

**Recipient Committee
Campaign Statement
Cover Page**

<p>RECEIVED</p> <p>Date Stamp JAN 23 2016</p> <p>Office of the City Clerk</p>	<p>CALIFORNIA FORM 460</p>
	<p>Page <u>1</u> of <u>3</u></p> <p>For Official Use Only</p>

<p>Statement covers period from <u>7-1-15</u> through <u>12-31-15</u></p>	<p>Date of election if applicable: (Month, Day, Year)</p>
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SEE INSTRUCTIONS ON REVERSE

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

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

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
(Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1325883

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

FORREST WHITE FOR COUNCIL 2014
 STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK CA 95380 209-632-3469
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MARISSA GEIGER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
TURLOCK CA 95382 209-668-8085

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 1-28-16
Date

Executed on 1-26-16
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**

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
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
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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
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

Attach continuation sheets if necessary

Disclosure Statement
Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7-1-15</u> through <u>12-31-15</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>1328883</u>

ON REVERSE

FORREST WHITE

Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Schedule A, Line 3	\$ <u>0</u>	\$ <u>0</u>
Debits Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
NET CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
Other contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
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	\$ _____	\$ _____

Made	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Debits Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>
Other debits Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
NET PAYMENTS Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>
Other payments (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
DEBITURES MADE Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>0</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
____/____/____	\$ _____
____/____/____	\$ _____

Statement	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
Balance Previous Summary Page, Line 16	\$ <u>1122⁷⁶</u>
..... Column A, Line 3 above	\$ <u>0</u>
Increases to Cash Schedule I, Line 4	\$ <u>0</u>
..... Column A, Line 8 above	\$ <u>0</u>
BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1122⁷⁶</u>

tion 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).

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

NET DEBITS RECEIVED Schedule B, Part 2	\$ <u>0</u>
Assets and Outstanding Debts	
Assets See instructions on reverse	\$ <u>0</u>
Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u>