

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from SEPTEMBER 25, 2022
through OCTOBER 22, 2022

Date of election if applicable:
(Month, Day, Year)
NOVEMBER 8, 2022

Date Stamp
RECEIVED
CITY OF HANFORD

OCT 27 2022

CALIFORNIA FORM 460

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For Official Use Only

CITY CLERK

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="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled	
<input type="radio"/> Recall	<input type="radio"/> Sponsored	
(Also Complete Part 5)		
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	
<input type="radio"/> Sponsored	(Also Complete Part 6)	
<input type="radio"/> Small Contributor Committee		
<input type="radio"/> Political Party/Central Committee		

3. Committee Information

I.D. NUMBER
1452180

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

COMMITTEE TO ELECT TRAVIS PADEN FOR HANFORD CITY COUNCIL
DISTRICT A

STREET ADDRESS (NO P.O. BOX)

2268 N ARBOR AVE

CITY HANFORD STATE CA ZIP CODE 93230 AREA CODE/PHONE 559-381-3096

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

TRAVIS.PADEN@YAHOO.COM

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement

certify under penalty of perjury under the laws of the State of California that the

attached schedules is true and complete. I

Executed on 10/25/22

Date

Executed on 10-25-2022

Date

Executed on

Date

Executed on

Date



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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

TRAVIS PADEN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

HANFORD CITY COUNCIL DISTRICT A

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2268 N ARBOR AVE HANFORD CA 93230

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	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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 PROPOSER

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
from SEPTEMBER 25, 2022
through OCTOBER 22, 2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT TRAVIS PADEN FOR HANFORD CITY COUNCIL DISTRICT A

I.D. NUMBER

1452180

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ <u>3,072.00</u>	\$ <u>14,852.75</u>
2. Loans Received	<i>Schedule B, Line 3</i>		
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ <u>3,072.00</u>	\$ <u>14,852.75</u>
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>		<u>2,375.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ <u>3,072.00</u>	\$ <u>17,227.75</u>

**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	<i>Schedule E, Line 4</i>	\$ <u>4,873.82</u>	\$ <u>14,127.71</u>
7. Loans Made	<i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ <u>4,873.82</u>	\$ <u>14,127.71</u>
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>		
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>		<u>2,375.00</u>
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ <u>4,873.82</u>	\$ <u>16,502.71</u>

**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.

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ <u>2,526.86</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>3,072.00</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>4,873.82</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>725.04</u>

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

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ _____
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18. Cash Equivalents	<i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ _____

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

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>SEPTEMBER 25, 2022</u>	CALIFORNIA 460 FORM
through <u>OCTOBER 22, 2022</u>	Page <u>4</u> of <u>8</u>
I.D. NUMBER <u>1452180</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT TRAVIS PADEN FOR HANFORD CITY COUNCIL DISTRICT A

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)
10/05/22	MIKE STODDARD [REDACTED] HANFORD, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	
10/14/22	DUVAL BUILDING MAINTANANCE [REDACTED] HANFORD, CA 93230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
10/03/22	MELISSA WESCOAT [REDACTED] HANFORD, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OFFICE MANAGER KINGS GOSPEL MISSION	250.00	250.00	
10/14/22	TOM PADEN [REDACTED] HANFORD, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	350.00	850.00	
10/14/22	MRS. TOM PADEN [REDACTED] HANFORD, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	350.00	850.00	
SUBTOTAL \$ 1,250.00						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,650.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 422.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 3,072.00**

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from SEPTEMBER 25, 2022
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NAME OF FILER

COMMITTEE TO ELECT TRAVIS PADEN FOR HANFORD CITY COUNCIL DISTRICT A

I.D. NUMBER
 1452180

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)
10/10/22	WILLIAM & KIMBERLY HARMON [REDACTED] HANFORD, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	400.00	400.00	
10/17/22	THE CCPOA KINGS COUNTY CHAPTERS CCPOA LOCAL PAC ID #960532 [REDACTED] SACRAMENTO, CA +	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
		<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				
SUBTOTAL \$ 1,400.00						

*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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA **460**
FORM

Statement covers period
from SEPTEMBER 25, 2022

through OCTOBER 22, 2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT TRAVIS PADEN FOR HANFORD CITY COUNCIL DISTRICT A

I.D. NUMBER

1452180

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

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)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UNITED STATES POSTAL SERVICE [REDACTED] HANFORD, CA 93230	POS		979.05
UNITED STATES POSTAL SERVICE [REDACTED] HANFORD, CA 93230	POS		477.99
TRACTION CONTROL [REDACTED] OMAHA, NE 68154	LIT		1,333.00

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

SUBTOTAL \$ 2,790.04

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	4,844.94
2. Unitemized payments made this period of under \$100.	\$ 28.88
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 4,873.82

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

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>SEPTEMBER 25, 2022</u>	CALIFORNIA 460 FORM
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I.D. NUMBER <u>1452180</u>	

NAME OF FILER
COMMITTEE TO ELECT TRAVIS PADEN FOR HANFORD CITY COUNCIL DISTRICT A

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
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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
VISTAPRINT.COM	LIT			241.57
ART PRINT SERVICE [REDACTED], HANFORD, CA 93230	LIT			459.97
TRACTION CONTROL [REDACTED] OMAHA, NE 68154	LIT			618.00
K9 FOUNDATION	CVC			170.00
ART PRINT SERVICE [REDACTED], HANFORD, CA 93230	LIT			297.34

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

SUBTOTAL \$ 1,786.88

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

