Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

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
   - Primarily Formed Candidate/Officeholder Committee
   - Controlled
   - (Also Complete Part 6)
   - Sponsored
   - (Also Complete Part 7)

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement
   - Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER: 1312103
   - Committee Name (Or Candidate's Name If No Committee): Committee to Elect Arthur J. Lopez for City Council
   - Street Address (No P.O. Box): 550 Janetwood Drive
   - City: Oxnard
   - State: CA
   - Zip Code: 93036
   - Area Code/Phone: (805) 216-2775
   - Treasurer: Susan R. Lopez
   - Mailing Address: 550 Janetwood Drive
   - City: Oxnard
   - State: CA
   - Zip Code: 93036
   - Area Code/Phone: (805) 216-7503
   - Name of Assistant Treasurer, If Any: Does not apply

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: 8-1-11
   By: Arthur J. Lopez

   Executed on: Date
   By: Signature of Controlling Officer/Candidate, State Measure Responsible Person/Officer of Sponsor

   Executed on: Date
   By: Signature of Controlling Officer/Candidate, State Measure Proponent

   Executed on: Date
   By: Signature of Controlling Officer/Candidate, State Measure Proponent

   Executed on: Date
   By: Signature of Controlling Officer/Candidate, State Measure Proponent

FPPC Form 460 (January/06)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>CITY of</th>
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<tbody>
<tr>
<td>City Council, Oxnard, CA</td>
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<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
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<tr>
<td>550 Janewood Dr</td>
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<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<tbody>
<tr>
<td>Oxnard, CA 93030</td>
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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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
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<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
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6. Primarily Formed Ballot Measure Committee

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Identify the controlling officeholder, candidate, or state measure proponent, if any.

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<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
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7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3 $ 0 $ 0
2. Loans Received .................................................. Schedule B, Line 3 $ 0 $ 0
3. SUBTOTAL CASH CONTRIBUTIONS .......................... Add Lines 1 + 2 $ 0 $ 0
4. Nonmonetary Contributions ................................. Schedule C, Line 3 $ 0 $ 0
5. TOTAL CONTRIBUTIONS RECEIVED ....................... Add Lines 3 + 4 $ 0 $ 0

### Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $ 0 $ 0
7. Loans Made ........................................................ Schedule H, Line 3 $ 0 $ 0
8. SUBTOTAL CASH PAYMENTS .............................. Add Lines 6 + 7 $ 0 $ 0
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 $ 0 $ 0

### Current Cash Statement

12. Beginning Cash Balance ................................. Previous Summary Page, Line 16 $ 0 $ 0
13. Cash Receipts .................................................. Column A, Line 3 above $ 0 $ 0
14. Miscellaneous Increases to Cash ......................... Schedule I, Line 4 $ 0 $ 0
15. Cash Payments .................................................. Column A, Line 6 above $ 0 $ 0
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 0 $ 0

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

### Cash Equivalents and Outstanding Debts

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

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

- Contributions Received: 1/1 through 6/30: $ 0; 7/1 to Date: $ 0
- Expenditures Made: $ 0

### Expenditure Limit Summary for State Candidates

- Cumulative Expenditures Made*: Date of Election (mm/dd/yyyy) Total to Date
  - 1/1/11: $ 0
  - 6/30/11: $ 0

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

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

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

<table>
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<tr>
<th>IND</th>
<th>OTH</th>
<th>PTY</th>
<th>SCC</th>
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SUBTOTALS

TOTAL

$ 0

Statement covers period from 6-20-11 through 11-1-11

California Form 460
SCHEDULE A
Page 17 of 17
<table>
<thead>
<tr>
<th>Amount of Filers</th>
<th>Name of Filer</th>
<th>Date of Receipt</th>
<th>Complete Street Address and Zip Code of Committee (or Other Number, if Any)</th>
<th>Occupation and Employer (If an Individual)</th>
<th>Amount Received</th>
<th>subtotal</th>
<th>cumulative total</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Arthur Lee Lopez</td>
<td>1/1/11</td>
<td>123 Main St, Anytown, CA 90210</td>
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Statement covers period from 1-1-11 through 6-30-11

Form 460 Page 5 of 17

SCHEDULE A (CONT.)

CALIFORNIA

460

PPC Toll-Free Helpline 866-ASK-PPC (866-275-7722)
**Schedule B – Part 1**  
Loans Received

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

Statement covers period  
from **1-1-11**  
through **6-30-11**  
Page **b** of **17**

---

**NAME OF FILER**

Arthur Joe Lopez

---

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**

- **IND** ☐  
- **COM** ☐  
- **OTH** ☐  
- **PTY** ☐  
- **SCC** ☐

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**OUTSTANDING BALANCE BEGINNING THIS PERIOD**

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<td><strong>ORIGINAL AMOUNT OF LOAN</strong></td>
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<td><strong>CUMULATIVE CONTRIBUTIONS TO DATE</strong></td>
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- **PAID** ☐  
- **FORGIVEN** ☐  
- **DATE DUE** ☐  
- **DATE INCURRED** ☐  
- **ORIGINAL AMOUNT OF LOAN** ☐  
- **CUMULATIVE CONTRIBUTIONS TO DATE** ☐

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**SUBTOTALS**

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**Schedule B Summary**

1. Loans received this period  
(Total Column (b) plus unitemized loans of less than $100.)  
$ 0

2. Loans paid or forgiven this period  
(Total Column (c) plus loans under $100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)  
$ 0

3. Net change this period. (Subtract Line 2 from Line 1.)  
Enter the net here and on the Summary Page, Column A, Line 2.  
NET $ 0  
(May be a negative number)

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

**TContributor 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 B - Part 2
### Loan Guarantors

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

---

**FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR**

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

**CONTRIBUTOR CODE**

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**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER**

(IF SELF-EMPLOYED ENTER NAME OF BUSINESS)

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**LENDER**

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**DATE**

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**LOAN**

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**AMOUNT GUARANTEED THIS PERIOD**

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**CUMULATIVE TO DATE**

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**BALANCE OUTSTANDING TO DATE**

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**SUBTOTAL $**

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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.

Statement covers period from __/__/__ through __/__/__

NAME OF FILER

Arthur Jose Lopez

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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metros additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule C Summary

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

*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 D
Summary of Expenditures
Supporting/Opposing Other Candidates, Measures and Committees

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

Statement covers period
from 1-1-11
through 6-30-11

Page 9 of 17

NAME OF FILER

Arthur Joe Lopez

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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SUBTOTAL $ 0

Schedule D Summary
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) $ 0
2. Unitemized contributions and independent expenditures made this period of under $100 $ 0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL $ 0

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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SUBTOTAL $
**Schedule E**
Payments Made

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

**Arthur Doe**

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

- **CMF** campaign paraphernalia/misc.
- **CNST** 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
- **MCR** 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)
- **PRI** 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)**

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
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<tr>
<th>AMOUNT PAID</th>
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</table>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 0
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 $ 0

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Schedule E (Continuation Sheet) Payments Made**

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

**NAME OF FILER**

**Arthur J Lopez**

**I.D. NUMBER**

**1312103**

**SCHEDULE E (CONT.)**

**STATEMENT COVERS PERIOD**

**FROM**

1-1-11

**THROUGH**

6-30-11

**CALIFORNIA FORM**

460

** Page 12 of 17**

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

- 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
- 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
- RTD 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**

OF COMMITTEE, ALSO ENTER I.D. NUMBER

**CODE**

**OR**

**DESCRIPTION OF PAYMENT**

**AMOUNT PAID**

**SUBTOTAL $**

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

---

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period from ____________ through ____________

NAME OF FILER

Arthur Joe Lopez

I.D. NUMBER 1312103

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVG civic donations
- FII 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
- OGC office expenses
- PCT petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- 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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
</table>

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

**SUBTOTALS** $ ____________ $ ____________ $ ____________ $ ____________

**Schedule F Summary**

1. 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 $ ____________

2. 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 $ ____________

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ____________ NET $ ____________

May be a negative number

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)  

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

NAME OF FILER  

Arthur  

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  

SUBTOTALS $  

0 $ 0 $ 0 $ 0  

FFPC Form 460 (January/05)  
FFPC Toll-Free Helpline: 866/ASK-FFPC (866/275-3772)
Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Arthur Joe Lopez

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SCHEDULE G
CALIFORNIA FORM 460

STATEMENT COVERS PERIOD
FROM
through

Page 15 of 17

I.D. NUMBER
1312102

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

- CAMP: campaign paraphernalia/misc.
- CNS: campaign consultants
- CTB: contribution (explain nonmonetary)*
- CVC: civic donations
- FIL: candidate filing/ballot fees
- FND: fundraising events
- 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)

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.
## Schedule H
### Loans Made to Others*

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Recipient</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>(a) Outstanding Balance Beginning This Period</th>
<th>(b) Amount Loaned This Period</th>
<th>(c) Repayment or Forgiveness This Period*</th>
<th>(d) Outstanding Balance at Close of This Period</th>
<th>(e) Interest Received</th>
<th>(f) Original Amount of Loan</th>
<th>(g) Cumulative Loans to Date</th>
<th>(h) Calendar Year</th>
<th>(i) Per Election**</th>
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*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

### Schedule H Summary

1. Loans made this period .......................................................... $____________________
   (Total Column (b) plus unitemized loans of less than $100.)

2. Payments received on loans ..................................................... $____________________
   (Total Column (c) plus unitemized payments of less than $100.)

3. Net change this period. (Subtract Line 2 from Line 1.) .................. NET $____________________
   (Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

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

**Miscellaneous Increases to Cash**

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

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
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Attach additional information on appropriately labeled continuation sheets.

**Schedule I Summary**

1. Itemized increases to cash this period. ................................................................. $ 0
2. Unitemized increases to cash of under $100 this period. ........................................ $ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)). $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ................................................................. $ 0

**SUBTOTAL** $ 0

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