

# 497 Contribution Report

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

# COPY

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER <b>JAWANE HILTON FOR CARSON CITY COUNCIL 2015</b>			Date of This Filing <u>4/21/15</u>	Date Stamp <b>15 APR 21 PM 5:1</b> CITY OF CARSON	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(310) 740-9363</b>	I.D. NUMBER (if applicable) <b>1373690</b>	Report No. <u>1009</u>			
STREET ADDRESS <b>665 EAST UNIVERSITY DRIVE</b>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>CARSON</b>	STATE <b>CA</b>	ZIP CODE <b>90746</b>	No. of Pages <u>1</u>		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
4/20/15	Christopher Townsend 26022 Horseshoe Circle Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Townsend Public Affairs	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

**\*\*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

Reason for Amendment: \_\_\_\_\_

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

**COPY 1ST PRE-ELECTION**

Date Stamp	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>19</u>
	For Official Use Only

Statement covers period from <u>January 1, 2015</u> through <u>April 18, 2015</u>	Date of election if applicable: (Month, Day, Year) <u>15 APR 23</u> <u>11:02</u> <u>June 2, 2015</u>
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement                                   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
1373690

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

Jawane Hilton for Carson City Council 2015

STREET ADDRESS (NO P.O. BOX)

665 East University Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>CA</u>	<u>90746</u>	<u>310-740-9363</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

**Treasurer(s)**

NAME OF TREASURER

Sheri Butler

MAILING ADDRESS

21724 Grace Avenue Unit 120

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>CA</u>	<u>90745</u>	<u>323-394-4545</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

**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 4.23.15  
Date

Executed on 4.23.15  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Sheri Butler  
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 2 of 19

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Jawane Hilton

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

Carson City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1008 Autumn Leaf Court Carson, CA 90746

**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?

YES  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?

YES  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

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.*

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 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>January 1, 2015</u>	<b>CALIFORNIA FORM 460</b>
through <u>April 18, 2015</u>	
Page <u>3</u> of <u>19</u>	I.D. NUMBER <u>1373690</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

**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>21,879.00</u>	\$ <u>21,879.00</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	<u>19,150.00</u>	<u>19,150.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>41,029.00</u>	\$ <u>41,029.00</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>41,029.00</u>	\$ <u>41,029.00</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>36,109.72</u>	\$ <u>36,109.72</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>36,109.72</u>	\$ <u>36,109.72</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>36,109.72</u>	\$ <u>36,109.72</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
<u> / /</u>	\$ _____
<u> / /</u>	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>0</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>41,029.00</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>36,109.72</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>4,919.28</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>4,919.28</u>

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

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>	\$ _____
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ _____

**Schedule A**  
**Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from January 1, 2015  
through April 18, 2015

**CALIFORNIA**  
**FORM** **460**

Page 4 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

I.D. NUMBER

1373690

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)
1/10/15	Gwendolyn White 1753 Wes 125th Street Los Angeles, CA 90047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	900.00	900.00	
1/26/15	Brian Cook 974 Sagebank Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheriff, Los Angeles County Sheriff Department	100.00	100.00	
1/26/15	Carlisha Millage 234 West 91st Street Los Angeles, CA 90003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, Department of Motor Vehicle	150.00	150.00	
1/26/15	Franklin Sellers 19819 Midtown Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employee, Pastor	200.00	200.00	
1/26/15	Deterius Frierson 2894 Herrington Avenue #K San Bernardino, CA 92405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advisor, Long Beach Job Corp.	200.00	200.00	

**SUBTOTAL \$** 1,550.00

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$	19,550.00
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$	2,329.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$</b>	21,879.00

\*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**

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

SCHEDULE A (CONT.)

Statement covers period from <u>January 1, 2015</u> through <u>April 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>19</u>
NAME OF FILER <u>Jawane Hilton for Carson City Council 2015</u>	
I.D. NUMBER <u>1373690</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)
1/31/15	Steven C. Bradford 13609 Purche Avenue Gardena, CA 90249	<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	
1/31/15	Steven Jefferson 323 Faley Lane Placentia, CA 92870	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher, John Muir Charter School	100.00	100.00	
1/31/15	Teresa Murdock P.O. Box 465 Atwood, CA 92811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Representative AT&T	100.00	100.00	
1/31/15	Charles Alford 19520 Scobey Avenue Carson, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Longshoreman, ILWU	150.00	150.00	
1/31/15	Jennifer Mason 13148 Day Street #E402 Moreno Valley, CA 92553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Processor Word and Brown	100.00	100.00	
<b>SUBTOTAL \$</b>				<b>550.00</b>		

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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.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>January 1, 2015</u> through <u>April 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>19</u>
I.D. NUMBER 1373690	

NAME OF FILER

Jawane Hilton for Carson City Council 2015

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)
1/31/15	Suzanne Brown 2421 West 85th Street Inglewood, CA 90305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director, Los Angeles Urban League	100.00	100.00	
1/31/15	Walter Whitehead 13006 Kornblum Avenue #H Hawthorne, A 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Registered Private Wealth Associate, Merrill Lynch	100.00	100.00	
1/31/15	Reginald Tate 28318 Granite Court Valencia, CA 91354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Depot X, Los Angeles County	100.00	100.00	
1/31/15	Harry Eaves 20303 Kaiser Circle Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed, Pastor/Realtor	100.00	100.00	
1/31/15	Brandi Murdock 20029 Alvo Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed, Realtor	950.00	950.00	
<b>SUBTOTAL \$</b>				1350.00		

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IND - Individual  
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(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>January 1, 2015</u> through <u>April 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>19</u>	I.D. NUMBER 1373690

NAME OF FILER  
Jawane Hilton for Carson City Council 2015

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)
1/31/15	Panattoni Development Company 20411 SW Birch Street Suite 200 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
1/31/15	Deidra Vandiegriff 1021 Gladwick Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Development Specialist, City of Long Beach	100.00	100.00	
2/13/15	James Peoples 19202 Broadacre Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Economist, Retired	100.00	100.00	
2/13/15	Robert Felix 873 Gladwick Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Police Dept., Retired	100.00	100.00	
2/13/15	California Ticket Defense Legal Service 11455 Paramount Blvd., Suite H Downey, CA 90241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
<b>SUBTOTAL \$</b>				<b>900.00</b>		

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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**

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SCHEDULE A (CONT.)

Statement covers period from <u>January 1, 2015</u> through <u>April 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>19</u>

NAME OF FILER <b>Jawane Hilton for Carson City Council 2015</b>	I.D. NUMBER <b>1373690</b>
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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)
2/13/15	Pro Color Lab West 16435 Ishida Gardena, CA 90248	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
1/26/15	Lauren Wilson 19527 Eddington Drive Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator, Los Angeles Unified School District	100.00	100.00	
2/18/15	Carson Companies 100 Bayview Circle #3500 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
2/19/15	Bel Canto Properties, LLC 17803 S. Santa Fe Avenue Rancho Dominguez, CA 90221	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600.00	600.00	
2/19/15	Leroy Thomas 6709 La Tijera Blvd. Unit 429 Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Buffalo Wild Wings	500.00	500.00	
<b>SUBTOTAL \$</b>				<b>3,300.00</b>		

\*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>January 1, 2015</u> through <u>April 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>19</u>
NAME OF FILER <u>Jawane Hilton for Carson City Council 2015</u>	
I.D. NUMBER <u>1373690</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)
2/23/15	Ervin Kinsey 2928 West 131st Street Gardena, CA 90249	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, Teacher	100.00	100.00	
2/23/15	Curtis Morris 842 E. Penrod Drive Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed, Pastor	100.00	100.00	
2/23/15	Shane Scott 19008 Kay Avenue Cerritos, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed, Pastor	100.00	100.00	
2/23/15	James Perkins 525 West 58th Street Los Angeles, CA 90007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed, Pastor	100.00	100.00	
2/23/15	Franklin Sellers 19819 Midtown Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed, Pastor	100.00	100.00	
<b>SUBTOTAL \$</b>				<b>500.00</b>		

\*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>January 1, 2015</u> through <u>April 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>10</u> of <u>19</u>
NAME OF FILER <b>Jawane Hilton for Carson City Council 2015</b>	
I.D. NUMBER <b>1373690</b>	

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)
2/24/15	Christopher Townsend 26002 Horseshoe Circle Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Townsend Public Affairs	1,000.00	1,000.00	
2/24/15	Norwalk Unocal Inc., DBA Autocar/USA 11948 Regent View Avenue Downey, CA 90241	<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	
2/25/15	Deterius Frierson 525 Wier Road San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advisor, Long Beach Job Corp.	100.00	100.00	
2/25/15	Barbara Johnson 5000 Sweetwater Drive Benton, LA 71006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trucker, Trinity Trucking	500.00	500.00	
2/27/15	Watson Land Company 22010 Wilmington Avenue Carson, CA 90745	<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	
<b>SUBTOTAL \$</b>				<b>3,600.00</b>		

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IND - Individual  
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(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>January 1, 2015</u> through <u>April 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>11</u> of <u>19</u>

NAME OF FILER <b>Jawane Hilton for Carson City Council 2015</b>	I.D. NUMBER <b>1373690</b>
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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)
3/2/15	Carson El Camino, LLC 10751 Wilshire Blvd. Suite 1207 Los Angeles, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
3/2/15	National Assoc. of Industrial & Office Properties 30151 Tomas Rancho Santa Margarita, CA 92688	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
3/2/15	Biz Fed PAC 455 Capital Mall, Suite 600 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		500.00	500.00	
3/2/15	Steven Wright 5742 10th Avenue Los Angeles, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
3/9/15	Gipson for Assembly 2016 (1373829) 3700 Wilshire Blvd. Suite 1050B Los Angeles, CA 90040	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
<b>SUBTOTAL \$</b>				<b>5,100.00</b>		

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(other than PTY or SCC)  
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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>January 1, 2015</u> through <u>April 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>19</u>
NAME OF FILER <u>Jawane Hilton for Carson City Council 2015</u>	
I.D. NUMBER <u>1373690</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)
4/10/15	Yolanda Hill 5747 7th Avenue Los Angeles, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, AT&T	100.00	100.00	
4/10/15	Carson Estate Trust 100 Bayview Circle #3500 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
2/25/15	Jarvis Young 5329 S. Chariton Avenue Los Angeles, CA 90056	<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	
		<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 \$ 2,700.00**

\*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 B – Part 1  
Loans Received**

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

Statement covers period  
from January 1, 2015  
through April 18, 2015

**CALIFORNIA FORM 460**

Page 13 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Jawane Hilton for Carson City Council 2015

I.D. NUMBER  
1373690

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jawane Hilton 1008 Autumn Leaf Court Carson, CA 90746  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed, Senior Pastor, City of the Hill Church, Carson, CA	\$ <u>0</u>	\$ <u>9,600.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>9,600.00</u>  <u>6/10/15</u> DATE DUE	<u>10</u> % RATE \$ _____ 0	\$ <u>9600.00</u>  <u>1/9/15</u> DATE INCURRED	CALENDAR YEAR \$ <u>9,600.00</u> PER ELECTION** \$ <u>9,600.00</u>
Jawane Hilton 1008 Autumn Leaf Court Carson, CA 90746  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed, Senior Pastor, City of the Hill Church, Carson, CA	\$ <u>0</u>	\$ <u>1,500.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>1,550.00</u>  <u>6/10/15</u> DATE DUE	<u>10</u> % RATE \$ _____ 0	\$ <u>1550.00</u>  <u>2/23/15</u> DATE INCURRED	CALENDAR YEAR \$ <u>1,550.00</u> PER ELECTION** \$ <u>1,550.00</u>
Gipson for Assembly 2016 (1373829) 3700 Wilshire Blvd. Ste 1050B Los Angeles, CA 90010  † <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>0</u>	\$ <u>8,000.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>8,000.00</u>  <u>6/10/15</u> DATE DUE	_____% RATE \$ _____	\$ <u>8000.00</u>  <u>4/10/15</u> DATE INCURRED	CALENDAR YEAR \$ <u>8,000.00</u> PER ELECTION** \$ <u>8,000.00</u>
<b>SUBTOTALS \$</b>								

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

1. Loans received this period ..... \$ 19,150.00  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 19,150.00  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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IND – Individual  
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(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

**Schedule E  
Payments Made**

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

Statement covers period from <u>January 1, 2015</u>		<b>CALIFORNIA FORM</b>	<b>460</b>
through <u>April 18, 2015</u>			
		Page <u>14</u> of <u>19</u>	
NAME OF FILER  Jawane Hilton for Carson City Council 2015		I.D. NUMBER 1373690	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

I.D. NUMBER

1373690

**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
Campaign LA 15518 South Broadway Street Gardena, CA 90248	CMP		1,836.00
John F. Kennedy Alliance 3700 Wilshire Blvd., #1050B Los Angeles, CA 90010	LIT		1,365.00
Courtney Lindberg Photography 8002 West 4th Street Los Angeles, CA 90048	LIT		525.00

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

**SUBTOTAL \$ 3,726.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 36,011.62
2. Unitemized payments made this period of under \$100	\$ 98.10
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.)	<b>TOTAL \$ 36,109.72</b>

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>January 1, 2015</u> through <u>April 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>15</u> of <u>19</u>
	I.D. NUMBER 1373690

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

**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
Political Data, Inc. P.O. Box 59570 Norwalk, CA 90652	LIT			850.97
Voter Guide Slate Card 6285 E. Spring Street, Suite 202 Long Beach, AC 90808	LIT			1,212.00
Target Marketing, USA 22981 Calle Azorin Mission Viego, CA 92692	LIT			269.04
Cognetix 2912 Old Bennett Ridge Road Santa Rosa, CA 95404	LIT			655.57
Independent Voters League 3700 Wilshire Blvd., #1050B Los Angeles, CA 90010	LIT			250.00

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

**SUBTOTAL \$ 3,237.58**



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

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

SCHEDULE E (CONT.)

Statement covers period from <u>January 1, 2015</u> through <u>April 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>16</u> of <u>19</u>
I.D. NUMBER 1373690	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

**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
Overland Strategies LLC 13300 Victory Blvd. #362 Van Nuys, CA 91401	LIT			6,998.00
Bank of America 870 E. Del Amo Blvd. Carson, CA 90746			Wire Fee	25.00
Southern California Edison P.O. Box 600 Rosemead, CA 91770			Security Deposit for Electric Company	135.00
Pay Pal P.O. Box 105658 Atlanta, GA 30348			Fees for online donations	191.32
Overland Strategies LLC 13300 Victory Blvd. #362 Van Nuys, CA 91401	LIT			5,964.00

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

**SUBTOTAL \$ 13,313.32**

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>January 1, 2015</u> through <u>April 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>17</u> of <u>19</u>
	I.D. NUMBER 1373690

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

**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
Jennifer Barrios 1521 South Haskins Avenue Compton, CA 90220	SAL			600.00
Juwan Tarver 17422 Wellfleet Avenue Carson, CA 90746	SAL			590.00
Angie Barrios 1521 S. HASKINS Avenue Compton, CA 90220	SAL			585.00
Julia Recinos 432 E. 17th Street #B Long Beach, CA 90813	SAL			340.00
David Morales 1930 W. El Segundo Blvd. #8 Gardena, CA 90249	SAL			150.00

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

**SUBTOTAL \$ 2,265.00**

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

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

Statement covers period from <u>January 1, 2015</u> through <u>April 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>18</u> of <u>19</u>
	I.D. NUMBER 1373690

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Jawane Hilton for Carson City Council 2015

**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	FET 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
Cassandra Kelly 19814 Galway Avenue Carson, CA 90746	SAL		220.00
Basil Kimbrew 25920 Iris Avenue Suite 13A Moreno Valley, CA 92551	WEB		200.00
City of Carson	FIL		775.00
Campaign LA 15518 South Broadway Street Gardena, CA 90248	CMP		1,550.00
Overland Strategies LLC 13300 Victory Blvd. #362 Van Nuys, CA 91401	LIT		9,000.00

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

**SUBTOTAL \$ 11,745.00**

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>January 1, 2015</u> through <u>April 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>19</u> of <u>19</u>
	I.D. NUMBER 1373690

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

**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
Bhullar Properties c/o Summit Team, Inc 17165 Newhope, St. Suite H Fountain Valley, CA 92708	OFC			1,000.00
Target Marketing 22981 Calle Azorin Mission Viejo, CA 92692	LIT			449.72
Alexis Servin 842 Lagoon Avenue Wilmington, CA 90744	SAL			275.00

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

**SUBTOTAL \$ 1,724.72**

# 497 Contribution Report

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

RECEIVED  
CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER JAWANE HILTON FOR CARSON CITY COUNCIL 2015		Date of This Filing 05/06/15 15	Date Stamp MAY -6 PM 12:39	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (310) 740-9363	I.D. NUMBER (if applicable) 1373690	Report No. 1010		
STREET ADDRESS 665 EAST UNIVERSITY DRIVE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY CARSON, CA	STATE CA	ZIP CODE 90746	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
5/4/15	WATSON LAND COMPANY 22010 WILMINGTON AVENUE CARSON, CA 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
5/6/15	CARSON EL CAMINO LLC 10751 WILSHIRE BLVD. STE 1207 LOS ANGELES, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

Reason for Amendment: \_\_\_\_\_

**\*\*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

# 497 Contribution Report

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

ROSE J  
CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER JAWANE HILTON FOR CARSON CITY COUNCIL 2015		Date of This Filing 5/14/15 15	Date Stamp MAY 14 PM 5:49	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (310) 740-9363	I.D. NUMBER (if applicable) 1373690	Report No. 1011	CITY OF CARSON	
STREET ADDRESS 665 EAST UNIVERSITY DRIVE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY CARSON	STATE CA	ZIP CODE 90746		

## 1. Contribution(s) Received

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
5/11/15	UA JOURNEYMEN & APPRENTICES 18355 S. FIGUEROA STREET GARDENA, CA 90248	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
5/11/15	SOUTHERN CALIFORNIA PIPE TRADES 501 SHATTO PLACE, SUITE 400 LOS ANGELES, CA 90020 ID# 760715	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
5/14/15	HANI NASSIF 2201 EAST 223RD STREET CARSON, CA 90810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER - WIN CHEVROLET	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*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

# 497 Contribution Report

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

RECEIVED  
CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER JAWANE HILTON FOR CARSON CITY COUNCIL 2015		Date of This Filing 5/19/15	Date Stamp MAY 19 PM 5:19	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (310) 740-9363	I.D. NUMBER (if applicable) 1373690	Report No. 1012	CITY OF CARSON	
STREET ADDRESS 665 EAST UNIVERSITY DRIVE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY CARSON	STATE CA	ZIP CODE 90746	No. of Pages 1	

## 1. Contribution(s) Received

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
5/18/15	STEVEN BRADFORD FOR SENATE 2016 777 S. FIGUEROA STREET, SUITE 4050 LOS ANGELES, CA 90017 ID#1354953	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*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

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED CITY CLERK  MAY 21 AM 10:36  CITY OF CARSON	CALIFORNIA FORM <b>460</b>
	Page <u>1</u> of <u>12</u> For Official Use Only

Statement covers period from <u>April 19, 2015</u>  through <u>May 16, 2015</u>	Date of election if applicable (Month, Day, Year) <u>June 2, 2015</u>
--	---

SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination)<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

**3. Committee Information**

I.D. NUMBER  
1373690

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

Jawane Hilton for Carson City Council 2015

STREET ADDRESS (NO P.O. BOX)

665 East University Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>CA</u>	<u>90746</u>	<u>310-740-9363</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Sheri Butler

MAILING ADDRESS

21724 Grace Avenue Unit 120

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Carson</u>	<u>CA</u>	<u>90745</u>	<u>323-394-4545</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 5/20/15  
Date

Executed on 5/21/15  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By S Butler  
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

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>12</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE			
Jawane Hilton			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Carson City Council			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1008 Autumn Leaf Court	Carson, CA		90746

**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

**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.*

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>April 19, 2015</u> through <u>May 16, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>12</u>
NAME OF FILER <u>Jawane Hilton for Carson City Council 2015</u>	I.D. NUMBER <u>1373690</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

**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>11,425.00</u>	\$ <u>33,304.00</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	<u>0</u>	<u>19,150.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>11,425.00</u>	\$ <u>52,454.00</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>11,425.00</u>	\$ <u>52,454.00</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	Column B
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ <u>8,134.95</u>	\$ <u>44,244.67</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>8,134.95</u>	\$ <u>44,244.67</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>8,134.95</u>	\$ <u>44,244.67</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>4,919.28</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>11,425.00</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>8,134.95</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>8,209.33</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>8,209.33</u>

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

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ _____
--	----------

**Cash Equivalents and Outstanding Debts**

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).

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>April 19, 2015</u>		<b>CALIFORNIA FORM 460</b>
through <u>May 16, 2015</u>		
		Page <u>4</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Jawane Hilton for Carson City Council 2015</b>	I.D. NUMBER <b>1373690</b>
--	-------------------------------

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)
4/20/15	Christopher Townsend 26022 Horseshoe Circle Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Townsend Public Affairs	1,000.00	2,000.00	
5/4/15	Robert L. Lesley 19213 Midtown Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
5/4/15	Nationwide Environmental Services 11914 Front Street Norwalk, CA 90650	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
5/4/15	Watson Land Company 22010 Wilmington Avenue Carson, CA 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	3,500.00	
5/6/15	Carson El Camino LLC 10751 Wilshire Blvd. Ste. 1207 Los Angeles, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	4,000.00	
<b>SUBTOTAL \$</b>				<b>6200.00</b>		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ <u>11,400.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ <u>25.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ <u>11425.00</u></b>

\*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>April 19, 2015</u> through <u>May 16, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>12</u>
I.D. NUMBER 1373690	

NAME OF FILER

Jawane Hilton for Carson City Council 2015

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)
5/6/15	Pro Color Lab West , Inc. 16435 Ishida Avenue Gardena, CA 90248	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	200.00	
5/11/15	UA Journeymen & Apprentices 18355 S. Figueroa Street Gardena, CA 90248	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
5/11/15	Southern California Pipe Trades ID# 760715 501 Shatto Place Suite 400 Los Angeles, CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		2,000.00	2,000.00	
5/11/15	Martin Luther King Jr. Democratic Club 1224 Oakhome Drive Harbor City, CA 90710	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
5/14/15	Hani Nassif 2201 East 223rd Street Carson, CA 90810	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner - Win Chevrolet	1,000.00	1,000.00	
<b>SUBTOTAL \$</b>				<b>5,200.00</b>		

\*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 B – Part 1  
Loans Received**

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

Statement covers period  
from April 19, 2015  
through May 16, 2015

**CALIFORNIA FORM 460**

Page 6 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

I.D. NUMBER

1373690

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jawane Hilton 1008 Autumn Leaf Court Carson, CA 90746  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed, Senior Pastor, City of the Hill Church, Carson, CA	\$ 9,600.00	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 9,600.00  6/10/15 DATE DUE	10% RATE  \$ 0	\$ 9600.00  1/9/15 DATE INCURRED	CALENDAR YEAR \$ 9,600.00 PER ELECTION** \$ 9,600.00
Jawane Hilton 1008 Autumn Leaf Court Carson, CA 90746  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed, Senior Pastor, City of the Hill Church, Carson, CA	\$ 1,500.00	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 1,550.00  6/10/15 DATE DUE	10% RATE  \$ 0	\$ 1550.00  2/23/15 DATE INCURRED	CALENDAR YEAR \$ 1,550.00 PER ELECTION** \$ 1,550.00
Gipson for Assembly 2016 (1373829) 3700 Wilshire Blvd. Ste 1050B Los Angeles, CA 90010  † <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 8,000.00	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 8,000.00  6/10/15 DATE DUE	% RATE  \$ _____	\$ 8000.00  4/10/15 DATE INCURRED	CALENDAR YEAR \$ 8,000.00 PER ELECTION** \$ 8,000.00
<b>SUBTOTALS \$</b>								<b>\$ 19,150.00 \$</b>

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule E  
Payments Made**

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	April 19, 2015	
through	May 16, 2015	Page <u>7</u> of <u>12</u>
NAME OF FILER		I.D. NUMBER
Jawane Hilton for Carson City Council 2015		1373690

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Jawane Hilton for Carson City Council 2015

**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
JENNIFER BARRIOS 1521 SOUTH HASKINS AVENUE COMPTON, CA 90220	SAL		335.00
DOLORES KELLEY 19905 REINHART AVENUE CARSON, CA 90746	SAL		395.00
ANGIE BARRIOS 1521 SOUTH HASKINS AVENUE COMPTON, CA 90220	SAL		275.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1,005.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 8,134.95
2. Unitemized payments made this period of under \$100	\$ 0
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.)	<b>TOTAL \$ 8,134.95</b>

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

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	April 19, 2015	
through	May 16, 2015	Page <u>8</u> of <u>12</u>
		I.D. NUMBER 1373690

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Jawane Hilton for Carson City Council 2015

**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
JULIA RECINOS 432 E. 17TH STREET #B LONG BEACH, CA 90813	SAL			320.00
ARTURO FRAZIER	SAL			270.00
CLEO CLAXTON	SAL			190.00
BRYAUM PROBY	SAL			270.00
AMVAR CASTANEDA 4330 PENDLETON AVENUE LYNWOOD, CA 90262	SAL			90.00

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

**SUBTOTAL \$ 1,140.00**

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>April 19, 2015</u> through <u>May 16, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>12</u>
	I.D. NUMBER 1373690

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Jawane Hilton for Carson City Council 2015

**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
JUANA HERNANDEZ	SAL		30.00
OVERLAND STRATEGIES 13300 VICTORY BLVD. #362 VAN NUYS, CA 91401	LIT		2,699.00
CHARLES HUNT 17701 AVALON SPACE #52 CARSON, CA 90746	SAL		80.00
KENNETH ROBINSON 738 HOWARD AVENUE CARSON, CA 90746	SAL		80.00
ANTHONY MYERS 17613 AMANTHA AVENUE CARSON, CA 90746	SAL		40.00

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

**SUBTOTAL \$ 2,929.00**



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

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

SCHEDULE E (CONT.)

Statement covers period from <u>April 19, 2015</u> through <u>May 16, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>10</u> of <u>12</u>
	I.D. NUMBER 1373690

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Jawane Hilton for Carson City Council 2015

**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
RAY LEWIS 969 GLADWICK STREET CARSON, CA 90746	SAL		40.00
PERNITHA TINSLEY P.O. BOX 91070 LOS ANGELES, CA 90009	SAL		40.00
CAMPAIGN LA 15518 SOUTH BROADWAY STREET GARDENA, CA 90248	CMP		420.00
AT&T 20810 AVALON BLVD. STE B CARSON, CA 90746	PHO		160.89
NEXT DAY FLYERS 8000 HASKELL AVENUE VAN NUYS, CA 91406	CMP		480.06

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

**SUBTOTAL \$ 1,140.95**

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>April 19, 2015</u> through <u>May 16, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>11</u> of <u>12</u>
	I.D. NUMBER 1373690

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

**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
JENNIFER BARRIOS 1521 SOUTH HASKINS AVENUE COMPTON, CA 90220	SAL			245.00
DOLORES KELLEY 19905 REINHART AVENUE CARSON, CA 90746	SAL			420.00
ANGIE BARRIOS 1521 SOUTH HASKINS AVENUE COMPTON, CA 90220	SAL			25.00
JULIA RECINOS 432 E. 17TH STREET #B LONG BEACH, CA 90813	SAL			40.00
ARTURO FRAZIER	SAL			325.00

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

**SUBTOTAL \$ 1,055.00**

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>April 19, 2015</u> through <u>May 16, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Jawane Hilton for Carson City Council 2015

I.D. NUMBER  
1373690

**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
CLEO CLAXTON	SAL		215.00
BRYAUM PROBY	SAL		240.00
AMBAR CASTANEDA 4330 PENDELTON AVENUE LYNWOOD, CA 9062	SAL		110.00
JUANA HERNANDEZ	SAL		30.00
JAWAUN TARVER 17422 WELLFLEET AVENUE CARSON, CA 90746	SAL		270.00

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

**SUBTOTAL \$ 865.00**

# 497 Contribution Report

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

REC'D 9

497 CONTRIBUTION REPORT

NAME OF FILER JAWANE HILTON FOR CARSON CITY COUNCIL 2015		Date of This Filing 05/26/15	CITY Date Stamp 15 MAY 26 PM 5:14 CITY OF CARSON	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (310) 740-9363	I.D. NUMBER (if applicable) 1373690	Report No. 1013		
STREET ADDRESS 865 EAST UNIVERSITY DRIVE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY CARSON	STATE CA	ZIP CODE 90746	No. of Pages 1	

## 1. Contribution(s) Received

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
05/22/15	GIPSON FOR ASSEMBLY 2016 3700 WILSHIRE BLVD. SUITE 1050B LOS ANGELES, CA 90010 ID# 1373829	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000 <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*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

# 497 Contribution Report

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

RECEIVED  
CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER JAWANE HILTON FOR CARSON CITY COUNCIL 2015		Date of This Filing 05/06/15 15	Date Stamp MAY -6 PM 12:39	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (310) 740-9363	I.D. NUMBER (if applicable) 1373690	Report No. 1010	CITY OF CARSON	
STREET ADDRESS 665 EAST UNIVERSITY DRIVE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY CARSON, CA	STATE CA	ZIP CODE 90746	No. of Pages 1	

## 1. Contribution(s) Received

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
5/4/15	WATSON LAND COMPANY 22010 WILMINGTON AVENUE CARSON, CA 90745	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
5/6/15	CARSON EL CAMINO LLC 10751 WILSHIRE BLVD. STE 1207 LOS ANGELES, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*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

497 Contribution Report

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

RECEIVED  
CITY CLERK

COPY

497 CONTRIBUTION REPORT

NAME OF FILER Jawane Hilton for Carson City Council 2015		Date of This Filing 2-19-2015	Date Stamp FEB 19 PM 2:19	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 702) 740-9363	I.D. NUMBER (if applicable) 1373690	Report No. 1002	CITY OF CARSON	
STREET ADDRESS 665 East University Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY Carson, CA	STATE CA	ZIP CODE 90746		

1. Contribution(s) Received

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
2-18-2015	Carson Companies 100 Bayview Circle # 2500 Newport Beach, CA 92660	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*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

## 497 Contribution Report

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

RECEIVED  
CITY OF CARSON 497 CONTRIBUTION REPORT

NAME OF FILER <b>Jawane Hilton for Carson City Council 2015</b>		Date of This Filing <b>2-24-15</b>	Date Stamp <b>15 FEB 24</b>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(310) 740-9363</b>	I.D. NUMBER (if applicable) <b>1373690</b>	Report No. <b>1003</b>	CITY OF CARSON	
STREET ADDRESS <b>665 E. University Drive</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Carson</b>	STATE <b>CA</b>	ZIP CODE <b>90746</b>	No. of Pages <b>1</b>	

### 1. Contribution(s) Received

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
2/23/15	Jawane R. Hilton 1008 Autumn Leaf Court Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed: Sr. Pastor, City on the Hill Church Carson, CA	\$1,550.00 <input checked="" type="checkbox"/> Check if Loan 10% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\*\*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

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

1ST PRE-ELECTION

Type or print in ink

COPY

Date Stamp RECEIVED CITY CLERK	CALIFORNIA 2001/02 FORM 460
15 FEB -2 PM 1:20	Page 1 of 6
CITY OF CARSON	For Official Use Only

Statement covers period  
from January 1, 2015  
through January 17, 2015

Date of election if applicable:  
(Month, Day, Year)  
03-03-15

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
- Ballot Measure Committee
  - Primarily Formed
  - 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1873090

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Jawane Hilton for Carson City Council  
2015

STREET ADDRESS (NO P.O. BOX)  
1008 Autumn Leaf Court  
CITY STATE ZIP CODE AREA CODE/PHONE  
Carson CA 90746 (310) 740-9363

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Sheri Butler  
MAILING ADDRESS  
21724 Grace Avenue Unit 120  
CITY STATE ZIP CODE AREA CODE/PHONE  
Carson, CA 90745 (323) 394-4545  
NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE

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 Feb. 2, 2015  
Date  
Executed on 2-2-15  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date

By S Butler  
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

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>6</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Jawane Hilton

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

Carson City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1008 Autumn Leaf Court Carson, CA 90746

**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. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 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>January 1, 2015</u>	<b>CALIFORNIA FORM 460</b>
through <u>January 17, 2015</u>	
Page <u>3</u> of <u>6</u>	
I.D. NUMBER <u>1373690</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>1,015.00</u>	\$ <u>1,015.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>9,600.00</u>	\$ <u>9,600.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>10,615.00</u>	\$ <u>10,615.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>10,615.00</u>	\$ <u>10,615.00</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 ..... Schedule E, Line 4	\$ <u>1,836.00</u>	\$ <u>1,836.00</u>
7. Loans Made ..... Schedule H, Line 3	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>1,836.00</u>	\$ <u>1,836.00</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ _____
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ _____
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>1,836.00</u>	\$ <u>1,836.00</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 ..... Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>10,615.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>1,836.00</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>8,779.00</u>

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ \_\_\_\_\_

**Cash Equivalents and Outstanding Debts**

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

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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

RECEIVED  
CITY CLERK

Statement covers period from <u>January 1, 2015</u> through <u>January 17, 2015</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>4</u> of <u>6</u>
NAME OF FILER <u>Jawane Hilton for Carson City Council 2015</u>		I.D. NUMBER <u>1373690</u>

SEE INSTRUCTIONS ON REVERSE

15 FEB -2 PM 1:26

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)
1-10-15	Gwendolyn White 1753 W. 125th Street Los Angeles, CA 90047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 900.00	\$ 900.00	
		<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 \$ 900.00

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 900.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 115.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 1015.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule B – Part 1  
Loans Received**

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

Statement covers period  
from January 1, 2015  
through January 17, 2015

**CALIFORNIA FORM 460**

Page 5 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

I.D. NUMBER

1373690

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
<u>Jawane Hilton</u> <u>1008 Autumn Leaf Court</u> <u>Carson, CA 90746</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Self Employed</u> <u>Senior Pastor @</u> <u>City on the Hill</u> <u>Church, Carson,</u> <u>CA</u>	\$ <u>0</u>	\$ <u>9600.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>9,600.00</u> <u>03/04/15</u> DATE DUE	<u>10</u> % RATE \$ <u>0</u>	\$ <u>9600.00</u> <u>1/2/15</u> DATE INCURRED	CALENDAR YEAR \$ <u>9600.00</u> PER ELECTION** \$ <u>9600.00</u>	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____ % RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____ % RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____	
SUBTOTALS \$ <u>9600.00</u> \$ _____ \$ <u>9600.00</u> \$ _____									

**Schedule B Summary**

1. Loans received this period ..... \$ 9600.00  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 9600.00  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

† Contributor Codes

IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>January 1, 2015</u>	<b>CALIFORNIA FORM 460</b>
through <u>January 17, 2015</u>	
Page <u>6</u> of <u>6</u>	I.D. NUMBER <u>1373690</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

**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
<u>Campaign LA 15518 South Broadway Street Gardena, CA 90248</u>	<u>CMP</u>		<u>\$1,836.00</u>

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

**SUBTOTAL \$ 1,836.00**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ <u>1,836.00</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$ <u>1,836.00</u></b>

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

2ND PRE-ELECTION

Type or print in ink.

COPY

Date Stamp RECEIVED CITY CLERK 15 FEB 19 PM 2:19 CITY OF CARSON

CALIFORNIA FORM 460 Page 1 of 11 For Official Use Only

Statement covers period from January 18, 2015 through February 14, 2015

Date of election if applicable: March 3, 2015

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
General Purpose Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1373690

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

Jawane Hilton for Carson City Council 2015

STREET ADDRESS (NO P.O. BOX)

665 East University Drive

CITY Carson STATE CA ZIP CODE 90746 AREA CODE/PHONE 310-740-9363

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Sheri Butler

MAILING ADDRESS

21724 Grace Avenue Unit 120

CITY Carson STATE CA ZIP CODE 90745 AREA CODE/PHONE 323-394-4545

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 2/19/15 Date

Executed on 2/19/15 Date

Executed on Date

Executed on Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] 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 2 of 11

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Jawane Hilton

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1008 Autumn Leaf Court Carson, CA 90746

**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
----------------------	--------------	---

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.*

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>January 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
through <u>February 14, 2015</u>	
Page <u>3</u> of <u>11</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Jawane Hilton for Carson City Council 2015</u>	I.D. NUMBER <u>1373690</u>
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**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>5,024.00</u>	\$ <u>6,039.00</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	<u>0</u>	<u>9,600.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>5,024.00</u>	\$ <u>15,639.00</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>5,024.00</u>	\$ <u>15,639.00</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>13,437.87</u>	\$ <u>15,273.87</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>13,437.87</u>	\$ <u>15,273.87</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>13,437.87</u>	\$ <u>15,273.87</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
<u> / /</u>	\$ _____
<u> / /</u>	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>8,779.00</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>5,024.00</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>13,437.87</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>365.13</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>365.13</u>

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

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>	\$ _____
--	----------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ _____



**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>January 18, 2015</u> through <u>February 14, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Jawane Hilton for Carson City Council 2015</b>	I.D. NUMBER <b>1373690</b>
--	-------------------------------

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)
1/26/2015	Brian Cook 974 Sagebank Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheriff, Los Angeles County Sheriff Department	100.00	100.00	
1/26/2015	Carlisha Millage 234 W. 91st Street Los Angeles, CA 90003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, Department of Motor Vehicle	150.00	150.00	
1/26/2015	Franklin Sellers 19819 Midtown Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed, Pastor	200.00	200.00	
1/26/2015	Deterius Frierson 2894 Herrington Avenue #K San Bernardino, CA 92405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advisor, Long Beach Job Corp.	200.00	200.00	
1/31/2015	Steven C. Bradford 13609 Purche Avenue Gardena, CA 90249	<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	
<b>SUBTOTAL \$</b>				<b>750.00</b>		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ <u>3650.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ <u>1374.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ <u>5024.00</u></b>

\*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>January 18, 2015</u> through <u>February 14, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>11</u>
NAME OF FILER <u>Jawane Hilton for Carson City Council 2015</u>	
I.D. NUMBER <u>1373690</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)
1/31/2015	Steve Jefferson 323 Faley Lane Placentia, CA 92870	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher, John Muir Charter School	100.00	100.00	
1/31/2015	Teresa Murdock P.O. Box 465 Atwood, CA 92811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Representative, AT&T	100.00	100.00	
1/31/2015	Charles Alford 19520 Scobey Avenue Carson, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Longshoreman, ILWU	150.00	150.00	
1/31/2015	Jennifer Mason 13148 Day Street #E302 Moreno Valley, CA 92553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Processor, Word and Brown	100.00	100.00	
1/31/2015	Suzanne Brown 2421 West 85th Street Inglewood, CA 90305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director, Los Angeles Urban League	100.00	100.00	
<b>SUBTOTAL \$</b>				<b>550.00</b>		

\*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>January 18, 2015</u>	<b>CALIFORNIA FORM 460</b>
through <u>February 14, 2015</u>	
Page <u>0</u> of <u>11</u>	

NAME OF FILER <b>Jawane Hilton for Carson City Council 2015</b>	I.D. NUMBER <b>1373690</b>
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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)
1/31/2015	Walter Whitehead 13006 Kornblum Avenue #H Hawthorne, CA 90250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Registered Private Wealth Associate, Merrill Lynch	100.00	100.00	
1/31/2015	Reginald Tate 28318 Granite Court Valencia, CA 91354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Depot X, Los Angeles County	100.00	100.00	
1/31/2015	Harry Eaves 20303 Kaiser Circle Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed, Pastor/Realtor	100.00	100.00	
1/31/2015	Brandi Murdock 20029 Alvo Avenue Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed, Realtor	950.00	950.00	
1/31/2015	Panattoni Developmenet Company 20411 SW Birch Street Suite 200 Newport Beach, CA 92660	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
<b>SUBTOTAL \$</b>				<b>1750.00</b>		

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
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**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>January 18, 2015</u> through <u>February 14, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>11</u>
I.D. NUMBER 1373690	

NAME OF FILER

Jawane Hilton for Carson City Council 2015

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)
1/31/2015	Deidra Vandiegriff 1021 Gladwick Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Development Specialist, City of Long Beach	100.00	100.00	
2/13/2015	James Peoples 19202 Broadacre Avenue Carson, CA 90745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Economist, Retired	100.00	100.00	
2/13/2015	Robert Felix 873 Gladwick Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Police Dept., Retired	100.00	100.00	
2/13/2015	California Ticket Defense Legal Service 11455 Paramount Blvd., Suite H Downey, CA 90241	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
2/13/2015	Pro Color Lab West 16435 Ishida Gardena, CA 90248	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
<b>SUBTOTAL \$</b>				<b>500.00</b>		

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(other than PTY or SCC)  
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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 January 18, 2015  
through February 14, 2015

**CALIFORNIA  
FORM 460**

Page 8 of 11

NAME OF FILER  
Jawane Hilton for Carson City Council 2015

I.D. NUMBER  
1373690

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)
1/26/2015	Lauren Wilson 19527 Eddington Drive Carson, CA 90746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator, Los Angeles Unified School District	100.00	100.00	
		<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				
<b>SUBTOTAL \$</b>				<b>100.00</b>		

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(other than PTY or SCC)  
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**Schedule E  
Payments Made**

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

Statement covers period  
from January 18, 2015  
through February 14, 2015

Page 9 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

I.D. NUMBER

1373690

**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
Bhullar Properties 40 Summit Team Inc. 17165 Newhope St. Suite # Fountain Valley, CA 92708		Headquarter Rent	1000.00
Cognetix 2912 Old Bennett Ridge Road Santa Rosa, CA 95404	LIT		655.57
Independent Voters League 3700 Wilshire Blvd., #1050B Los Angeles, CA 90010-3090	LIT		250.00

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

**SUBTOTAL \$ 1905.57**

**Schedule E Summary**

- |  |                           |
|--|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 13,437.87              |
| 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).)                   | \$ 0                      |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 13,437.87</b> |

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

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to whole dollars.

Statement covers period from <u>January 18, 2015</u> through <u>February 14, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>10</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

I.D. NUMBER

1373690

**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
John F. Kennedy Alliance 3700 Wilshire Blvd., #1050B Los Angeles, CA 90010-3090	LIT		1365.00
Courtney Lindberg Photography 8002 West 4th Street Los Angeles, CA 90048	LIT		525.00
Political Data, Inc. P.O. Box 59570 Norwalk, CA 90652	LIT		908.97
Voter Guide Slate Card 6285 E. Spring Street, Suite 202 Long Beach, CA 90808	LIT		1212.00
Target Marketing USA 22981 Calle Azorin Mission Viejo, CA 92692	LIT		269.04

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

**SUBTOTAL \$ 4280.01**

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>January 18, 2015</u> through <u>February 14, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>11</u> of <u>11</u>
I.D. NUMBER 1373690	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jawane Hilton for Carson City Council 2015

**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
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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
Overland Strategies LLC 13300 Victory Boulevard #362 Van Nuys, CA 91401	LIT		6998.00
Bank of America 870 E. Del Amo Blvd. Carson, CA 90746		Wire Fee	25.00
Southern California Edison P.O. Box 600 Rosemead, CA 917701-001		Security Deposit for electric company	135.00
PayPal P.O. Box 105658 Atlanta, GA 30348-5658		Fees for online donations	94.29

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

**SUBTOTAL \$ 7252.29**



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497 Contribution Report

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

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER JAWANE HILTON FOR CARSON CITY COUNCIL 2015		Date of This Filing 3/3/2015	CITY Date Stamp 15 MAR -3 AM 8:40 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 740-9363	I.D. NUMBER (if applicable) 1373690	Report No. 1005		
STREET ADDRESS 665 EAST UNIVERSITY DRIVE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY CARSON,	STATE CA	ZIP CODE 90745	No. of Pages 1	

1. Contribution(s) Received

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
2/27/2015	WATSON LAND COMPANY 22010 WILMINGTON AVENUE CARSON, CA 90745	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

COPY

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER JAWANE HILTON FOR CARSON CITY COUNCIL 2015		Date of This Filing 3/3/2015	RECEIVED Date Stamp MAR -3 AM 8:40 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 740-9363	I.D. NUMBER (if applicable) 1373690	Report No. 1006		
STREET ADDRESS 665 EAST UNIVERSITY DRIVE		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY CARSON,	STATE CA			

1. Contribution(s) Received

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
3/2/2015	CARSON EL CAMINO, LLC 10751 WILSHIRE BLVD. STE. 1207 LOS ANGELES, CA 90024	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

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## 497 Contribution Report

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

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CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER Jawane Hilton for Carson City Council 2015		Date of This Filing 2/25/15	Date Stamp 15 FEB 25 PM 4:46	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER (310) 740-9363	I.D. NUMBER (if applicable) 1373690	Report No. 1004	CITY OF CARSON	
STREET ADDRESS 1069 E. University Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY Carson,	STATE CA	ZIP CODE 90746		

### 1. Contribution(s) Received

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
2/24/15	Christopher Townsend 26022 Horseshoe Circle Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Townsend Public Affairs	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
2/24/15	Norwalk Unocal Inc. DBA Autocar/USA 11948 Regent View Ave Downey, CA 90241	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_