Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp

FILED AUG 2 0 2023

CALIFORNIA FORM **460**

Page ___ of __4__

For Official Use Only

Statement covers period

from **1-1-23**

through **6-30-23**

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

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)

PLUMA▮
BY ▮▮▮

- ☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER **1271983**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Plumas County Democratic Central Committee

STREET ADDRESS (NO P.O. BOX)
▮▮▮

CITY **Quincy** STATE **CA** ZIP CODE **95971** AREA CODE/PHONE **530-283-0712**

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 1257

CITY **Quincy** STATE **CA** ZIP CODE **95971** AREA CODE/PHONE **530-283-0712**

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Ruth Jackson

MAILING ADDRESS
P.O. Box 1257

CITY **Quincy** STATE **CA** ZIP CODE **95971** AREA CODE/PHONE **530-283-0712**

NAME OF ASSISTANT TREASURER, IF ANY
Lori Simpson

MAILING ADDRESS
P.O. Box 432

CITY **Quincy** STATE **CA** ZIP CODE **95971** AREA CODE/PHONE **530-283-0317**

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the bes▮▮▮ 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 ▮▮▮

Executed on **August 20, 2023** / Date   By ▮▮▮

Executed on _____ / Date   By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ / Date   By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ / Date   By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement
Summary Page

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

Statement covers period	
from	1-1-23
through	6-30-23

CALIFORNIA FORM **460**

Page __2__ of __4__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Plumas County Democratic Central Committee

I.D. NUMBER 1271983

Contributions Received

			Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1.	Monetary Contributions	Schedule A, Line 3	$ 100.00	$
2.	Loans Received	Schedule B, Line 3	0	
3.	SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 100.00	$
4.	Nonmonetary Contributions	Schedule C, Line 3	0	
5.	TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 100.00	$

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	$ 375.00	$
7.	Loans Made	Schedule H, Line 3	0	
8.	SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 375.00	$
9.	Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	
10.	Nonmonetary Adjustment	Schedule C, Line 3	0	
11.	TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 375.00	$

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	$ 2,196.99
13.	Cash Receipts	Column A, Line 3 above	100.00
14.	Miscellaneous Increases to Cash	Schedule I, Line 4	0
15.	Cash Payments	Column A, Line 8 above	375.00
16.	ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 1,921.99

If this is a termination 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).

17.	LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0

Cash Equivalents and Outstanding Debts

18.	Cash Equivalents	See instructions on reverse	$ 0
19.	Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0

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

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

Schedule A
Monetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 1-1-23

through 6-30-23

CALIFORNIA FORM **460**

SCHEDULE A

Page 3 of 4

NAME OF FILER
Plumas County Democratic Central Committee

I.D. NUMBER
1271983

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)
6-1-23	Robert Turcotte ███████ Quincy, CA 95971	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired School Psycholgist	100.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .... $ 100.00

2. Amount received this period – unitemized monetary contributions of less than $100 .... $ Ø

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ 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

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.

SEE INSTRUCTIONS ON REVERSE

Statement covers period	SCHEDULE E
from _1-1-23_	CALIFORNIA FORM **460**
through _6-30-23_ Page _4_ of _4_	

NAME OF FILER

Plumas County Democratic Central Committee

I.D. NUMBER: **127 1983**

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
Plumas County FAIR ███████████ Quincy, CA 95971	VOT		Booth & Insurance for Voter Registration at Plumas County FAIR	375.00

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

SUBTOTAL $ 375.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $	375.00
2. Unitemized payments made this period of under $100 .... $	0
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.) .... TOTAL $	375.00