Recipient Committee	· _				COVER PAGE		
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print i	n ink.	Date Stamp	20	CALIFORNIA 460 2001/02 FORM		
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)		Page .	1 0		
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	CLERN-RELUM				
 ✓ 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)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 1	t [[Fermination]	Quarterly State Special Odd-Y Supplemental Statement - Att	⁄ear Report		
3. Committee Information	I.D. NUMBER 1278074	Treasurer(s)			-		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE FLADAGER FOR DISTRICT ATTORNEY 20 STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER STEPHEN A. CRITZEF MAILING ADDRESS CITY	R STATE	ZIP CODE	AREA CODE/PHONE		
CITY STATE ZII	209-652-4932	NAME OF ASSISTANT TREASU	RER, IF ANY		209-652-7223		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.	O. BOX	MAILING ADDRESS		······································			
CITY STATE ZIE	P CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDI	RESS				
4. Verification I have used all reasonable diligence in preparing and revie under penalty of perjury under the laws of the State of Calif	wing this statement and to the best of my knornia that the foregoing is true and correct.	nowledge the information contained he		schedules is true	and complete. I certify		
Date 01/23/2016	By J						
Executed on Date	By _						
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent				
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent		DDC Form 460 / Innuary (05)		

Paris Paris

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

	<u> </u>				
Officeholder or Candidate Controlled Com	mittee	6. Primarily For	med Ballot Measure Cor	nmittee	
NAME OF OFFICEHOLDER OR CANDIDATE BIRGIT FLADAGER		NAME OF BALLOT	MEASURE		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTINGUED	RICT NUMBER IF APPLICABLE)	BALLOT NO. OR LE	TTER JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the con	trolling officeholder, candida	ate, or state measure	proponent, if a
Related Committees Not Included in this S	tatomont: Listanianiania	NAME OF OFFICE	IOLDER, CANDIDATE, OR PROPO	NENT	
not included in this statement that are controlled by yo contributions or make expenditures on behalf of your o	u or are primarily formed to receive	OFFICE SOUGHT (OR HELD	DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?		med Candidate/Officeho candidate(s) for which this con		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	ВОХ)	NAME OF OFFICEH	OLDER OR CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF OFFICEH	OLDER OR CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEH	OLDER OR CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEH	OLDER OR CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				
CITY STATE ZIP	CODE AREA CODE/PHONE		Attach continuation sh	neets if necessary	

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE Statement covers period **CALIFORNIA** 07/01/2015 **FORM** from _ Page _____ of ____8 12/31/2015 through _

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER FLADAGER FOR DISTRICT ATTORNEY 2014 1278074

					12/00/4
Contributions Received		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	_	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	0.00	. \$	0.00	General Elections
2. Loans Received	·	0.00	*	15350.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	15350.00	20. Contributions
4. Nonmonetary Contributions		169.22	•	319.22	Received \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	169.22	\$	15669.22	21. Expenditures Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	650.00	\$	1318.29	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	650.00	\$	1318.29	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment		169.22		319.22	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	819.22	\$	1637.51	\$
Current Cash Statement					
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	20125.58	T0	calculate Column B, add	4
13. Cash Receipts Column A, Line 3 above		0.00	am	ounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	responding amounts m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		650.00	rep	oort. Some amounts in lumn A may be negative	reported in Column 5.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	19475.58	figi	ares that should be	
If this is a termination statement, Line 16 must be zero.			pe	otracted from previous riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	first report being filed this calendar year, only by over the amounts	
Cash Equivalents and Outstanding Debts	-	.		m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse		· · · · · · · · · · · · · · · · · · ·		, ,	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	15350.00			FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772

Schedule B - Part	1
Loans Received	

Type or print in ink.
Amounts may be rounded

SCHEDU	EB-	PART 1
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Loans Received	Amounts may be rounded to whole dollars.				Statement cov from07/	vers period 01/2015	CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE					through12/	31/2015	Page4	of8	
NAME OF FILER							I.D. NUMBER		
FLADAGER FOR DISTRICT ATTORNEY	/ 2014					·	1278074		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOR	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
BIRGIT FLADAGER	DISTRICT ATTORNEY			PAID				CALENDAR YEAR	
	STANISLAUS COUNTY			\$ FORGIVEN	\$ 5000.00		\$ 5000.00	\$ 15350.00 PER ELECTION**	
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$5000.00	\$0.00	\$	06/06/2006 DATE DUE	s <u>0.00</u>	07/15/2005 DATE INCURRED	\$	
BIRGIT FLADAGER	DISTRICT ATTORNEY STANISLAUS COUNTY			PAID \$ FORGIVEN	\$ 5000.00		\$ 5000.00	s 15350.00 PER ELECTION **	
†∏ IND □ COM □ OTH □ PTY □ SCC		\$_5000.00	\$	\$	06/06/2006 DATE DUE	\$0.00	08/08/2005 DATE INCURRED	\$	
BIRGIT FLADAGER	DISTRICT ATTORNEY STANISLAUS COUNTY			PAID \$ FORGIVEN	s 1500.00		\$_1500.00	CALENDAR YEAR \$ 15350.00 PER ELECTION **	
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$ <u>1500.00</u>	\$	\$	07/31/2006 DATE DUE	\$0.00	06/16/2006 DATE INCURRED	\$	
		SUBTOTALS \$	0.00\$	0.0	0 \$ 11500.00	\$ 0.00	Property Physics 1915 - 1915 1915 - 1915		
Schedule B Summary		"- 			· · · · · · · · · · · · · · · · · · ·	(Enter (e) on Schedule E, Line 3)	Transferration of the Automotive ANIES	ASSESSED BEST OF THE STATE OF STATES	
Loans received this period (Total Column (b) plus unitemized loans	s of less than \$100.)		***************************************	\$	0.00	(†C	ontributor Codes	<u>_</u>	
2. Loans paid or forgiven this period						D – Individual DM – Recipient Co (other than F TH – Other (e.g., l	PTY or SCC) business entity)		
Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.)y Page, Column A, Line 2.		•••••	NET \$	0.00		Y – Political Party C – Small Contrib		
*Amounts forgiven or paid by another party also r)							

** If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.			Statement cov	vers period 01/2015	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE	_				through12/	31/2015	Page 5	of8
NAME OF FILER FLADAGER FOR DISTRICT ATTORNEY	/ 2014			<u>L</u>			I.D. NUMBER 1278074	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMÜLATIVE CONTRIBUTION TO DATE
BIRGIT FLADAGER	DISTRICT ATTORNEY STANISLAUS COUNTY			PAID \$	\$ 1100.00		\$ <u>1100.00</u>	calendar year \$ _15350.00 PER ELECTION
TIND COM OTH PTY SCC		\$_1100.00	\$	\$	06/30/2010 DATE DUE	\$0.00	01/17/2008 DATE INCURRED	\$
BIRGIT FLADAGER	DISTRICT ATTORNEY STANISLAUS COUNTY			PAID FORGIVEN	s 750.00	0.00 _%	\$ <u>750.00</u>	\$ 15350.00 PER ELECTION
TIND □ COM □ OTH □ PTY □ SCC		\$750.00	\$	\$	06/30/2010 DATE DUE	\$8	09/07/2009	\$
BIRGIT FLADAGER	DISTRICT ATTORNEY STANISLAUS COUNTY			PAID \$ FORGIVEN	\$ 2000.00		ş <u>2000.00</u>	calendar year \$ 15350.00 PER ELECTION 1
☑ IND □ COM □ OTH □ PTY □ SCC		\$2000.00	\$	\$	06/30/2010 DATE DUE	\$0.00	01/31/2010 DATE INCURRED	\$
		SUBTOTALS \$	0.00\$	0.00	0 \$ 3850.00	\$ 0.00		
Schedule B Summary			,			(Enter (e) on Schedule E, Line 3)		The second secon
. Loans received this period (Total Column (b) plus unitemized loans	of less than \$100.)	•••••		\$	0.00	(+0	ontributor Codes	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)	•		\$	0.00	INI CC	D – Individual DM – Recipient Cor (other than F TH – Other (e.g., t	TY or SCC) pusiness entity)
 Net change this period. (Subtract Line Enter the net here and on the Summary 	2 from Line 1.) Page, Column A, Line 2.	••••••		NET \$	0.00 day be a negative number)		Y – Political Party CC – Small Contrib	

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Minne Ella

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule C Nonmonetary Contributions Received

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

	SCHEDULE C
Statement covers period 07/01/2015	CALIFORNIA 460
through 12/31/2015	Page668
	I.D. NUMBER
	1070071

NAME OF FILER

FLADAGER FOR DISTRICT ATTORNEY 2014

SEE INSTRUCTIONS ON REVERSE

						127007	-		
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)		
07/01/2015	WARD BROS. OFFICE FURNITURE, INC	□IND □COM ☑OTH □PTY □SCC		Office space/storage/furni ture use	25.00	300.00			
08/01/2015	WARD BROS. OFFICE FURNITURE, INC	□IND □COM □OTH □PTY □SCC		Office space/storage/furni ture use	25.00	300.00			
09/01/2015	WARD BROS. OFFICE FURNITURE, INC	□IND □COM ☑OTH □PTY □SCC		Office space/storage/furni ture use	25.00	300.00			
10/01/2015	WARD BROS. OFFICE FURNITURE, INC	□IND □COM ☑OTH □PTY □SCC		Office space/storage/furni ture use	25.00	300.00			
Attach add	Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 100.00								

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ 150.00
2. Amount received this period – unitemized nonmonetary contributions of less than	
3. Total nonmonetary contributions received this period.	

169.22

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

*Contributor Codes

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA ACO
from07/01/2015	FORM 46U
through 12/31/2015	Page of8
	I.D. NUMBER
	1070074

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

FLADAGER FOR DISTRICT ATTORNEY 2014

						127007-	
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/01/2015	WARD BROS. OFFICE FURNITURE, INC	□IND □COM □OTH □PTY □SCC		Office space/storage/furni ture use	25.00	300.00	
12/01/2015	WARD BROS. OFFICE FURNITURE, INC	□IND □COM IXIOTH □PTY □SCC		Office space/storage/furni ture use	25.00	300.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					,
Attach add	litional information on appropriately labele	d continuation	on sheets.	SUBTOTAL \$	50.00		

Sc	:h	ed	u	е	C	S	un	ım	ıa	ry	
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(Include all Schedule C subtotals.)	\$ 150.00
. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ 19.22
Total populations contributions received this paried	

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

FPPC Form 460 (January/05)

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

*Contributor Codes

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER FLADAGER FOR DISTRICT ATTORNEY 2014	Type or print in ink. Amounts may be round to whole dollars.	ied	Statement covers period 07/01/2015 from	Page 8 of 8
CODES: If one of the following codes accurately describe CMP 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	s the payment, you may MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey reserved POS postage, delivery and PRO professional services PRT print ads	ns ances search messenger services	RAD radio airtime and product RFD returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and product TRC candidate travel, lodging, TRS staff/spouse travel, lodging	ion costs ies production costs and meals ng, and meals tees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DIRECT FILE	OFC			600.00
* Payments that are contributions or independent expenditures n	nust also be summarized or	Schedule D.		SUBTOTAL \$ 600.00

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 600.00 2. Unitemized payments made this period of under \$100\$ 50.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 0.00 650.00

> FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)