

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period From <u>07/01/2015</u> through <u>12/31/2015</u>	Date of election if applicable: (Month, Day, Year) <u>06/07/2016</u> FILED 16 FEB - 1 PM 4:20 SANTA CRUZ COUNTY ELECTION DEPARTMENT	Date Stamp FILED 16 FEB - 1 PM 4:20 SANTA CRUZ COUNTY ELECTION DEPARTMENT	CALIFORNIA FORM 460
			Page <u>1</u> of <u>13</u> For Official Use Only

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
- Primarily Formed Ballot Measure Committee
- 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 *(Also file a Form 410 Termination)*
- Amendment *(Explain below)*
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Federal Glover for Supervisor 2016

I.D. NUMBER
991595

Treasurer(s)

NAME OF TREASURER
Ms. Sonia Manuel

STREET ADDRESS (NO P.O. BOX)
4314 Foothill Way
CITY
Pittsburg
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY
Pittsburg
STATE
CA
ZIP CODE
94565
AREA CODE/PHONE
(925) 229-3591
OPTIONAL: FAX / E-MAIL ADDRESS

MAILING ADDRESS
4721 Matternhorn Court
CITY
Antioch
STATE
CA
ZIP CODE
94531
AREA CODE/PHONE
(925) 427-8138
NAME OF ASSISTANT TREASURER, IF ANY
Ms. Stacy Owens
MAILING ADDRESS
5940 College Ave.
CITY
Oakland
STATE
CA
ZIP CODE
94618
AREA CODE/PHONE
(510) 652-1000
OPTIONAL: FAX / E-MAIL ADDRESS

I certify that the information in this statement and in the attached schedule is true and correct to the best of my knowledge and in the attached schedule.

By Sonia Manuel Signature of Treasurer of Assistant Treasurer
By Stephan D. ... Signature of Controlling Officer/Candidate, State Measure # _____
By _____ Signature of Controlling Officer

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mr. Federal Glover
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
County Supervisor: Contra Costa County District 5
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
4314 Foothill Way Pittsburg CA 94565

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	CONTROLLED COMMITTEE?
Supervisor Federal Glover Office Holder Account	1244440	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Sonia Manuel		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
4314 Foothill Way		
CITY	STATE	ZIP CODE
Pittsburg	CA	94565
		AREA CODE/PHONE
		(925) 229-3591
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
 SUPPORT
 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 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	SUPPORT <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

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2015 through 12/31/2015

CALIFORNIA FORM **460**

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I.D. NUMBER 991595

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Federal Glover for Supervisor 2016

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions	\$ 13,550.00	\$ 13,550.00
2. Loans Received	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 13,550.00	\$ 13,550.00
4. Nonmonetary Contributions	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 13,550.00	\$ 13,550.00
Expenditures Made		
6. Payments Made	\$ 1,934.19	\$ 1,984.19
7. Loans Made	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	\$ 1,934.19	\$ 1,984.19
9. Accrued Expenses (Unpaid Bills)	\$ -202.07	\$ 585.05
10. Nonmonetary Adjustment	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	\$ 1,732.12	\$ 2,569.24

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Current Cash Statement		
12. Beginning Cash Balance	\$ 25,757.01	
13. Cash Receipts	\$ 13,550.00	
14. Miscellaneous Increases to Cash	\$ 0.00	
15. Cash Payments	\$ 1,934.19	
16. ENDING CASH BALANCE	\$ 37,372.82	
<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED	\$ 0.00	
Cash Equivalents and Outstanding Debts		
18. Cash Equivalents	\$ 0.00	
19. Outstanding Debts	\$ 585.05	

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.

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

1/1 through 6/30 7/1 to Date

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 \$ _____

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

CALIFORNIA
FORM
460

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2015
through 12/31/2015

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NAME OF FILER

Federal Glover for Supervisor 2016

I.D. NUMBER
991595

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TODAY DATE <small>(IF REQUIRED)</small>
12/31/2015	Marie Adler-Garaventa 3431 Walnut Avenue Concord, CA 94519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Garaventa Enterprise	1,000.00	1,000.00	P2016 \$1,000.00
12/31/2015	Alameda - Contra Costa Physician's Committee <small>(ID# 871521)</small> 6230 Claremont Avenue Oakland, CA 94618	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	P2016 \$750.00
12/31/2015	Contra Costa Centre Association 1350 Treat Blvd. Ste 180 Walnut Creek, CA 94597	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P2016 \$500.00
12/31/2015	Contra Costa County Deputy Sheriff's Association <small>(ID# 880929)</small> 1780 Muir Rd. 94553, CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P2016 \$100.00
12/31/2015	Myrna de Vera 1018 Victoria Park Hercules, CA 94547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent Self	100.00	100.00	P2016 \$100.00
SUBTOTAL \$				2,450.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals) \$ 13,550.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 13,550.00

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2015
through 12/31/2015

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NAME OF FILER: Federal Glover for Supervisor 2016
I.D. NUMBER: 991595

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
12/31/2015	Salvatore Enea 315 Jimmo Avenue Pittsburg, CA 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2016 \$100.00
12/31/2015	Greg Enholm 371 Rapallo Lane Bay Point, CA 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Devry University	50.00	50.00	P2016 \$50.00
12/31/2015	Mrs. Mary Erbez 163 Redondo Drive Pittsburg, CA 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	50.00	50.00	P2016 \$50.00
12/31/2015	General Teamsters Local Union # 315 PAC (ID# 861299) 2727 Alhambra Avenue Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P2016 \$600.00
12/31/2015	Gray-Bowen-Scott 1676 N California Boulevard Ste 400 Walnut Creek, CA 94596	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P2016 \$500.00
SUBTOTAL \$				1,200.00		

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2015
through 12/31/2015

SCHEDULE A (CONT.)
**CALIFORNIA
FORM 460**

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I.D. NUMBER
991595

NAME OF FILER
Federal Glover for Supervisor 2016

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2015	International Association of Fire Fighters Local 1230 PAC (ID# 744488) 555 Capitol Mall, Suite 1425 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		750.00	750.00	P2016 \$750.00
12/31/2015	Randy Iwasaki 634 Dapplegray Court Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Contra Costa Transportation Authority	100.00	100.00	P2016 \$100.00
12/31/2015	Jim Frazier for Assembly 2016 (ID# 1341437) 2401 Waterman Blvd Suite 4 Fairfield, CA 94533	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00	50.00	P2016 \$50.00
12/31/2015	Law Office of Michael Woods 18880 Carriger Road Sonoma, CA 95476	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P2016 \$500.00
12/31/2015	Law Offices of Brian D Thiessen 43 Quail Court #202 Walnut Creek, CA 94596	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00	50.00	P2016 \$50.00
SUBTOTAL \$				1,450.00		

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(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2015
through 12/31/2015

SCHEDULE A (CONT)
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NAME OF FILER
Federal Glover for Supervisor 2016

I.D. NUMBER
991595

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
12/31/2015	Odessa LeFrancois 4228 Amargosa Drive Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stylist Self	150.00	150.00	P2016 \$150.00
12/31/2015	James McMillian 1362 Santa Clara Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2016 \$100.00
12/31/2015	NRG 211 Carnegie Center Princeton, NJ 08540	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,675.00	1,675.00	P2016 \$1,675.00
12/31/2015	Gail Pearson 4068 Granada Drive Pittsburg, CA 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Memberships Pittsburg Historical Society	100.00	100.00	P2016 \$100.00
12/31/2015	Daniel Pellegrini 2207 Boulder Creek Court Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Self	100.00	100.00	P2016 \$100.00
SUBTOTAL \$				2,125.00		

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2015
through 12/31/2015

SCHEDULE A (CONT)
**CALIFORNIA
FORM 460**

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NAME OF FILER
Federal Glover for Supervisor 2016

I.D. NUMBER
991595

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
12/31/2015	Plumbing Industry Consumer Protection Fund United Association Local No. 159 (ID# 862085) 1308 Roman Way Martinez, CA 94553	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,675.00	1,675.00	P2016 \$1,675.00
12/31/2015	Veronica Pope 3982 Alta Vista Circle Pittsburg, CA 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director People Who Care Children Association	100.00	100.00	P2016 \$100.00
12/31/2015	Republic Services 18500 N. Allied Way Phoenix, AZ 85054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,675.00	1,675.00	P2016 \$1,675.00
12/31/2015	Wilfred Scott 251 Benjamin Avenue Pittsburg, CA 94565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	P2016 \$100.00
12/31/2015	The Dow Chemical Company 901 Loveridge Road Pittsburg, CA 94565	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,675.00	1,675.00	P2016 \$1,675.00
SUBTOTAL \$				5,225.00		

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2015
through 12/31/2015

SCHEDULE A (CONT.)
CALLIFORNIA FORM 460

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NAME OF FILER: Federal Glover for Supervisor 2016
I.D. NUMBER: 991595

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
12/31/2015	Three Springs Ranch 10030 Marsh Creek Road Clayton, CA 94517	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P2016 \$500.00
12/31/2015	United Veterans Council Inc 150 Muir Road Martinez, CA 94553	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		550.00	550.00	P2016 \$550.00
12/31/2015	Cindy Welles 339 Wellington Avenue Concord, CA 94520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	50.00	50.00	P2016 \$50.00
SUBTOTAL \$				1,100.00		

*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 E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E
CALIFORNIA
FORM
460

Statement covers period
from 07/01/2015
through 12/31/2015

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I.D. NUMBER
991595

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Federal Glover for Supervisor 2016

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

- GMP 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 communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
Lynn Enea 315 Jimno Avenue Pittsburg, CA 94565	FND			734.12
Farm It Out 8407 Regnier Road Hebron, IL 60034	LIT			287.50
Secretary of State 1500 11th Street Sacramento, CA 95814	FIL			50.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				
SUBTOTAL \$				1,071.62

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,858.74
2. Unitemized payments made this period of under \$100 \$ 75.45
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1,934.19

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2015
through 12/31/2015

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Federal Glover for Supervisor 2016

I.D. NUMBER
991595

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 | 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 airtime 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) | VOI | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Henry Levy Group 5940 College Avenue, Ste. F Oakland, CA 94618	PRO	787.12	0.00	787.12	0.00
The Henry Levy Group 5940 College Avenue, Ste. F Oakland, CA 94618	PRO	0.00	585.05	0.00	585.05
SUBTOTALS \$		787.12	585.05	787.12	585.05

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 585.05
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 787.12
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -202.07

