

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

**CALIFORNIA FORM 460**

Page 1 of 1

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 09/25/2016  
through 10/22/2016

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

NOVEMBER 08, 2016

FILED  
16 OCT 27 PM 1:07  
SANTA CLAY COUNTY  
ELECTION DEPARTMENT

**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

**3. Committee Information**

I.D. NUMBER  
1378707

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
JOY MOTTS FOR ANTIOCH SCHOOL BOARD- 2016

STREET ADDRESS (NO P.O. BOX)

419 WEST FIFTH STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
ANTIOCH	CA	94509	925 813-0036

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

N/A

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

joymotts@gmail

**Treasurer(s)**

NAME OF TREASURER

DONALD P. FREITAS

MAILING ADDRESS

2408 WHITETAIL DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
ANTIOCH	CA	95631	925 628-0456

NAME OF ASSISTANT TREASURER, IF ANY

N/A

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 October 26, 2016  
Date

Executed on October 26, 2016  
Date

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

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

By Donald P. Freitas  
Signature of Treasurer or Assistant Treasurer

By Joanna E. Motts  
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

# Recipient Committee Campaign Statement Cover Page — Part 2

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JOY MOTTS

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

TRUSTEE- ANTIOCH UNIFIED SCHOOL DISTRICT

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

419 WEST FIFTH STREET ANTIOCH CA 94509

**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?

☐ 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

☐ 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  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOY MOTTS FOR ANTIOCH SCHOOL BOARD- 2016

Statement covers period from 09/25/2016 through 10/22/2016	<b>CALIFORNIA FORM 460</b> Page 3 of 7 I.D. NUMBER 1378707
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## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 4,004.00	\$ 10,597.00
2. Loans Received..... Schedule B, Line 3	\$ -0-	\$ -0-
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 4,004.00	\$ 10,597.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ -0-	\$ -0-
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 4,004.00	\$ 10,597.00

## 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

6. Payments Made..... Schedule E, Line 4	\$ 4,216.90	\$ 11,131.47
7. Loans Made..... Schedule H, Line 3	\$ -0-	\$ -0-
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 4,216.90	\$ 11,131.47
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ -0-	\$ -0-
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ -0-	\$ -0-
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 4,216.90	\$ 11,131.47

## 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
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 1,200.73
13. Cash Receipts..... Column A, Line 3 above	4,004.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	-0-
15. Cash Payments..... Column A, Line 8 above	4,216.90
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 987.83

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ N/A
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ N/A
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ N/A

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.

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOY MOTTS FOR ANTIOCH SCHOOL BOARD- 2016

Statement covers period  
from 09/25/2016  
through 10/22/2016

CALIFORNIA  
FORM 460

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I.D. NUMBER  
1378707

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/26/2016	Selina S Button 320 West 8th Street Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President of Technology Bank of America	\$100.00	\$200.00	
10/01/2016	William Bolio 368 Pecan Place Brentwood, CA 94513-1911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired School Principal	\$200.00	\$400.00	
10/01/2016	United Faculty of Contra Costa Community College District PAC Fund 321 Golf Club Rd. F.O.Box121 Pleasant Hill, CA 94523	<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	
10/05/2016	Vince Anderson 416 West Sixth Street Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$300.00	\$300.00	
10/10/2016	Kellie R. Cavallaro 2106 Vaquero Way Antioch, CA 94509-5846	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Antioch Unified School District	\$100.00	\$100.00	
SUBTOTAL \$				800.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 3,400.00
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 604.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 4,004.00

### \*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.

SCHEDULE A (CONT.)

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>	<b>CALIFORNIA FORM 460</b> Page <u>5</u> of <u>7</u>
I.D. NUMBER <b>1378707</b>	

NAME OF FILER

JOY MOTTS FOR ANTIOCH SCHOOL BOARD- 2016

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/2016	Plumbing Industry Consumer Protection Fund United Association Local No. 159 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		\$500.00	\$500.00	
09/30/2016	Mr. Mark Jordan, Broker, DBA 2830 Lone Tree Way Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RE/ MAX Preferred Propreties	\$100.00	\$100.00	
09/30/2016	Northern California Carpenters Regional Council Small Contributor Committee 265 Hegenberger Road, Suite 200 Oakland, CA 94621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	FPPC # 972104	\$500.00	\$500.00	
09/30/2016	Antioch Education Association P.O. Box 2586 Antioch, CA 94531-2566	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC # 1248555	\$1,500.00	\$2,003.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				2,600.00		

**\*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

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>	<b>CALIFORNIA FORM 460</b> Page <u>6</u> of <u>7</u> ID NUMBER <u>1378707</u>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

JOY MOTTS FOR ANTIOCH SCHOOL BOARD- 2016

**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)	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
Bay Area News Group/ East Bay Antioch, CA 94509		Newspaper Advertising	\$325.00
CGC - Cliff Glickman Communications 1555 Botelho Drive #335 Walnut Creek, CA 94596	CNS		\$2,500.00
Mike Burkholder 5036 Montevino Way Oakley, CA	CNS		\$250.00

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

**SUBTOTAL \$ 3075.00**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 4,066.90
2. Unitemized payments made this period of under \$100	\$ 150.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ -0-
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 \$ 4,216.90</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOY MOTTS FOR ANTIOCH SCHOOL BOARD- 2016

**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)	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
COCODEMS Democratic Party of Contra Costa County 702 Windmill Court Concord, CA 94518	LIT		\$195.00
Baseline Resources 1630 North Main Street, Suite 290 Walnut Creek, CA 94596	LIT		\$844.75

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

**SUBTOTAL \$ 991.90**