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.
   - ✔ General Purpose Committee
   - Sponsor
   - Small Contributor Committee
   - Political Party/Central Committee

2. Type of Statement:
   - ✔ Pre-election Statement
   - Semi-annual Statement
   - Quarterly Statement
   - Special Odd-Year Report
   - Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER 1404245
   - COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
     County Supervisors Association of California dba California State Association of Counties (Nonprofit 501(c)(4))
   - STREET ADDRESS (NO P.O. BOX)
     1100 K Street, Suite 101
   - CITY Sacramento
   - STATE CA
   - ZIP CODE 95814
   - AREA CODE/PHONE (916)285-5733
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
     1787 Tribute Road, Suite K
   - MAILING ADDRESS
     Sacramento
     CA
     95815
     (916)285-5733
   - Optional: FAX / E-MAIL ADDRESS
     (916)333-1344 / CSAC501C4@deaneandcompany.com

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 09/26/2018
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on
   By
   Signature of Controlling Officer/Chair, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By
   Signature of Controlling Officer/Chair, State Measure Proponent

www.netfile.com
5. **Officeholder or Candidate Controlled Committee**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
</tr>
</tbody>
</table>

**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>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. **Primarily Formed Ballot Measure Committee**

| NAME OF BALLOT MEASURE |
| BALLOT NO. OR LETTER | JURISDICTION | SUPPORT | OPPOSE |

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 |

7. **Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

**Committee Address**

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 07/01/2018 to 09/22/2018</td>
<td>460</td>
</tr>
</tbody>
</table>

## Contributions Received

1. Monetary Contributions
   - Schedule A, Line 3
   - Column A: $0.00
   - Column B: $0.00

2. Loans Received
   - Schedule B, Line 3
   - Column A: $0.00
   - Column B: $0.00

3. SUBTOTAL CASH CONTRIBUTIONS
   - Add Lines 1 + 2
   - Column A: $0.00
   - Column B: $0.00

4. Nonmonetary Contributions
   - Schedule C, Line 3
   - Column A: $0.00
   - Column B: $0.00

5. TOTAL CONTRIBUTIONS RECEIVED
   - Add Lines 3 + 4
   - Column A: $0.00
   - Column B: $0.00

## Expenditures Made

6. Payments Made
   - Schedule E, Line 4
   - Column A: $350,178.00
   - Column B: $600,178.00

7. Loans Made
   - Schedule H, Line 3
   - Column A: $0.00
   - Column B: $0.00

8. SUBTOTAL CASH PAYMENTS
   - Add Lines 6 + 7
   - Column A: $350,178.00
   - Column B: $600,178.00

9. Accrued Expenses (Unpaid Bills)
   - Schedule F, Line 3
   - Column A: $0.00
   - Column B: $0.00

10. Nonmonetary Adjustment
    - Schedule C, Line 3
    - Column A: $0.00
    - Column B: $0.00

11. TOTAL EXPENDITURES MADE
    - Add Lines 8 + 9 + 10
    - Column A: $350,178.00
    - Column B: $600,178.00

## Current Cash Statement

12. Beginning Cash Balance
    - Previous Summary Page, Line 16
    - Column A: $0.00

13. Cash Receipts
    - Column A, Line 3 above
    - Column A: $0.00

14. Miscellaneous Increases to Cash
    - Schedule I, Line 4
    - Column A: $350,178.00

15. Cash Payments
    - Column A, Line 8 above
    - Column A: $350,178.00

16. ENDING CASH BALANCE
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - Column A: $0.00

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

17. LOAN GUARANTEES RECEIVED
    - Schedule B, Part 2
    - Column A: $0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents
    - See instructions on reverse
    - Column A: $0.00

19. Outstanding Debts
    - Add Line 2 + Line 9 in Column B above
    - Column A: $0.00

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

- Contributions Received: $_____________
- Expenditures Made: $_____________

## 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: $_____________

*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 C
### Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>07/31/2018</td>
<td>County Supervisors Association of California dba California State Association of Counties</td>
<td>□IND</td>
<td>Legal Services</td>
<td>$187.50 Memo</td>
<td>7,926.85</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1100 K Street, Suite 101 Sacramento, CA 95814</td>
<td>□COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reported Pursuant to 2 Cal. Code of Regulations, Sections 18215 (c)(16) and 18419 (c)</td>
<td>□OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>□PTY</td>
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<tr>
<td></td>
<td></td>
<td>□SCC</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>08/08/2018</td>
<td>County Supervisors Association of California dba California State Association of Counties</td>
<td>□IND</td>
<td>Reporting Services</td>
<td>$1,416.85 Memo</td>
<td>7,926.85</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>1100 K Street, Suite 101 Sacramento, CA 95814</td>
<td>□COM</td>
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<tr>
<td></td>
<td>Reported Pursuant to 2 Cal. Code of Regulations, Sections 18215 (c)(16) and 18419 (c)</td>
<td>□OTH</td>
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<tr>
<td>08/31/2018</td>
<td>County Supervisors Association of California dba California State Association of Counties</td>
<td>□IND</td>
<td>Legal Services</td>
<td>$892.50 Memo</td>
<td>7,926.85</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1100 K Street, Suite 101 Sacramento, CA 95814</td>
<td>□COM</td>
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</tr>
<tr>
<td></td>
<td>Reported Pursuant to 2 Cal. Code of Regulations, Sections 18215 (c)(16) and 18419 (c)</td>
<td>□OTH</td>
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<td>□PTY</td>
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<td></td>
<td></td>
<td>□SCC</td>
<td></td>
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</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0.00

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**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ................................................................. $ 0.00
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 $ 0.00

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

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FPCC Form 460 (Jan/2016)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) .................................................. $ 350,178.00

2. Unitemized contributions and independent expenditures made this period of under $100 .......................................................... $ 0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .............. TOTAL $ 350,178.00

www.netfile.com
Schedule E Payments Made

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period from 07/01/2018 through 09/22/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE E</td>
</tr>
<tr>
<td>CALIFORNIA FORM 460</td>
</tr>
<tr>
<td>I.D. NUMBER 1404245</td>
</tr>
</tbody>
</table>

NAME OF FILER
County Supervisors Association of California dba California State Association of Counties (Nonprofit 501(c)(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.
- 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
- MER member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHE 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
- RDF 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 PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Supervisors Association of California dba California State Association of Counties 1100 K Street, Suite 101 Sacramento, CA 95814</td>
<td>CTB</td>
<td>Travel Expenses - In-Kind to No on Prop 5, sponsored by educators, public safety and health care organizations (ID# 1407354)</td>
<td>178.00</td>
</tr>
<tr>
<td>Contribution made using nonpublic, nondonor funds (earned income from sale of goods and services) No on Prop 5, sponsored by educators, public safety and health care organizations (ID# 1407354)</td>
<td>CTB</td>
<td></td>
<td>100,000.00</td>
</tr>
<tr>
<td>555 Capitol Mall, Suite 400 Sacramento, CA 95814</td>
<td>CTB</td>
<td></td>
<td>250,000.00</td>
</tr>
<tr>
<td>Contribution made using nonpublic, nondonor funds (earned income from sale of goods and services) No on Prop 6: Stop the Attack on Bridge &amp; Road Safety, sponsored by business, labor, local governments &amp; transportation adv. (ID# 1400937) 1787 Tribute Road, Suite K Sacramento, CA 95815</td>
<td>CTB</td>
<td></td>
<td>350,178.00</td>
</tr>
<tr>
<td>Contribution made using nonpublic, nondonor funds (earned income from sale of goods and services) No on Prop 6: Stop the Attack on Bridge &amp; Road Safety, sponsored by business, labor, local governments &amp; transportation adv. (ID# 1400937) 1787 Tribute Road, Suite K Sacramento, CA 95815</td>
<td>CTB</td>
<td></td>
<td>350,178.00</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL** $350,178.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $350,178.00
2. Unitemized payments made this period of under $100 $0.00
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.) TOTAL $350,178.00

FPCC Form 460 (Jan/2016)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
www.fpcc.ca.gov

www.netfile.com
## Schedule I
### Miscellaneous Increases to Cash

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>
</tr>
</thead>
<tbody>
<tr>
<td>07/25/2018</td>
<td>County Supervisors Association of California dba California State Association of Counties 1100 K Street, Suite 101 Sacramento, CA 95814 Nonpublic, nondonor funds (earned income from sale of goods and services)</td>
<td></td>
<td>250,000.00</td>
</tr>
<tr>
<td>09/19/2018</td>
<td>County Supervisors Association of California dba California State Association of Counties 1100 K Street, Suite 101 Sacramento, CA 95814 Nonpublic, nondonor funds (earned income from sale of goods and services)</td>
<td></td>
<td>178.00</td>
</tr>
<tr>
<td>09/21/2018</td>
<td>County Supervisors Association of California dba California State Association of Counties 1100 K Street, Suite 101 Sacramento, CA 95814 Nonpublic, nondonor funds (earned income from sale of goods and services)</td>
<td></td>
<td>100,000.00</td>
</tr>
</tbody>
</table>

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Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL $**

350,178.00

### Schedule I Summary

1. Itemized increases to cash this period.

2. Untitemized increases to cash of over $100 this period.

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)).

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

TOTAL $ 350,178.00