER RD. TURLOCK
CA 95380

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
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NAME OF TREASURER	CONTROLLED COMMITTEE?
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YES 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?
-------------------	-----------------------

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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7. Primarily Formed Candidate/Officeholder 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="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---------------------------------------------------------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---------------------------------------------------------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 from <u>10-19-14</u> through <u>12-31-14</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>13288P3</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

FORREST WHITE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>0</u>	\$ <u>7380.98</u>
2. Loans Received Schedule B, Line 3	\$ <u>-1000.00</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>-1000.00</u>	\$ <u>7380.98</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>150.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>-1000.00</u>	\$ <u>7530.98</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	7/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>744.40</u>	\$ <u>7013.43</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>744.40</u>	\$ <u>7013.43</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>150.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>744.40</u>	\$ <u>7163.43</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u>1 / 1</u>	\$ _____
<u>1 / 1</u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 18	\$ <u>2143.58</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>-1000.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>744.40</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14; then subtract Line 15	\$ <u>399.18</u>

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).

*Amounts in this section may be different from amounts reported in Column B.

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _____
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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>

**Schedule B - Part 1
Loans Received**

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

Statement covers period
from 10-19-14
through 12-31-14

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FORREST WHITE

I.D. NUMBER

1328883

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
FORREST WHITE 165 N. DAUBENBERGER RD. TURLOCK, CA 95380 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 1000-	\$ 0	<input checked="" type="checkbox"/> PAID \$ 1000- <input type="checkbox"/> FORGIVEN	\$ 0 DATE DUE	0% RATE	\$ 1000- 5-13-14 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION** \$ 0
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$								

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 1000-
(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 \$ -1000-
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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 E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>10-19-14</u>	CALIFORNIA FORM 460
through <u>12-31-14</u>	
Page <u>5</u> of <u>5</u>	
I.D. NUMBER <u>1328883</u>	

SEE INSTRUCTIONS ON REVERSE
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FORREST WHITE

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, airline and production costs.
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airline and production costs
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
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>JOHN MILES</u> <u>TURLOCK, CA 95380</u>		<u>PRINTING</u>	<u>57.62</u>
<u>FERNANDES ADVERTISING</u> <u>2902 PACIFIC AVE.</u> <u>STOCKTON, CA 95204</u>	<u>PRO</u>	<u>CREATIVE FOR ADVERTISING</u>	<u>500.00</u>
<u>FORREST WHITE</u> <u>165 N. DAUBENBERGER RD.</u> <u>TURLOCK, CA 95380</u>		<u>MISC. PRINTING SUPPLIES,</u> <u>PAPER, ETC.</u>	<u>186.78</u>

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

SUBTOTAL \$ 744.40

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>744.40</u>
2. Unitemized payments made this period of under \$100	\$	<u>0</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.)	TOTAL \$	<u>744.40</u>