

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Date Stamp  <b>RECEIVED</b>  <b>OCT 05 2016</b>  <b>CITY CLERK'S OFFICE</b>	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>8</u>	
For Official Use Only	

<p style="text-align: center;"><b>Statement covers period</b></p> <p>from <u>07/01/2016</u></p> <p>through <u>09/24/2016</u></p>	<p style="text-align: center;"><b>Date of election if applicable:</b> (Month, Day, Year)</p> <p style="text-align: center;"><u>11/08/2016</u></p>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |                                                                                  |                                                                                                                     |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee                                                  |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled                                                                                 |
| <input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small>         | <input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small>                                         |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored                                               |                                                                                                                     |
| <input type="checkbox"/> Small Contributor Committee                             |                                                                                                                     |
| <input type="checkbox"/> Political Party/Central Committee                       |                                                                                                                     |

**2. Type of Statement:**

- |                                                                                                     |                                                  |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> Preelection Statement                                           | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement                                                      | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |                                                  |
| <input type="checkbox"/> Amendment (Explain below)                                                  |                                                  |

**3. Committee Information**

I.D. NUMBER  
**1381898**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**Fernandez for Woodland City Council 2016, District 4**

STREET ADDRESS (NO P.O. BOX)  
**2 Tadlock Place**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Woodland</b>	<b>CA</b>	<b>95776</b>	<b>(530) 219-9964</b>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
**N/A**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>N/A</b>	<b>-</b>	<b>-</b>	<b>-</b>

OPTIONAL: FAX / E-MAIL ADDRESS  
**N/A**

**Treasurer(s)**

NAME OF TREASURER  
**John Fabiani**

MAILING ADDRESS  
**18 Tadlock Place**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Woodland</b>	<b>CA</b>	<b>95776</b>	<b>(530) 666-7661</b>

NAME OF ASSISTANT TREASURER, IF ANY  
**Cristina Smith**

MAILING ADDRESS  
**432 Dolores Drive**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>Woodland</b>	<b>CA</b>	<b>95776</b>	<b>(530) 574-5445</b>

OPTIONAL: FAX / E-MAIL ADDRESS  
**N/A**

**4. Verification**

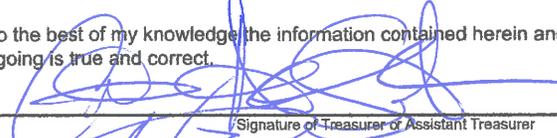
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/28/16  
Date

Executed on 09/20/16  
Date

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

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

By   
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

COVER PAGE - PART 2

CALIFORNIA		<b>460</b>
FORM		
Page <u>2</u>	of <u>8</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Enrique Fernandez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Woodland City Council, District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
2 Tadlock Place Woodland CA 95776

**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 <u>N/A</u>	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 CODE 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 CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE  
N/A

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**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
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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.*

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**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM <b>460</b>
from	07/01/2016	
through	09/24/2016	Page <u>3</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
FERNANDEZ FOR WOODLAND CITY COUNCIL 2016, DISTRICT 4		1381898

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FERNANDEZ FOR WOODLAND CITY COUNCIL 2016, DISTRICT 4

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 630.08	\$ 14,495.40
2. Loans Received..... Schedule B, Line 3	\$ -500.00	\$ 2,000.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 130.08	\$ 16,495.40
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 194.85	\$ 1,252.75
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 324.93	\$ 17,748.25

**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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 2,743.60	\$ 13,171.23
7. Loans Made..... Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 2,742.60	\$ 13,171.23
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 2,743.60	\$ 13,171.23

**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	\$ 5,437.77
13. Cash Receipts..... Column A, Line 3 above	\$ 130.08
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 0.00
15. Cash Payments..... Column A, Line 8 above	\$ 2,743.60
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,824.25

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0.00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... See instructions on reverse	\$ 0.00
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0.00

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

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER <b>FERNANDEZ FOR WOODLAND CITY COUNCIL 2016, DISTRICT 4</b>		I.D. NUMBER <b>1381898</b>

SEE INSTRUCTIONS ON REVERSE

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)
08/19/2016	IRMA RODRIGUEZ 204 CEDAR LN WOODLAND, CA 95776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FACULTY, SACRAMENTO CITY COLLEGE	100.00	250.00	
07/19/2016	HON. CRUZ REYNOSO	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR, UC DAVIS SCHOOL OF LAW	100.00	100.00	
07/16/2016	ROBERT JOHNSON 36676 CO. RD. 21 WOODLAND, CA 95695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER, BJ HEATING & AIR	100.00	100.00	
07/11/2016	MATT GALLAGHER 1714 WOODSIDE DR WOODLAND, CA 95695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VITICULTURE DEPT., UC DAVIS	100.00	100.00	
07/04/2016		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>400.00</b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 400.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 230.08
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 630.08

\*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 B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>FERNANDEZ FOR WOODLAND CITY COUNCIL 2016, DISTRICT 4</b>	I.D. NUMBER <b>1381898</b>
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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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
ENRIQUE FERNANDEZ 2 TADLOCK PLACE WOODLAND, CA 95776  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAW CLERK, TAYLOR & WILEY	\$ <u>2,000.00</u>	\$ <u>0.00</u>	<input checked="" type="checkbox"/> PAID \$ <u>500.00</u> <input type="checkbox"/> FORGIVEN	\$ <u>1,500.00</u>  <u>11/10/2016</u> DATE DUE	<u>0.00</u> % RATE	\$ <u>2,000.00</u>  <u>01/11/2016</u> DATE INCURRED	CALENDAR YEAR \$ <u>2,000.00</u> PER ELECTION**
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____  DATE DUE	_____% RATE	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____  DATE DUE	_____% RATE	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
<b>SUBTOTALS</b>		\$ <b>0.00</b>	\$ <b>500.00</b>	\$ <b>1,500.00</b>	\$ <b>0.00</b>			

**Schedule B Summary**

1. Loans received this period .....\$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period .....\$ 500.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) .....NET \$ -500.00  
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on  
Schedule E, Line 3)

†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

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

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 1381898	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

FERNANDEZ FOR WOODLAND CITY COUNCIL 2016, DISTRICT 4

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)
08/14/2016	VICTORIA FERNANDEZ 2 TADLOCK PLACE WOODLAND, CA 95776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEACHER, WOODLAND JOINT UNIFIED SCHOOL DISTRICT	CAMPAIGN PARAPHERNALI A	194.85	194.85	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.).....\$ 194.85

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ 0.00

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page <u>7</u> of <u>8</u>
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FERNANDEZ FOR WOODLAND CITY COUNCIL 2016, DISTRICT 4		1381898

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FERNANDEZ FOR WOODLAND CITY COUNCIL 2016, DISTRICT 4

**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
COUNTY OF YOLO 625 COURT ST WOODLAND, CA 95695	FIL	FILING FEES FOR BALLOT STATEMENT (ENGLISH & SPANISH).	929.00
EDGAR HERNANDEZ 911 WALNUT WOODS CT WOODLAND, CA 95695	FND	PROJECTOR SCREEN, PROJECTOR, AND SOUND SYSTEM RENTAL.	225.00
SORD BOARDS 607 MAIN ST WOODLAND, CA 95695	LIT	CAMPAIGN LITERATURE.	460.06

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

**SUBTOTAL \$** 1,614.06

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	2,460.86
2. Unitemized payments made this period of under \$100.....	\$	280.99
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0.00
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 \$</b>	<b>2,741.85</b>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page <u>8</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
FERNANDEZ FOR WOODLAND CITY COUNCIL 2016, DISTRICT 4		1381898

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FERNANDEZ FOR WOODLAND CITY COUNCIL 2016, DISTRICT 4

I.D. NUMBER

1381898

**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
CRITERION PICTURES USA 1050 OAK CREEK DR LOMBARD, IL	FND	MOVIE LICENSING RIGHTS FOR MOTION PICTURE.	250.00
FULL COLOR BUSINESS CARDS & FLYERS 2026 EL CAMINO AVE SACRAMENTO, CA 95821	POS	POSTAGE & DELIVERY.	496.80
CITY OF WOODLAND 300 FIRST ST WOODLAND, CA 95695	FND	SPECIAL EVENT PERMIT REQUEST FEE FOR MOVIE NIGHT EVENT.	100.00

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

**SUBTOTAL \$ 846.80**