

Recipient Committee		_	Date Stamp	COVER PAGE
Campaign Statement Cover Page			Daig Stemp	FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 10-18-2020 through 12-31-2020	Date of election if applicable: (Month, Day, Year)		Page 1 of 13 For Official Use Only
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5)  General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored so Complete Part 8 rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Statement) Amendment (Explain below	ination)	Quarterly Statement Special Odd-Year Report
2 Committee Information	NUMBER 349708	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	717700	NAME OF TREASURER		
Greg Bolin for Town Council 2020		Elizabeth Dunn MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		7030 Skyway	STATE ZII	P CODE AREA CODE/PHONE
7030 Skyway		Paradise		530-877-1180
CITY STATE ZIP COO	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	IF ANY	
Paradise CA 95969 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	530-877-1180	MAILING ADDRESS		
7030 Skyway				
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZI	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification  I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C  Executed on 1-29-21  Executed on 1-29-21  Date		nowledge the information contained her	ein and in the attached	
Executed on	By_	gnature of Controlling Officeholder, Candidate, State		
Executed onDate	fly-	gnature of Controlling Officeholder, Candidate, State		

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## Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460

Page 2 of 13

5. Officeholder or Candidate Controlled Con	mittee			Primarily Formed Balla				
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE	ivieasure	Committee	-	
Gregory L. Bolin				IN INC. OF BALLOT MEAGURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF A	PPLICAE	BLE)	BALLOT NO. OR LETTER	JURISDICTIO	NC	T	
Paradise CA Town Council Member								SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP					7 01 7 005
7030 Skyway	Paradise	CA 9	95969	Identify the controlling officer			measure prop	onent, if any.
				NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you	tatement: List ar	ny comm	nittees					
contributions or make expenditures on behalf of your ca	ndidacy.	rea to rea	ceive	OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER			7	Primarily Formed Candi	de4=1045		4.0	
NAME OF TREASURER	CONTROLLED C	THE SECURITION OF THE	EE?	<ul> <li>Primarily Formed Candi officeholder(s) or candidate(s) for</li> </ul>	or which this o	nolder Cor committee is p	nmittee Lis	st names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C		NO		NAME OF OFFICEHOLDER OR CA				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 50%)			TO THE OF OFFICE HOLDER OR CA	ANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT
CITY STATE ZIP	CODE ARE	A CODE/F	PHONE				and the same and t	OPPOSE
				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER							OPPOSE
				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	HT OR HELD	
-								SUPPORT
NAME OF TREASURER	CONTROLLED CO	OMMITTE	EE?	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE ROLLS		OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.		NO		THE THE TEN TO LOCALING ON CA	MOIDATE	OFFICE SOUG	H F OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)							☐ OPPOSE
CITY STATE ZIP	CODE AREA	CODE/P	HONE					
	ANEA	,0000	-HONE	Attach	continuation	sheets if nec	essary	

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Campaign Disclosure Statement		Amounts may be roun to whole dollars.	ded				SUMMARY PAG
Summary Page		to whole dollars.				tement covers period I-18-2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through	12-31-2020	Page _3 of13
Greg Bolin for Town Council 2020							I.D. NUMBER 1349708
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column CALENDAR Y TOTAL TO D	FAR	Calendar Year Sum	mary for Candidates e State Primary and
Monetary Contributions Schedule A, Line 3	\$	1422.00	•	4423.90	NIE.	General Elections	e State Primary and
2. Loans Received		0	Ψ	2727.50		1/1 th	rough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	4423.90	•	7151.40		20. Contributions	A >7/4
4. Nonmonetary Contributions Schedule C, Line 3		0	Ψ	0		I was very same	A \$ N/A
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	4423.90	\$	7151.40		21. Expenditures Made \$	\$
Expenditures Made	And the second		bio		-		
6. Payments Made Schedule E, Line 4	\$	0	\$	2866.77		Expenditure Limit S Candidates	ummary for State
7. Loans Made Schedule H, Line 3		0	•	0		Candidates	
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$	0	\$	2866.77		22. Cumulativ	e Expenditures Made*
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0	•	0		(If Subject to V	oluntary Expenditure Limit)
10. Nonmonetary AdjustmentSchedule C, Line 3		0		0		Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	0	\$	2866.77		(	s N/A
Current Cash Statement	1000						\$
2. Beginning Cash Balance Previous Summary Page, Line 16	\$	44.31					\$
3. Cash Receipts Column A, Line 3 above	•	4423.90	To	calculate Column d amounts in Column	1 B,		
4. Miscellaneous Increases to Cash		0	A to	the correspondi	ing	*Amounts in this section ma	ay be different from amounts
5. Cash Payments		0	am of v	ounts from Colun our last report.	nn B Some	reported in Column B.	by be different from amounts
6. ENDING CASH BALANCE	\$	4468.21	am	ounts in Column	A may		
If this is a termination statement, Line 16 must be zero.	Ψ		sho	negative figures to ould be subtracted vious period amo	d from		
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		this filed	is the first report for this calendar	being ryear,		
ash Equivalents and Outstanding Debts			fron	carry over the an Lines 2, 7, and	mounts 9 (if		
B. Cash Equivalents See instructions on reverse	\$		any	).	- (,,		
9. Outstanding Debts Add Line 2 + Line 9 in Column B above							
	0.00				1	FPPC Advice: advice	FPPC Form 460 (Jan/2016)) @fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	e A y Contributions Received	Amou to	nts may be rounded o whole dollars,	Statement co			SCHEDULE
				from 10-18-2020		CAL F	IFORNIA 460
SEE INSTRUCT	IONS ON REVERSE			through 12-31-2	020	Pag	e 4 of 13
NAME OF FILER				unough			UMBER
Greg Bolin	for Town Council 2020					13497	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR Y	DATE EAR	PER ELECTION TO DATE
11/25/2020	Town of Paradise 5555 Skyway Paradise, CA 95969	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	NO SCIENCE OF EN NAME	223.90	(JAN. 1 - DEC 223.90	. 31)	(IF REQUIRED)
12/23/2020	Trilogy Construction, Inc. 7030 Skyway Paradise, CA 95969	IND COM OTH PTY SCC		4,200.00	4,200.00		
		□ IND □ COM □ OTH □ PTY □ SCC					
		☐IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					p.
			SUBTOTAL \$				2 3 3 3 3 3 3 3 3 3 3 3
Amount received (Include all	Summary eived this period – itemized monetary contributions. Schedule A subtotals.)		\$ 4423	3.90	OTH-	ndividua Recipie (other th Other (e	Int Committee nan PTY or SCC) .g., business entity)
Total moneta	ary contributions received this period. I and 2. Enter here and on the Summary Page, Colu			.90	PTY-F	Political Small Co	Party Ontributor Committee
		14)	Ţ		C Advice: advice@	FPPC fppc.ca	Form 460 (Jan/2016)) a.gov (866/275-3772) www.fppc.ca.gov

Schedule B - Part 1	Ar	mounts may be re					SCHE	EDULE B - PART
Loans Received		to whole dolla	rs.		Statement co	vers period		NIA 460
7					from 10-18-202	0	FORM	"" <sup>^</sup> 46U
SEE INSTRUCTIONS ON REVERSE					through 12-31-	2020	Page 5	of 13
ACRES MARINE THE PROPERTY OF T							I.D. NUMBER	
Greg Bolin for Town Council 2020							1349708	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b) AMOUNT	(c) AMOUNT PAI	D OUTSTANDING	(e) INTEREST	1 10	(a)
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	DECENCED THE	OR FORGIVE THIS PERIO	N BALANCE AT	PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Gregory Bolin	Contractor			PAID				CALENDAR YEAR
7030 Skyway	Trilogy Construction, Inc			\$	s 720.47	0 %	s_1000.00	. 0
Paradise, CA 95969				FORGIVEN		RATE		*
t		720.47	s 0	2	N/A	\$ 0	0.7.12	PER ELECTION**
™ IND □ COM □ OTH □ PTY □ SCC			,	,	DATE DUE	\$	8-7-12 DATE INCURRED	\$
Gregory Bolin	_			PAID			BATE INCORRED	CALENDAR YEAR
7030 Skyway	Contractor			s_0	s_300.00	0	s_300.00	\$ 0
Paradise, CA 95969	Trilogy Construction, Inc			FORGIVEN		RATE	,	\$
		300.00	0		N/A			PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$ <u>0</u>	9-25-12 DATE INCURRED	\$
Gregory Bolin	Contractor			☐ PAID			DATE INCORRED	CALENDAR YEAR
7030 Skyway	Trilogy Construction, Inc			\$ <u>0</u>	\$ 260.00	0	s 260.00	s_0
Paradise, CA 95969	6,			FORGIVEN		RATE	*	
		260.00	. 0	_	N/A	0	0.0.14	PER ELECTION**
TO IND COM OTH PTY SCC		,	,	\$	DATE DUE	\$	8-2-16 DATE INCURRED	\$
	SI	UBTOTALS \$	\$		\$ 1280.47 <b>\$</b>		DATE INCORRED	
Schedule B Summary					+	(Enter (e) on Schedu	lo E Line 2)	
Loans received this period  (Total Column (b) plus unitemized learn						(-) (-)	is E, Ellie 3)	
( Jorgi Coldinii (b) pius uniternizeu loan:	S OI IESS INAN \$100 I							
<ol><li>Loans paid or forgiven this period</li></ol>		22.000		¢		(to	ontributor Codes	
			••••••••	—		IND	– Individual	1
(Include loans paid by a third party that	are also itemized on Sched	ule A.)				CO	M - Recipient Co	mmittee
<ol> <li>Net change this period. (Subtract Line Enter the net here and on the Summary</li> </ol>	2 from Line 1.)			NET \$		ОТІ	other than P' H – Other (e.g., bu	TY or SCC)
Enter the net here and on the Summary	Page, Column A, Line 2.					PT	<ul> <li>Political Party</li> </ul>	
				(May	y be a negative number)	sco	C - Small Contrib	utor Committee
*Amounts forgiven or paid by another party also mu	st be reported on Schedule A			(Ma)	gouve mumbel)			
** If required.							FRDC F-	
					FPI	PC Advice: advic	rPPC Form 2 ce@fppc.ca.gov (	(60 (Jan/2016)) (866/275-3772)
								vw.fppc.ca.gov

Schedule B – Part 1	Ar	mounts may be r	ounded	<u>_</u>			SCHE	DULE B - PART
Loans Received		to whole dolla	rs.		Statement co	vers period	ECOP.	
					from 10-18-2020	0	FORM	NIA 460
SEE INSTRUCTIONS ON REVERSE					through 12-31-2	2020	Page 6	of_13
Maria de Caracteria de Caracte							I.D. NUMBER	. 01
Greg Bolin for Town Council 2020							1349708	
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	DECENTED THE	(c) AMOUNT PAIR OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Gregory Bolin 7030 Skyway Paradise, CA 95969	Contractor Trilogy Construction, Inc	500.00	0	\$ 0  FORGIVEN	\$ 500.00	0RATE	\$_500.00	s 0 PER ELECTION**
T IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	N/A DATE DUE	s_0	7-31-20	\$
Gregory Bolin 7030 Skyway Paradise, CA 95969  ↑☑ IND □ COM □ OTH □ PTY □ SCC	Contractor Trilogy Construction, Inc	2227.50	0	PAID  \$ 0  FORGIVEN	\$ 2227.50	O RATE	\$ 2227.50 8/31/20	CALENDAR YEAR  \$ 0  PER ELECTION**
E III GOOM GOIN GPIT GCC		·	•		DATE DUE		DATE INCURRED	\$
†   IND   COM   OTH   PTY   SCC		s	\$	PAID  FORGIVEN  \$	\$DATE DUE	RATE \$	\$DATE INCURRED	\$PER ELECTION**
	SI	UBTOTALS \$	0 \$	0	·	0		
1. Loans received this period	s of less than \$100.)	•••••				IND	e E, Line 3) Ontributor Codes — Individual M — Recipient Coi	
S. Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.) Page, Column A, Line 2.	ule A.)	······································		be a negative number)	OTH	(other than P d - Other (e.g., bu - Political Party - Small Contribu	TY or SCC) usiness entity)
*Amounts forgiven or paid by another party also mus ** If required.	t be reported on Schedule A.				FPP	C Advice: advic	e@fppc.ca.gov (	360 (Jan/2016)) 866/275-3772) ww.fppc.ca.gov

Schedu			Amounts may be rounded to whole dollars.					
Nonne	onetary Contributions Received		to mole dollars,		Statement covers	s period	CALIF FO	ORNIA 460
SEE INSTRU	CTIONS ON REVERSE LER				through 12-31-2020	)	Page 7	of
Greg Bolin	for Town Council 2020						I.D. NUM 134970	BER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV	OF AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDAI	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	N/A	☐IND ☐COM ☐OTH ☐PTY ☐SCC				(JAN 1 - D	EC 31)	( NEGUINES)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
	tional information on appropriately labeled c	ontinuation sl	heets.	SUBTOT	AL\$			
. Amount re (Include a	C Summary eceived this period – itemized nonmonetary Il Schedule C subtotals.) ceived this period – unitemized nonmoneta	•••••			\$	IND - In COM - I	Recipient (	Committee PTY or SCC)
Total nonn	nonetary contributions received this period. 1 and 2. Enter here and on the Summary F					- I PTY-P	olitical Par	business entity) ty ibutor Committee
					FPPC Adv	ice: advice@f	ppc.ca.go	n 460 (Jan/2016)) v (866/275-3772) www.fppc.ca.gov

	tes, Measures and Committees			from 10-18-2020		FO	
ME OF FILE				through 12-31-202	20	Page _8	of
eg Bolin f	or Town Council 2020					1.D. NUM 134970	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV	E TO DATE R YEAR	PER ELECTION TO DATE
	N/A	Monetary			(JAN. 1 - E	EC. 31)	(IF REQUIRED
		Contribution  Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
		Monetary Contribution					
2		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$			
adula F	) Summary						
	ntributions and independent expenditures made t						

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Schedule E Payments Made	Amounts may to whole	y be round dollars.	ed		Statement covers period from 10-18-2020	CALI	schedule IFORNIA 460 ORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through 12-31-2020	Page	9 of <u>13</u>
Greg Bolin for Town Council 2020							JMBER
CODES: If one of the following codes accurately descrii  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  fund/raising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MTG meetings at OFC office exper PET petition circ PHO phone bank POL polling and	mmunication appeara ases ulating as survey rese	ons nces earch		wise, describe the payment.  RAD radio airtime and production returned contributions SAL tv. or cable airtime and prod candidate travel, lodging, and transfer between committees voter registration information technology costs	uction cost d meals and meals s of the san	ts ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID
N/A							
* Payments that are contributions or independent expenditures must also be							
	e summarized on Sche	dule D.			SUB	TOTAL \$	
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule 2. Unitemized payments made this period of under \$100  3. Total interest paid this period on loans. (Enter amount from  4. Total payments made this period. (Add Lines 1, 2, and 3. E	n Schedule B, Part	1. Colum	 nn (e) )			\$0	
					FPPC Advice: advice@	FPPC Fo fppc.ca.g	rm 460 (Jan/2016)) gov (866/275-3772)

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Schedule F	Amounts may be rou	nded			SCHEDULE
Accrued Expenses (Unpaid Bills)	to whole dollars.		Statement confrom 10-18-202	vers period	CALIFORNIA 460
			from _10-10-202	0	FORM IOO
SEE INSTRUCTIONS ON REVERSE			through 12-31-2	2020	Page
NAME OF FILER					I.D. NUMBER
Greg Bolin for Town Council 2020					1349708
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO polling and survey rest POS postage, delivery and period print ads	earch	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trav TRS staff/spouse fr	ne payment.  and production costs ibutions kers' salaries rtime and production el, lodging, and mea avel, lodging, and ren committees of the	s n costs als neals ne same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON	BALANCE AT CLOSE
N/A				(NESO REPORT ON	E) OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	\$	\$		\$
Schedule F Summary			-		\$
Total accrued expenses incurred this period. (Include all Scaccrued expenses of \$100 or more, plus total unitemized a     Total accrued expenses poid this period. (Include all Sca	ccided expenses under \$1	100.)			
Total accrued expenses paid this period. (Include all Scheraccrued expenses of \$100 or more, plus total unitemized p	ayments on accrued expen	ls for payments on nses under \$100.)		PAID TOTALS	\$
Net change this period. (Subtract Line 2 from Line 1. Ente on the Summary Page, Column A, Line 9.)					
					May be a negative number
			FPPC	F Advice: advice@fp	PPC Form 460 (Jan/2016)) ppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amo	unts may bo to whole do	e rounded Illars.	Statement covers period from $\frac{10-18-2020}{\text{through}}$	CALIF FO	
NAME OF FILER Greg Bolin for Town Council 2020					I.D. NUME	
NAME OF AGENT OR INDEPENDENT CONTRACTOR					134970	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc.	the payment,	you may	enter the code.	Otherwise, describe the navment		
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings  * Payments that are contributions or independent expenditures must also be su	MTG meetings a OFC office expe PET petition cir- PHO phone ban POL polling and POS postage, d PRO professions print ads	ommunication and appeara enses culating iks I survey rese elivery and n al services (I	ns nces	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries tv. or cable airtime and product TRC candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committees VOT voter registration WEB information technology costs (	costs action costs meals nd meals of the same of	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
N/A						

\*Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Attach additional information on appropriately labeled continuation sheets.

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TOTAL\* \$ 0

					1750 mm	CALIFOR FORM	
				through12-31-	2020		_ of_ <sup>13</sup>
						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 LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENESS THIS PERIOD*	BALANCE AT CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF	(g) CUMULATIVE LOANS
committee must	s	s	PAID  FORGIVEN  PAID  FORGIVEN  FORGIVEN  S	S DATE DUE	RATE \$% RATE \$%	\$ DATE INCURRED  \$ DATE INCURRED	TO DATE  CALENDAR YEAR  PER ELECTION**  CALENDAR YEAR  PER ELECTION**  S  PER ELECTION**
must also be	SUBTOTALS	\$	\$	\$	\$		
nts of less than \$100.)			******************	\$	(Enter (e) on Schedule I, Line 3)	*	*If Required
	CCUPATION AND EMPLOYER (IF Set-EMPLOYED, ENTER NAME OF BUSINESS)  committee must nust also be	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  Committee must must also be  SUBTOTALS  If less than \$100.)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  \$	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  OUTSTANDING BALANCE BEGINNING THIS PERIOD  OUTSTANDING AMOUNT LOANED THIS FORGIVENESS THIS PERIOD  PERIOD  PAID  S	Through 10-18-20:  IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS)  IF AN INDIVIDUAL, ENTER OUTSTANDING BALANCE MEDIAN TO BALANCE AT THIS PERIOD  IF AN INDIVIDUAL, ENTER OUTSTANDING BALANCE AT THIS PERIOD  OUTSTANDING BALANCE AT THIS PERIOD  PAID  S	to whole dollars.    Total Content of the part of the	To whole dollars.  To whole dollars.  Through 10-18-2020

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Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.		Statement covers period	SCHEDUL SCHEDUL
				from 10-18-2020	CALIFORNIA <b>460</b> Page 13 of 13
SEE INSTRUCTIONS ON REVERSE				through 12-31-2020	
NAME OF FILER  Greg Bolin for Town Council 2020					
					I.D. NUMBER
DATE	FULL NAME AND ADDRESS OF SOURCE				1349708
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESC	PTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
N/A					
Attach additional information on appropriately labeled continuation sheets.  SUBTOTAL \$					\$ 0
chedule I Sumn					
. Itemized increases	to cash this period.			\$	
Unitemized increas	es to cash of under \$100 this period			\$	
Total of all interest r	received this period on loans made to others. (Sched	lule H, Column (e)	.)	\$	
Total miscellaneous	s increases to cash this period. (Add Lines 1, 2, and 3 te 14.)	2 1220000 10 10			
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