

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

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Date Stamp
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 Office of the City Clerk

CALIFORNIA FORM 460

Page 1 of 10
 For Official Use Only

Statement covers period
 from October 19, 2014
 through Dec. 31, 2014

Date of election if applicable:
 (Month, Day, Year)
November 4, 2014

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1367469

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

Mike Brem for Mayor 2014

STREET ADDRESS (NO P.O. BOX)

2200 Nordic Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Turlock</u>	<u>CA</u>	<u>95382</u>	<u>(209) 604-4061</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

mmbrem1@gmail.com

Treasurer(s)

NAME OF TREASURER

Gary Wahl

MAILING ADDRESS

401 E. Main St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Turlock</u>	<u>CA</u>	<u>95380</u>	<u>(209) 669-0880</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

gary@3wcpa.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 1-30-15
Date

Executed on 30 Jan 15
Date

Executed on _____
Date

Executed on _____
Date

By Gary Wahl
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**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>10</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Michael Martin Brem

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2200 Nordic Way Turlock CA 95382

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
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

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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>October 19, 2014</u>	CALIFORNIA FORM 460
through <u>Dec. 31, 2014</u>	
Page <u>3</u> of <u>10</u>	I.D. NUMBER <u>1367469</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Brem for Mayor 2014

	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>4,880.00</u>	\$ <u>51,676.97</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>4,880.00</u>	\$ <u>51,676.97</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>2,105.23</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>4,880.00</u>	\$ <u>53,782.20</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 \$ _____ \$ _____

	Column A	Column B
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>11,205.60</u>	\$ <u>52,249.71</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>11,205.60</u>	\$ <u>52,249.71</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>(657.08)</u>	<u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>2,105.23</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>10,548.52</u>	\$ <u>54,354.94</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

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

Current Cash Statement	
12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>5,752.86</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>4,880.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>742.79</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>11,205.60</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>170.05</u>

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.

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts	
18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0.00</u>

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>October 19, 2014</u> through <u>Dec. 31, 2014</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Mike Brem for Mayor 2014	I.D. NUMBER 1367469
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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)
10/23/14	Donald Duran 2804 Catala Way Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Merced Mutual Insurance Company	500.00	500.00	
10/23/14	Dennis Johnson 926 W. Oakhampton Dr. Eagle, ID 83616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President United Heritage Insurance	250.00	250.00	
10/28/14	La Monte Thornburg 625 Palacia Ct. Turlock, CA 95380	<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	
10/29/14	Pardeep Sahota 858 Geer Rd. Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed Sahota CPA, Inc.	1,000.00	1,000.00	
11/03/14	CA Real Estate Political Action Committee- California Assoc. of Realtors FPPC#890106 525 S. Virgil Ave., Los Angeles, CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	

SUBTOTAL \$ 2850.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>4,850.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>30.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>4,880.00</u>

*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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>October 19, 2014</u> through <u>Dec. 31, 2014</u>		CALIFORNIA FORM 460
NAME OF FILER <u>Mike Brem for Mayor 2014</u>		I.D. NUMBER <u>1367469</u>

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)
11/07/14	CA Real Estate Political Action Committee- California Assoc. of Realtors FPPC#890106 525 S. Virgil Ave., Los Angeles, CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	3,000.00	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				SUBTOTAL \$	2,000.00	

*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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from October 19, 2014
through Dec. 31, 2014

SCHEDULEE

CALIFORNIA FORM 460

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I.D. NUMBER
1367469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Brem for Mayor 2014

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
Turlock Golf & Country Club 10532 Golf Link Rd. Turlock, CA 95380	FND			657.08
Ali Cox & Company 1908 California Ave. Turlock, CA 95380	WEB			1,692.22
Ali Cox & Company 1908 California Ave. Turlock, CA 95380	PRT			1,113.44
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				
SUBTOTAL \$				3,462.74

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>11,110.15</u>
2. Unitemized payments made this period of under \$100	\$	<u>95.45</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>11,205.60</u>

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	October 19, 2014	
through	Dec. 31, 2014	Page <u>7</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Mike Brem for Mayor 2014		1367469

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Brem for Mayor 2014

I.D. NUMBER

1367469

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
Mike Brem 2200 Nordic Way Turlock, CA 95382	CMP		Reimbursement for campaign flyers	85.57
Mike Brem 2200 Nordic Way Turlock, CA 95382			Reimbursement for Election Night Party	2,436.07
Mike Brem 2200 Nordic Way Turlock, CA 95382			Reimbursement for Election Night Party	178.78
City of Turlock 156 S. Broadway, Ste. 230 Turlock, CA 95380			Fee for fine regarding Form 497	200.00
Turlock Gospel Mission 408 S. First St. Turlock, CA 95380	CVC			1,582.00

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

SUBTOTAL \$ 4,482.42

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from October 19, 2014
through Dec. 31, 2014

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Brem for Mayor 2014

I.D. NUMBER

1367469

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
Salvation Army 893 Lander Ave. Turlock, CA 95380	CVC			\$1,582.00
Carnegie Arts Center 250 N. Broadway Turlock, CA 95380	CVC			\$1,582.99

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

SUBTOTAL \$ 3,164.99

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>October 19, 2014</u> through <u>Dec. 31, 2014</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1367469	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Brem for Mayor 2014

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Turlock Golf & Country Club 10532 Golf Link Rd. Turlock, CA 95380	FND	657.08	0.00	657.08	0.00
SUBTOTALS \$		657.08 \$	0.00 \$	657.08 \$	0.00

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 657.08
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** (657.08)
May be a negative number

**Schedule I
Miscellaneous Increases to Cash**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from October 19, 2014
through Dec. 31, 2014

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Brem for Mayor 2014

I.D. NUMBER

1367469

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/27/14	California Republican Taxpayers Association #1286135 455 Canyon Del Rey Blvd. , Ste. 113 Del Rey Oaks, CA 93940	Refund due to the inability to mail in this jurisdiction.	\$470.00
10/29/14	Conservative Voter Guide #1336975 11230 Gold Express Dr., Ste. 310-320 Gold River, CA 95670	Refund due to the inability to mail in this jurisdiction.	\$272.79

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

\$742.79

Schedule I Summary

1. Itemized increases to cash this period.	\$ <u>742.79</u>
2. Unitemized increases to cash of under \$100 this period.	\$ <u>0.00</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ <u>0.00</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ <u>742.79</u>