

**Recipient Committee
Campaign Statement**

Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

REGISTRATION AND
ELECTIONS DIV

Date Stamp: 2016 JAN 25 PM 1:01

CALIFORNIA
FORM **460**

1 16

For Official Use Only

STANISLAUS COUNTY
CLERK-RECORDER

Statement covers period

from July 1, 2015

through December 31, 2015

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.

- 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 (Also Complete Part 6)
 - 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)

Friends to Re-Elect Sheriff Adam Christianson 2018

STREET ADDRESS(NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE PHONE

OPTIONAL : FAX/E-MAIL ADDRESS

Fax: 209-551-8422 chradam@stanislaussheriff.com

I. D. NUMBER

1281696

Treasurer(s)

NAME OF TREASURER

Linda A. Ridenour

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/ PHONE

209-595-3660

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/ PHONE

OPTIONAL : FAX/E-MAIL ADDRESS

Fax: 209-567-2506 ridenourl@att.net

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 01/15/16

Executed on 01/15/16

Executed on _____

Executed on _____

By _____

By _____

By _____

By _____

By _____

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

Type or print in ink.

CALIFORNIA FORM	460
_ 2 _ 16 _	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Friends to Re-Elect Sheriff Adam Christianson 2018

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sheriff of Stanislaus County 2018

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

Related Committees Not Included in this Statement: List any committees

not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to 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 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 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

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 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

Campaign Disclosure Statement Summary Page

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

Statement covers period		SUMMARY PAGE	
from	7/1/2015	CALIFORNIA FORM 460	
through	12/31/2015	Page <u>3</u> of <u>16</u>	
		I. D. NUMBER 1281696	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends to Re-Elect Sheriff Adam Christianson 2018

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)
1. Monetary Contributions.....Schedule A, Line 3	\$ 15,698.00	\$ -
2. Loans ReceivedSchedule B, Line 3	\$ -	\$ -
3. SUBTOTAL CASH CONTRIBUTIONS.....Add Lines 1 + 2	\$ 15,698.00	\$ -
4. Nonmonetary ContributionsSchedule C, Line 3	\$ 1,025.00	\$ -
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ 16,723.00	\$ -

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

20 Contributions Received	\$	\$
21 Expenditures Made	\$	\$

Expenditures Made

	Column A	Column B*
6. Payments MadeSchedule E, Line 4	\$ 20,738.26	\$ -
7. Loans MadeSchedule H, Line 3	\$ -	\$ -
8. SUBTOTAL CASH PAYMENTSAdd Lines 6 + 7	\$ 20,738.26	\$ -
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	\$ -	\$ -
10. Nonmonetary AdjustmentSchedule C, Line 3	\$ 1,025.00	\$ -
11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10	\$ 21,763.26	\$ -

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
___/___/___	\$ _____
___/___/___	\$ _____

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

Current Cash Statement

12. Beginning Cash BalancePrevious Summary Page, Line 16	\$9,099.64
13. Cash ReceiptsColumn A, Line 3 above	\$ 15,698.00
14. Miscellaneous Increases to CashSchedule I, Line 4	\$ -
15. Cash PaymentsColumn A, Line 8 above	\$ 20,738.26
16. ENDING CASH BALANCE ..Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,059.38

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

17. LOAN GUARANTEES RECEIVED.....Schedule B, Part I, Column (b)

Cash Equivalents and Outstanding Debts

18. Cash EquivalentsSee instructions on reverse	\$ -
19. Outstanding DebtsAdd Line 2 + Line 9 in Column C above	\$ -

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).

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA	
from	7/1/15	FORM	
through	12/31/15	460	
		Page	4 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Friends to Re-Elect Sheriff Adam Christianson 2018	I. D. NUMBER 1281696
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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)
09/23/15	Helen B. Johnson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 50.00	\$ 50.00	
09/09/15 PP	Michael McNulty [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Sierra Pacific	\$ 1,000.00	\$ 1,000.00	
10/19/15 PP	Jim Duarte [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Farmer	\$ 200.00	\$ 200.00	
08/31/15 PP	Evan Porges [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Prime Shine Carwash	\$ 1,000.00	\$ 1,000.00	
08/31/15 PP	Dan Costa [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Noble Outfitters	\$ 500.00	\$ 500.00	
SUBTOTAL				\$ 2,750.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 15,698.00
2. Amount received this period – unitemized contributions of less than \$100.....	_____
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL	\$ 15,698.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460	
from	7/1/2015		
through	12/31/2015	Page 5 of 16	
I. D. NUMBER		1281696	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Re-Elect Sheriff Adam Christianson 2014

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/04/15	Heritage Ford [REDACTED]	<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	
09/01/15	California Poultry Federation Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,000.00	\$ 1,000.00	
09/19/15	Sue Fenton [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 100.00	\$ 100.00	
09/08/15	Douglas M. Ridenour [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 100.00	\$ 100.00	
09/02/15	Curtis R. Grant [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 100.00	\$ 100.00	
SUBTOTAL				\$ 1,800.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
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SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA	
from	7/1/2015	FORM	460
through	12/31/2015	Page	6 of 16

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I. D. NUMBER
1281696

Friends to Re-Elect Sheriff Adam Christianson 2014

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/18/15	Donald J. Paukert, Sr. [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 100.00	\$ 100.00	
09/08/15	Never Boring Associates, Inc. [REDACTED]	<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	
09/02/15	Anthony E. Nagy [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 100.00	\$ 100.00	
09/02/15	Superior Fruit Ranch, Inc. [REDACTED]	<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	
08/10/15	D & S Ranch [REDACTED]	<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	
SUBTOTAL				\$ 1,250.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
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SCHEDULE A

Statement covers period		CALIFORNIA FORM	460
from	7/1/2015		
through	12/31/2015	Page	7 of 16

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

I. D. NUMBER
 1281696

Friends to Re-Elect Sheriff Adam Christianson 2014

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
08/13/15	Bivio Transport and Logistics Company, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,000.00	\$ 1,000.00	
09/10/15	Carl Boyett [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Boyett Petroleum	\$ 500.00	\$ 500.00	
09/03/15	Storer Transportation Service [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 300.00	\$ 300.00	
09/01/15	Paul E. Warda [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 100.00	\$ 100.00	
09/03/15	Erich Haidlen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Haidlen Ford	\$ 99.00	\$ 99.00	
SUBTOTAL				\$ 1,999.00		

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 (other than PTY or SCC)
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460	
from	7/1/2015	Page	8 of 16
through	12/31/2015	I. D. NUMBER	
		1281696	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends to Re-Elect Sheriff Adam Christianson 2014

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/01/15	JKB Energy Corp [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 300.00	\$ 300.00	
08/31/15	Ross W. Lee, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 99.00	\$ 99.00	
08/18/15	Paul M. Zagaris, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 250.00	\$ 250.00	
09/04/15	Roger M. Schrimp [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Damrell, Nelson, Schrimp, Pallios	\$ 100.00	\$ 100.00	
08/31/15	Bruce Valentine [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 100.00	\$ 100.00	
SUBTOTAL				\$ 849.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA		460
from	7/1/2015	FORM		
through	12/31/2015	Page	9 of	16
		I. D. NUMBER		
		1281696		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Re-Elect Sheriff Adam Christianson 2014

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/03/15	George Beach Insurance Marketing [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 100.00	\$ 100.00	
08/14/15	V.A. Rodden, Inc. [REDACTED]	<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	
08/24/15	GFF&R [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 250.00	\$ 250.00	
08/24/15	GFF&R II [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 250.00	\$ 250.00	
08/11/15	LeRoy Del Don, Jr. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,000.00	\$ 1,000.00	
SUBTOTAL				\$ 2,100.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A

Statement covers period		CALIFORNIA	
from	7/1/2015	FORM	460
through	12/31/2015	Page	10 of 16
		I. D. NUMBER	
		1281696	

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Friends to Re-Elect Sheriff Adam Christianson 2014

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
08/11/15	Associated Feed [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,000.00	\$ 1,000.00	
08/11/15	Raymond C. Simon [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Pegasus Risk Management, Inc.	\$ 500.00	\$ 500.00	
09/03/15	The Fruit Yard, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,000.00	\$ 1,000.00	
09/10/15	Turlock Scavenger Company [REDACTED]	<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	
08/12/15	Fred C. Claus [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Rancher	\$ 500.00	\$ 500.00	
SUBTOTAL				\$ 3,500.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460	
from	7/1/2015	Page	11 of 16
through	12/31/2015	I. D. NUMBER	
		1281696	

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NAME OF FILER

Friends to Re-Elect Sheriff Adam Christianson 2014

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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09/01/15	Richard G. Hagerty [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Consultant	\$ 100.00	\$ 100.00	
08/14/15	Stephen W. Mort [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Don's Mobile Glass	\$ 200.00	\$ 200.00	
09/14/15	John T. Krieger [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 100.00	\$ 100.00	
09/19/15	Red Event Center [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,000.00	\$ 1,000.00	
09/15/15	Fred J. Cruz [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer San Joaquin Valley APCD	\$ 50.00	\$ 50.00	
SUBTOTAL				\$ 1,450.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	7/1/2015	
through	12/31/2015	Page <u>12</u> of <u>16</u>
I. D. NUMBER		1281696

SEE INSTRUCTIONS ON REVERSE

NAME FILER

Friends to Re-Elect Sheriff Adam Christianson 2014

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/19/15	Delta Brands, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY		Beer	\$ 125.00	\$ 125.00	
09/19/15	Bronco Winery [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY		Wine	\$ 700.00	\$ 700.00	
09/19/15	Jeanette Fontana [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY	Self-Employed Independent Graphic Designer	Designed Invitation	\$200.00	\$ 200.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY					

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL \$ 1,025.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 1,025.00
- Amount received this period – Unitemized nonmonetary contributions of less than \$100
..... _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4 & 10.) TOTAL \$ 1,025.00

*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**

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

SCHEDULE E

Statement covers period	CALIFORNIA	FORM 460
from 7/1/2015		
through 12/31/2015	Page 13 of 16	I. D. NUMBER
		1281696

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Re-Elect Sheriff Adam Christianson 2018

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 productions 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 (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I. D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MS Society, [REDACTED]		Donation to the MS Challenge Walk	\$ 1,000.00
Modesto Republican Women's Federation, [REDACTED]		Donation	\$ 500.00
Walmart, [REDACTED]		Unauthorized Debit - Ongoing Investigation	\$ 198.61
SUBTOTAL \$			\$ 1,698.61

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 20,714.26
2. Unitemized payments made this period of under \$100.	\$ 24.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ -
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... TOTAL	\$ 20,738.26

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E

Payments Made

Type or print in ink.

Amounts may be rounded

to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Re-Elect Sheriff Adam Christianson 2018

Statement covers period		Page 14 of 16
from	7/1/2015	
through	12/31/2015	I. D. NUMBER
		1281696

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| ÇVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting /opposing others(explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and productions costs | WEB information technology cost (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I. D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ed Foundation of Stanislaus County, [REDACTED]		Donation	\$ 750.00
Salvation Army, [REDACTED]		Donation	\$ 500.00
Kiwanis, [REDACTED]		Donation	\$ 750.00
Secretary of State, [REDACTED]		Annual Filing Fee	\$ 200.00
Never Boring, [REDACTED]		Star Logo Artwork	\$ 400.00
The Quake, [REDACTED]		DJ for Western Event - Fundraiser	\$ 550.00
Learning Quest, [REDACTED]		Donation for Literacy in Stanislaus County	\$ 200.00
CPS, [REDACTED]		Donation	\$ 250.00
Mark Cardoza, [REDACTED]		BBQ for Western Event - Fundraiser	\$ 1,210.96
Becky Gillem, [REDACTED]		Bartender for Western Event - Fundraiser	\$ 150.00
RPSC, [REDACTED]		Stanislaus County Republic Party Picnic	\$ 250.00
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.			
SUBTOTAL \$			\$ 5,210.96

Schedule E

Payments Made

Type or print in ink.

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Re-Elect Sheriff Adam Christianson 2018

Statement covers period		
from	7/1/2015	
through	12/31/2015	Page 15 of 16
		I. D. NUMBER
		1281696

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting /opposing others(explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and productions costs | WEB information technology cost (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I. D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Modesto North Rotary, [REDACTED]		Donation for Football Fundraiser	\$ 250.00
Turlock Gospel Mission, [REDACTED]		Sponsorship and Table for Annual Veteran Benefit	\$ 500.00
Peace Officer Memorial Group, Inc. [REDACTED]		Sponsorship 2015 Peace Officer Memorial Run	\$ 1,000.00
LCR, [REDACTED]		Sponsorship	\$ 320.00
The Salvation Army Modesto Corps [REDACTED]		Sponsorship for Kettle Kick-off Fundraiser	\$ 200.00
Community Hospice Foundation, [REDACTED]		Sponsorship - Fantasy of Trees	\$ 800.00
Youth for Christ, [REDACTED]		Full Page Auction Advertising	\$ 300.00
Events Unlimited, [REDACTED]		Expenses for Western Event Fundraiser	\$ 4,245.99
Stanislaus County, [REDACTED]		Challenge Coins	\$ 3,560.00
MTA Brown Mail, [REDACTED]		Expenses for Mailer	\$ 1,373.36
Gowans, [REDACTED]		Printing Expense for Cards	\$ 1,255.34
SUBTOTAL \$			\$ 13,804.69

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

