Paginiant Committee					COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp		ORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period 9.20.20 through 10.17.20	Date of election if applicable: (Month, Day, Year)		Page	ofor Official Use Only
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	ermination)	☐ Quarterly Staten ☐ Special Odd-Yea	
o. Committee information	NUMBER 1427575	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Chris Branscum for Mayor 2020 STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER Chris L. Branscum MAILING ADDRESS			
		NAME OF ASSISTANT TREASURE	R, IF ANY		
		MAILING ADDRESS			
		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		OPTIONAL: FAX / E-MAIL ADDRES	SS		
. Verification				-	
I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of the Stat	California that the foregoing is true and o	nowledge the information contained correct. Signature of Treasurer or Assistant Illing Officeholder, Candidate, State Measure Pr	t Treasurer		ue and complete. I
Executed on	BySig	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	3	
Executed onDate	Ву	nature of Controlling Officeholder, Candidate.	State Measure Proponent		

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	AGE - PART 2
CALIFORNIA FORM	460
Pageo	f

Officeholder or Candidate Controlled	Committee	6.	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE	-		NAME OF BALLOT MEASURE				
Chris L. Branscum							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE	
Mayor, Marysville, CA							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY STATE ZIP		Identify the controlling officeh	older, candidate, or state	measure prop	onent, if any.	
· -			NAME OF OFFICEHOLDER, CANDI	DATE, OR PROPONENT			
Related Committees Not Included in t	hie Statement						
not included in this statement that are controlled be contributions or make expenditures on behalf of y	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY	
COMMITTEE NAME	I.D. NUMBER						
		7	Primarily Formed Candid	data/Officabaldar C	ammittaa (
NAME OF TREASURER	CONTROLLED COMMITTEE?	/.	officeholder(s) or candidate(s) for	or which this committee is	primarily forme	st names or ed.	
	YES NO						
COMMITTEE ADDRESS STREET ADDRESS (I	NO P.O. BOX)		NAME OF OFFICEHOLDER OR CAN	NDIDATE OFFICE SOL	JGHT OR HELD	SUPPORT	
			Chris L. Branscum	Mayor M	larysville, CA	OPPOSE	
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAN		JGHT OR HELD		
						SUPPORT	
COMMITTEE NAME	I.D. NUMBER					☐ OPPOSE	
	I.D. NOMBEN		NAME OF OFFICEHOLDER OR CAN	NDIDATE OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CAN	NDIDATE OFFICE SOI	GHT OR HELD		
	YES NO		NAME OF OFFICEROLDER OR OAF	NDIDATE OF FIGE 300	JOHN ON FIELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (1	NO P.O. BOX)						
-							
CITY STATE	ZIP CODE AREA CODE/PHONE		Attact	h continuation sheets if r	necessary		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Stateme	ent covers period	CALIFORNIA ACO				
from	9.20.20	FORM 40U				
through	10.17.20	of				
		I.D. NUMBER				
		1427575				

NAME OF FILER Chris L. Branscum, Treasurer Column A Column B **Calendar Year Summary for Candidates** Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 29.055 1. Monetary Contributions Schedule A, Line 3 \$ _____ 1/1 through 6/30 7/1 to Date 20. Contributions 29.055 1,600 Received 0 21. Expenditures 1,600 29,055 Made **Expenditures Made Expenditure Limit Summary for State** 23,259 **Candidates** 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 23.259 7.514 **Current Cash Statement** 11,710 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 1.600 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 7,514 amounts in Column A may 5.796 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from If this is a termination statement. Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _____ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). FPPC Advice: advice@fppc.ca.g

FPPC Form 460 (Jan/2016) 66/275-3772) www.fppc.ca.gov

SEE INSTRUCTION	Contributions Received		nts may be rounded whole dollars.	110111	ers period 0.20 0.17.20	Page	JMBER
Chris L. Bra	nscum, Treasurer					14275	575
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
9.20.20	H. Earl Parker, Jr	IND COM OTH PTY	Retired	500		500	
9.21.20	J. F. Brust Jr	IND COM OTH PTY	Investor	200		200	
9.21.20	Roger T. Manwell	MIND COM OTH PTY	Retired	400		400	
9.22.20	R.E. Lanza	IND COM OTH PTY SCC	Exeutive, Hust Bros	500		500	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	1,600			

Schedule A Summary

1.	Amount received this period – itemized monetary contributions.		
	(Include all Schedule A subtotals.)	.\$	1,60
	,		
2.	Amount received this period – unitemized monetary contributions of less than \$100	.\$	

3. Total monetary contributions received this period.

*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

Oak adula E	A							SCHEDULE		
Schedule E Payments Made		Amounts may be rounded to whole dollars. Statement covers period from 9.20.20					ORNIA RM	460		
					rom hrough _	10.17.20	Page	of		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					an ough _		I.D. NUM			
Chris L. Branscum, Treasurer							142757	5		
CODES: If one of the following codes accurately of 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 legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s in)* POS postage, deli	munication d appearan es lating urvey resea very and m	s ces	RA RF SA TE TF TF TS VO	AD radio FD return AL camp EL t.v. or RC candi RS staff/s F transf DT voter	ibe the payment. airtime and production led contributions aign workers' salaries cable airtime and pro date travel, lodging, a spouse travel, lodging er between committee registration nation technology cost	duction costs nd meals , and meals es of the sam	e candida	te/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPT	TION OF PA	YMENT		AMO	UNT PAID	
Sapphire Marketing Group		CNS	Consulting 8	Services and	d Reimbu	rsed Expenses			7,514	
* Payments that are contributions or independent expenditures mu	st also be summarized on Sche	dule D.				e	JBTOTAL \$			
Schedule E Summary							OBIOIAL		7,514	

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

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

2. Unitemized payments made this period of under \$100......\$

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.g. 56/275-3772)

7,514

7,514

Amounts may be rounded to whole dollars.

	SCHEDULE (
Statement covers period	CALIFORNIA 160
from 9.20.20	FORM 460
through10.17.20	Page of
	I.D. NUMBER
	1427575

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris L. Branscum, Treasurer

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chris Branscum

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 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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Wix	MBR	Website Hosting & Monthly Mailbox	138.00
Yuba Sutter Shopper	PRT		395.00
SignWorx	PRT		1,704.38
Appeal Democrat	PRT		358.80
Attach additional information on appropriately labeled continuation sheets	-	TOTAL	* \$ 0.500.40

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

2,596.18

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or ntor as reported on Schedule E. independent co

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 460
from 9.20.20	FORM 400
through10.17.20	Page of
	I.D. NUMBER
	1427575

COLLEGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Chris L. Branscum, Treasurer

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chris Branscum

COD	PES: If one of the following codes accurately describe	s 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

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) campaign literature and mailings

PRT print ads

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

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.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	DESCRIPTION OF PAYMENT	AMOUNT PAID
40ver Trade Pronter	PRT		104.49
Territorial Dispatch	PRT		3.255.63
Premier Print & Mail	MBR		1,015.14

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

4,375.26

^{*} 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 co tor as reported on Schedule E.

Recipient Committee					COVER PAGE
Campaign Statement Cover Page			Date Stamp	,	orm 460
	Statement covers period from7.01.20	Date of election if applicable: (Month, Day, Year)	SEP 2 4 2020	Page	of
SEE INSTRUCTIONS ON REVERSE	through 9.19.20	11/03/2020	3)'		
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored So Complete Part 6) rimarily Formed Candidate/ fficeholder Committee So Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Quarterly Stat Special Odd-Y	
3. Commutee intoffiation	NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	427575	NAME OF TREASURER			
Chris Branscum for Mayor 2020		Chris L. Branscum MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)					
		MAILING ADDRESS			
		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		OPTIONAL: FAX / E-MAIL ADDRES	S		
4. Verification					
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C	g this statement and to the best of my ki	nowledge the information contained	herein and in the attache	ed schedules is	true and complete. I
Executed on	Ву	Signatura of Treasurer or Assistant	Treasurer		
Executed on	By Signature of Control	ling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of	f Sponsor	
Executed on	By	nature of Controlling Officeholder, Candidate, S			
Executed on	Ву	nature of Controlling Officeholder, Candidate, S	State Measure Proponent		

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
	FORNIA DRM	460				
Page _	2	of				

Officeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Ballot	Measure Committ	ee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Chris L. Branscum							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE	
Mayor, Marysville, CA							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling officel	holder, candidate, or sta	ate measure pro	ponent, if any.	
			NAME OF OFFICEHOLDER, CANE	DIDATE, OR PROPONENT			
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. DISTRICT NO. IF ANY							
COMMITTEE NAME	I.D. NUMBER		<u> </u>				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candiofficeholder(s) or candidate(s)	idate/Officeholder for which this committee	Committee L is primarily form	ist names of ed.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX			NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE S	OUGHT OR HELD	⊠ SUPPORT	
CITY STATE ZIP COI			Chris L. Branscum		Marysville, CA	OPPOSE	
			NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE	
	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE S	OUGHT OR HELD	SUPPORT	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX			(OPPOSE	
CITY STATE ZIP COI	DE AREA CODE/PHONE		Attac	ch continuation sheets	f necessary		

Campaign Disclosure Statement Summary Page

18. Cash Equivalents...... See instructions on reverse \$

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Chris L. Branscum, Treasurer 1427575 **Calendar Year Summary for Candidates** Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 27.455 1/1 through 6/30 7/1 to Date 0 20. Contributions 27.455 27,455 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 21. Expenditures 0 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 15,745 **Candidates** 22. Cumulative Expenditures Made* 15,745 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 0 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______ To calculate Column B. 27,455 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 15,745 amounts in Column A may 11,710 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any).

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.g 66/275-3772)

__/w.fppc.ca.gov

Schedule	Δ	Amour	nts may be rounded			0.4	011E0111	
Monetary Contributions Received			whole dollars.				CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through9	.19.20	_ Page	e 4 of	<u> [</u>
NAME OF FILER Chris I Bra	nscum, Treasurer					1.D. N	UMBER 575	
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	CUMULATIV CALENDA (JAN. 1 - I	E TO DATE	PER ELE TO D (IF REQ	ATE
7/9/20	Chris Branscum	IND COM OTH PTY	Retired	21,920	:	21,920		
7/15/20	Mal Huntley	IND COM OTH PTY	Insurance Executive Huntley, Bravos, Zall	1,000		1,000		
7/16/20	Steven & Sandra Hardie	IND COM OTH PTY	Retired	500		500		
7/17/20	Bradford Huntley	IND COM OTH PTY	Insurance Executive Huntley, Bravos, Zall	760		760		
7/19/20	Robert Burns	IND COM OTH PTY	Retired	500		500		
			SUBTOTAL S	24,680				
	A Summary ceived this period – itemized monetary contributions.				1	Contributor		

27,455 (Include all Schedule A subtotals.) 2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period. 27,455

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC For 160 (Jan/2016)

FPPC Advice: advice@fppc.ca.gc ___66/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA /

Statement covers period

				from 7.01	1.20	FC	ORM TOO
				through 9.	19.20	Page _	5 of 11
NAME OF FILER				I.D. NUI	MBER		
Chris L. Bran	scum, Treasurer					142757	75
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/14/20	Chales & Dariene Pappageorge	COM COM OTH PTY SCC	The Rice Merchant	200	2	200	
9/2/20	Betty Huckins	IND COM OTH SCC	Retired	75		75	
9/2/20	Operating Engineers Local Union No. 3 District 60 PAC	☐ IND ☐ COM M OTH ☐ PTY ☐ SCC		1,000	1,0	000	
9/2/20	Recology Inc	□IND □COM ☑OTH □PTY □SCC		1,000	1,0	000	
9/8/20	Captain Roger Bushmann, USN & Deidre Buschmann	IND COM OTH PTY SCC	Retired	500	5	500	
			SUBTOTAL	2,775			

*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 (Jan/2016)

FPPC Advice: advice@fppc.ca.g 66/275-3772)

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from 7.01.20	FORM 460
through 9.19.20	Page of
	1427575

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Chris L. Branscum, Treasurer

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		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
Sapphire Marketing Group	CNS	Consulting Services	12,865
Yuba County Clerk	POL	Voter Data	110
Marysville Music	OFC	Rent	800
* December that are postable time and advantage of the second of the sec			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 13,775

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	15,695
2. Unitemized payments made this period of under \$100\$ -	50
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.)	15,745

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.g/ 66/275-3772)

Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do			Stateme	ent covers period	S CALIFO FOR	M 400
SEE INSTRUCTIONS ON REVERSE				through	9.19.20	Page	7_ of 11
NAME OF FILER Chris L. Branscum, Treasurer	-					I.D. NUMB	ER
CODES: If one of the following codes accurately described 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 com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and st POS postage, deliv PRO professional st PRT print ads	munications I appearances es ating urvey research very and mess	s n senger services	RAD radic RFD retur SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	ribe the payment. a airtime and production ned contributions paign workers' salaries or cable airtime and prod lidate travel, lodging, an spouse travel, lodging, for between committee or registration mation technology costs	luction costs d meals and meals s of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	SCRIPTION OF I	PAYMENT		AMOUNT PAID
Yuba County Clerk		FIL	Ballot Fees	7			48.

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Yuba County Clerk	FIL	Ballot Fees	482
Flashbay Inc	СМР	Masks	1,438
* Payments that are contributions or independent expenditures must also be summarized on Sched	dule D.	SUBTOTAL S	\$ 1,920

Schedule	G			
Payments	Made by	an Agent	or Inde	pendent
Contracto	r (on Ber	nalf of This	s Commi	ittee)

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA ACO
from7.01.20	FORM 400
through 9.19.20	Page 8 of 11
	I.D. NUMBER

1427575

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NAME OF FILER

LIT

Chris L. Branscum, Treasurer

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sapphire Marketing Group

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

PRT print ads

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

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 campaign literature and mailings WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
National Outdoor Media	CMP	Billboard	5,850
Families First & Latino Voter Guides	LIT		840
The Shopper	PRT		720
California Voter Guides	LIT		850

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

8.260

^{*} 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 control as reported on Schedule E.

Amounts may be rounded to whole dollars.

		SCHEDULE (
Stateme	ent covers period	CALIFORNIA 160
from	7.01.20	FORM 400
through	9.19.20	Page 9 of 11
		I.D. NUMBER

1427575

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LIT

Chris L. Branscum, Treasurer

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

Sapphire Marketing Group

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

OFC office expenses PET petition circulating PHO phone banks POL polling and survey research

MBR member communications

MTG meetings and appearances

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

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.

LIT		553.64
LIT		104.54
СМР	Bottled Water for Meet & Greet	15.80
PRT		1,380.84
_	LIT	LIT Bottled Water for Meet & Greet CMP

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

2,054.82

^{*} 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 connector as reported on Schedule E.

Amounts may be rounded to whole dollars.

		OUT.EDUEE (_
Stateme	nt covers period	CALIFORNIA 460	
from	7.01.20	FORM 400	
through	9.19.20	Page 10 of 11	

I.D. NUMBER 1427575 SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris L. Branscum, Treasurer

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sapphire Marketing Group

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 campaign workers' salaries CVC civic donations petition circulating PET 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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Landslide Communication 30011 Ivy Glen Dr, Suite 223 Laguna Niguel, CA 92677	LIT		1,500
Falafel Guys 362 N. Walton Ave. Yuba City, CA 95991	TRS		37.38
4Over 5900 San Fernando Rd. Glendale, CA 91202	СМР	Vehicle Magnet Signs	461.51
Political Data, Inc. PO Box 59570 Norwalk, CA 90652	LIT		209.57

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

2.208.46

^{*} 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.

Amounts may be rounded to whole dollars.

		SCHEDULE G
Statem	ent covers period	CALIFORNIA 460
from	7.01.20	FORM 400
through_	9.19.20	Page
		I.D. NUMBER

1427575

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris L. Branscum, Treasurer

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sapphire Marketing Group

COL	DES: If one of the following codes accurately describes	the p	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
	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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Original Randy 8025 Marshall Street Sutter, CA 95982	СМР		1,740
Territorial Dispatch 7144 Fair Oaks Blvd, Suite 5 Carmichael, CA 95608	PRT		904.50
BFR Printing 791 Plumas St Yuba City, CA 95991	CMP		24.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

2.669

^{*} 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 cc around a reported on Schedule E.

nature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on .

FPPC Fo. 50 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2



. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Chris L. Branscum						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	Ī	SUPPORT
						OPPOSE
Mayor, Marysville, CA RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP					
			Identify the controlling office	nolder, candidate, or state	measure prop	oonent, if any.
1123 D Street Marysviii	e, CA 95901		NAME OF OFFICEHOLDER, CAND	IDATE, OR PROPONENT		
Beleford Committees Not Included in this Otal						
Related Committees Not Included in this Stat not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER		(L	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candiofficeholder(s) or candidate(s) on NAME OF OFFICEHOLDER OR CA	for which this committee is	ommittee Li	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)					SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Chris L. Branscum NAME OF OFFICEHOLDER OR CA		larysville, CA	
			NAME OF OFFICEHOLDER OR CA	INDIDATE OFFICE SOI	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE SO	JGHT OR HELD	
						SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE SOL	JGHT OR HELD	Поипролт
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO					SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	/^)		U			
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	th continuation sheets if i	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORNIA	460
from	Inception	FORM	400
through	06.30.20	Page 3 of	5

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Chris L. Branscum, Treasurer 1427575 Column A **Calendar Year Summary for Candidates** Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 0 1. Monetary Contributions Schedule A, Line 3 \$ ______ 1/1 through 6/30 7/1 to Date 0 20. Contributions 0 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 21. Expenditures Made **Expenditures Made Expenditure Limit Summary for State** 0 **Candidates** 0 0 22. Cumulative Expenditures Made* SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 0 (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some amounts in Column A may be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ ____ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents...... See instructions on reverse \$ _____ 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.g/ 66/275-3772)

....w.fppc.ca.gov

Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from Inception	FORM 40U
through06.30.20	Page 4 of 5
:	I.D. NUMBER

1427575

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chris L. Branscum, Treasurer

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

LEG legal defense

FND fundraising events IND independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

MBR member communications MTG meetings and appearances

OFC office expenses petition circulating PET 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.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N	A			

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$



Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole do		Statement covers		california 460	
SEE INSTRUCTION	ONS ON REVERSE			through 06.3	0.20	Page	5 of 3
NAME OF FILER						I.D. NUMB	ER
Chris L. Bra	anscum, Treasurer					142757	5
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN. 1 - E	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	\$			
1. Itemized	D Summary contributions and independent expenditures made						0

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER PAGE - PART	2
CALIF	ORNIA 460	ı
FC	RM 400	ı
194		۱
Page	2 of 6	I

5. Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Chris L. Branscum							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION			SUPPORT OPPOSE
Mayor, Marysville, CA							
, , , , , , , , , , , , , , , , , , ,	TY STATE ZIP		Identify the controlling officer	nolder, candida	ate, or state meas	sure propo	onent, if any.
1123 D Street Marysvi	le, CA 95901		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROI	PONENT		
- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.							
Related Committees Not Included in this Statement that are controlled by you of contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DIST	FRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER					_	
		7.	Primarily Formed Candi	idate/Office	holder Comm	ittee Lie	t names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	/ .	officeholder(s) or candidate(s) f	for which this c	ommittee is prima	rily formed	l. I.
	YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE T	OFFICE SOUGHT (on un	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)			INDIDATE			SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		Chris L. Branscum		Mayor, Marysy		☐ OPPOSE
STATE ZIPC	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT (OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER						
			NAME OF OFFICEHOLDER OR CA	INDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT (OR HELD	+
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES NO						SUPPORT OPPOSE
OUMMITTEE ADDITION OF THE TABLES (NO F.C. E	<i>O</i> X)						
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attac	ch continuation	n sheets if neces:	sary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SUIVIIVIARY PAGE
Statem	ent covers period	CALIFORNIA 460
from	10/18/20	FORM 400
through	12/31/20	Page 3 of 4
		I.D. NUMBER

NAME OF FILER Chris L. Branscum, Treasurer 1427575 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 36.655 7.600 1/1 through 6/30 7/1 to Date 0 0 20. Contributions 7.600 36.655 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ___ Received 0 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 7,600 36,655 Made **Expenditures Made Expenditure Limit Summary for State** 31,764 **Candidates** Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ _____ 8,505 31.764 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 8,505 31,764 **Current Cash Statement** 5,796 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B. 7.600 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 8,505 amounts in Column A may 4.891 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ be negative figures that should be subtracted from If this is a termination statement. Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.g@

36/275-3772)

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through12	2/31/20	Page		
	nscum, Treasurer					142757		
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
10.21.20	Craig & Margaret Carberry	IND COM OTH PTY	Retired	100	10	00		
10.21.20	Calif Real Estate PAC #890106 C/O Reed & Davidson LLP	☐IND COM OTH PTY SCC	Investor	1,500	1,5	00		
10.22.20	Chris L Branscum	MIND COM OTH PTY	Retired	5,000	26,9	20		
10.25.20	Charles Mathews, Jr.	IND COM OTH PTY	Farmer, Mathews Farming	1,000	1,00	00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL \$	7,600				
1. Amount red (Include all 2. Amount red	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contribution tary contributions received this period.		•		IND - COM OTH - PTY -	other t Other (Political	al ent Committee than PTY or SCC) e.g., business entity)	

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$_

30 (Jan/2016) FPPC Advice: advice@fppc.ca.go ... 66/275-3772)

7,600

www.fppc.ca.gov

						SCHEDULE	
Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from10/18/20		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Chris L. Branscum, Treasurer				through12/31/20	Page	and the second of the second o	
CODES: If one of the following codes accurately described 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 com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s	nmunications d appearance ses lating urvey researd very and mes	s h senger services	RAD radio airtime and product returned contributions SAL campaign workers' salarit. t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodging transfer between committ votr registration WEB information technology co	ion costs es roduction costs and meals ng, and meals tees of the sam	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID	
Sapphire Marketing Group		CNS	Deposit for Unbilled	Consulting Services and Expe	enses	8,000	
Casa Carlos		FND				505	
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.			SUBTOTAL \$	8,505	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)				\$	8,505	
2. Unitemized payments made this period of under \$100					\$		

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

FPPC Form 460 (Jan/2016)

8,505

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 460
from10/18/20	FORM 46U
through12/31/20	Page of
	I.D. NUMBER
	1427575

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Chris L. Branscum, Treasurer

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sapphire Marketing Group

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 cost

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FIL FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings LIT

MTG meetings and appearances OFC office expenses 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

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.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Appeal Democrat	PRT		4,670
YS Shopper	PRT		587
Premier Print & Mail	MBR		1,517
Signworx	СМР		3,310
Attach additional information on appropriately labeled continuation sheets.		TOTA	I* \$ 40.294

Attach additional information on appropriately labeled continuation sneets.

TOTAL* \$

10,284

^{*} 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 co rtor as reported on Schedule E.