

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp	CALIFORNIA FORM 460
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	For Official Use Only

03/17/16 14:26 CLK

Statement covers period from <u>10/1/2015</u> through <u>12/31/2015</u>	Date of election if applicable: (Month, Day, Year) <u>6/7/2016</u>
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SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1380858

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
John I. Taylor for Hayward City Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hayward	CA	94541	510-909-6469

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hayward	CA	94542	(510-909-6469

OPTIONAL: FAX / E-MAIL ADDRESS
JT4Hayward@gmail.com

Treasurer(s)

NAME OF TREASURER
Henry Hutchins

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hayward	CA	94541	510-978-6647

NAME OF ASSISTANT TREASURER, IF ANY
Annette Saunders

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hayward	CA	94544	916-501-1227

OPTIONAL: FAX / E-MAIL ADDRESS

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 <u>3/8/2016</u> Date	By _____ Treasurer or Assistant Treasurer
Executed on <u>3/8/2016</u> Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/1/2015 through 12/31/2015	CALIFORNIA FORM 460
	Page 2 of 4
	I.D. NUMBER 1380858

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
John I. Taylor

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 2200	\$ 2200
2. Loans Received..... Schedule B, Line 3	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 2200	\$ 2200
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 2,200.00	\$ 2,200.00

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	\$ 0	\$ 2200
21. Expenditures Made	\$ 0	\$ 0

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 0	\$ 0
7. Loans Made..... Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 0	\$ 0

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
10 / 1 / 2016	\$ 0
12 / 31 / 2016	\$ 0

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 0
13. Cash Receipts..... Column A, Line 3 above	\$ 2,200.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 0
15. Cash Payments..... Column A, Line 8 above	\$ 0
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,200.00

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

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

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.

Statement covers period
from 10/1/2015
through 12/31/2015

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John I. Taylor

I.D. NUMBER
1380858

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)
11/10/2015	Henry Hutchins Fremont, CA 94537	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner	\$100		
11/10/2015	Bishop Jerry Wayne Macklin Hayward, CA 94544-6676	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Pastor <i>Island Tidings Church</i>	\$250		
11/10/2015	Sabrina C. Aranda San Francisco, CA 94132-2722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator <i>HUSA</i>	\$250		
11/10/2015	Rick Hart Oakland, CA 94545	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessman	\$150		
11/10/2015	L. K. Monroe Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator <i>Alameda County</i>	\$100		

SUBTOTAL \$ 850

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2200
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 2200

***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 <u>10/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER John I. Taylor	I.D. NUMBER 1380858
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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)
11/10/2015	Tommy E. Smith Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Pastor <i>Palmer Civic Church</i>	\$100		
11/10/2015	Judy Kaufmann 002 Service Hayward, CA94544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator <i>Edgewood Area ROP</i>	\$250		
11/10/2015	U.A. Local 342 PAC Fund 935 Detroit Avenue Concord, CA 94518	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Action Committee <i>890268</i>	\$700		
11/10/2015	Freddye M. Davis Hayward, CA 94545	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organization President <i>NAACP</i>	\$50		
11/10/2015	Tri D.Do Hayward, CA 94542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Doctor <i>USF UCSF</i>	\$250		

SUBTOTAL \$ 1350

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 PTY - Political Party
 SCC - Small Contributor Committee