COVER PAGE Recipient Committee RECEIVED **Campaign Statement** CALIFORNIA FORM **Cover Page** DCT 1 9 2020 of 17 Page Statement covers period Date of election if applicable: (Month, Day, Year) from September 20, 2020 For Official Use Only TOWN CLERK'S DEPT November 3, 2020 through October 17, 2020 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee

State Candidate Election Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement Committee Semi-annual Statement Special Odd-Year Report O Recall Controlled Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee O Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1428406 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Gregg A Mowers Gregg A Mowers for Paradise Town Council 2020 MAILING ADDRESS Same as above STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Paradise CA 95969 530-828-1203 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Paradise CA 95969 530-828-1203 N/A MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS Same as above N/A CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS thevettemn@sbcglobal.net thevettemn@sbcglobal.net 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 Executed on ficer of Sponsor Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PA	ART 2
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FORM 40	U
Page 2 of 17	

. Officeholder or Candidate Controlled Committee	6	. Primarily Formed Ballot	Measure Committe	е	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		*	
Gregg A Mowers		N/A			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APP	PLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Paradise Town Council Member	N/A N/A OF				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STA	ATE ZIP A 95969	Identify the controlling officel	nolder, candidate, or state	e measure propo	onent, if any.
		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPONENT		
Related Committees Not Included in this Statement: List any	committees	N/A			
not included in this statement that are controlled by you or are primarily formed contributions or make expenditures on behalf of your candidacy.	d to receive	OFFICE SOUGHT OR HELD		DISTRICT NO. I	FANY
contributions of make experialtures on behalf of your candidacy.		N/A		N/A	
COMMITTEE NAME I.D. NUMBER		_		1.	
N/A N/A					
NAME OF TREASURER CONTROLLED COI	MMITTEE? 7	. Primarily Formed Candi	date/Officeholder Co	ommittee List	t names of
27/4	NO	officeholder(s) or candidate(s) i	for which this committee is	primarily formed	1.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	110	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	
N/A		Gregg A Mowers	Paradise '	Town Council	SUPPORT OPPOSE
Table 1	CODE/PHONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	
N/A N/A N/A N/A COMMITTEE NAME		N/A	N/A		☐ SUPPORT☐ OPPOSE
I.S. NOWIDER		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	
N/A N/A		N/A	N/A		☐ SUPPORT ☐ OPPOSE
NAME OF TREASURER CONTROLLED COM		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	
N/A ☐ YES ☐ COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NO	N/A	N/A		☐ SUPPORT
N/A					
	CODE/PHONE	Attac	h continuation sheets if r	necessary	
N/A N/A N/A		Allav	counuuuon oneets II I	recessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from September 20, 2020 CALIFORNIA 460

through October 17, 2020 Page 3 of 17

I.D. NUMBER

NAME OF FILER			I.D. NUMBER
Gregg A Mowers			1428406
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{0}{0} \$ \frac{0}{0} \$ \$ \frac{0}{0} \$ \$ \frac{0}{0}	## Column B	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 6. Payments Made	\$ \frac{450}{0}\$ \$ \frac{450}{0}\$ 0 0 0 \$ \frac{450}{0}\$	\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ \(\frac{460.35}{0} \) \(\frac{0}{450} \) \(\frac{10.35}{10.35} \)	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ <u>0</u> \$ <u>0</u> \$ <u>0</u>	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	e A		nts may be rounded			SCHEDULE A		
Monetary	Contributions Received	to	whole dollars.	Statement cov		CAL	IFORNIA 460	
				from September 2	20, 2020		ORM 400	
SEE INSTRUCTI	ONS ON REVERSE			through October	17, 2020	Page	e 4 of 17	
NAME OF FILER						1.D. N	UMBER	
Gregg A Mo	owers					14284		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION	
RECEIVED	CONTRIBUTOR	CODE *	OCCUPATION AND EMPLOYER	RECEIVED THIS	CALENDAR Y	EAR	TO DATE	
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	(IF SELF-EMPLOYED, ENTER NAME	PERIOD	(JAN, 1 - DEC, 31)		(IF REQUIRED)	
N/A	N/A	☐IND ☐COM ☐OTH ☐PTY ☐SCC	N/A	N/A	N/A		N/A	
N/A	N/A	□IND □COM □OTH □PTY □SCC	N/A	N/A	N/A		N/A	
N/A	N/A	□IND □COM □OTH □PTY □SCC	N/A	N/A	N/A		N/A	
N/A	N/A	☐IND ☐COM ☐OTH ☐PTY ☐SCC	N/A	N/A	N/A		N/A	
N/A	N/A	□IND □COM □OTH □PTY □SCC	N/A	N/A	N/A		N/A	
			SUBTOTAL \$	N/A				
Schedule	A Summary				(*Conf	tributor C	Codes	
	ceived this period – itemized monetary contributions Il Schedule A subtotals.)		\$ <u>0</u>		IND -	- Individu — Recip		
2. Amount re	ceived this period – unitemized monetary contribution	ons of less than	\$100\$ <u>0</u>		PTY-	– Other – Politica	(e.g., business entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.)TOTAL \$ <u>0</u>	FF	PC Advice: advic	FPP ce@fppc	C Form 460 (Jan/2016)) c.ca.gov (866/275-3772)	

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from September 2	20, 2020	F	ORM TOO
NAME OF SUES				through October	17, 2020	Page .	
Gregg A Mo	wers					1.D. NI 14284	JMBER 106
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)		AMOUNT RECEIVED THIS PERIOD	CALENDAR Y	MULATIVE TO DATE PER E CALENDAR YEAR TO (JAN. 1 - DEC. 31) (IF RE	
N/A	N/A	☐IND ☐COM ☐OTH ☐PTY ☐SCC	N/A	N/A N/A		N/A N/A	
N/A	N/A	☐IND ☐COM ☐OTH ☐PTY ☐SCC	N/A	N/A	N/A		N/A
N/A	N/A	□IND □COM □OTH □PTY □SCC	N/A	N/A	N/A		N/A
N/A	N/A	□IND □COM □OTH □PTY □SCC	N/A	N/A	N/A		N/A
N/A	N/A	☐IND ☐COM ☐OTH ☐PTY ☐SCC	N/A	N/A	N/A		N/A

SUBTOTAL \$ N/A

*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	Am	nounts may be ro	unded	SCHEDULE B - PART 1						
SE DE L'ACTIONNE DI PRODUCTURE DE L'ACTION DE L'ACTIONNE D		to whole dollar	s.		Statement cov	ers period	CALIFORN	NIA 460		
Loans Received					from September	20, 2020	FORM	''^ 40U		
SEE INSTRUCTIONS ON REVERSE					through October	r 17, 2020	Page 6	of_17		
NAME OF FILER							I.D. NUMBER			
Gregg A Mowers							1428406			
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 PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTION TO DATE		
				PAID				CALENDAR YEAR		
				\$_0	\$ <u>0</u>	0%	<u>\$_0</u>	ş <u>0</u>		
				FORGIVEN		RATE		PER ELECTION*		
		s	s 0	s_0_		\$_0		s N/A		
[†] □IND □ COM □ OTH □ PTY □ SCC		*	,	3	DATE DUE	3	DATE INCURRED			
				PAID				CALENDAR YEAR		
N/A	N/A	2		\$_N/A	\$ N/A	N/A _%	s_N/A	s_N/A		
				FORGIVEN		RATE		PER ELECTION*		
		N/A	N/A	s_N/A	N/A	s N/A	N/A	s N/A		
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
27/4				PAID				CALENDAR YEAR		
N/A	N/A			s_N/A	s_N/A	N/A %	s N/A	s_N/A		
				FORGIVEN		RATE				
		N/A	N/A	N/A	N/A	, N/A	N/A	PER ELECTION*		
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$_N/A		
		1					DATE INCORRED			
	S	SUBTOTALS \$	0 9	\$ N/A	\$ 0	\$ N/A				
Schedule B Summary						(Enter (e) on Sch	edule E, Line 3)	-		
Loans received this period				• 0						
(Total Column (b) plus unitemized loar	ns of less than \$100.)			Ψ						
2. Loans paid or forgiven this period				\$ _0_			†Contributor Codes	3		
(Total Column (c) plus loans under \$10	00 paid or forgiven.)						IND – Individual COM – Recipient C	ommittee		
(Include loans paid by a third party tha	t are also itemized on Sche	dule A.)		0			(other than	PTY or SCC)		
3. Net change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.)			.NET \$			OTH – Other (e.g., PTY – Political Par	business entity)		
Enter the net here and on the 3umma	y rage, Column A, Line 2.						SCC – Small Contri			
				(M	ay be a negative number)					

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

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B – Part 2 Loan Guarantors					Statement covers period from September 20, 2020			NIA 460
SEE INSTRUCTIONS ON REVERSE				through	October 17, 2020		Page 7	of
NAME OF FILER Gregg A Mowers							I.D. NUMBER 1428406	}
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD		JMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
N/A	□IND □COM	N/A	N/A		N/A		ENDAR YEAR	N/A
	□ OTH □ PTY □ SCC		DATE N/A				R ELECTION REQUIRED)	
N/A	□IND □COM □OTH	N/A	N/A		N/A	<u>1</u>	endar year V/A	N/A
	□PTY □SCC		N/A				RELECTION REQUIRED)	
N/A	☐ IND	N/A	LENDER N/A		N/A		ENDAR YEAR	N/A
	□ OTH □ PTY □ SCC		N/A				RELECTION REQUIRED)	
N/A	□ com	N/A	LENDER N/A		N/A		ENDAR YEAR	N/A
	□OTH □PTY □SCC		N/A				RELECTION REQUIRED)	
	•		SUB	TOTAL	\$ N/A	Sui	Enter on mmary Page, ine 17 only.	

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

CALIFORNIA 460

Statement covers period

					fron	September 20, 2	2020	FO	RM 46U				
SEE INSTRUC	TIONS ON REVERSE				thro	ough October 17,	2020	Page 8	of				
Gregg A Mo								1.D. NUMI 142840					
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)		DESCRIPTION OF GOODS OR SERVICES				ARKET CALENDAR		PER ELECTION TO DATE (IF REQUIRED)		
N/A	N/A	☐IND ☐COM ☐OTH ☐PTY ☐SCC	N/A	N/A		N/A	N/A		N/A				
N/A	N/A	□IND □COM □OTH □PTY □SCC	N/A	N/A		N/A		N/A		N/A	N/A		N/A
N/A	N/A	□IND □COM □OTH □PTY □SCC	N/A	N/A		N/A	N/A		N/A				
N/A	N/A	☐IND ☐COM ☐OTH ☐PTY ☐SCC	N/A	N/A		N/A	N/A		N/A				
Attach add	itional information on appropriately labeled o	continuation s	sheets.	SUBTO	TAL \$	N/A							
. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)							(other the Other (e. Political F	at Committee an PTY or SCC) g., business entity)					
	es 1 and 2. Enter here and on the Summary		nn A, Lines 4 and 10.)	TOTA	L \$ _	I/A	_						

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole do		Statement cover from September 20 through October 1	0, 2020	CALIFORNIA 460		
SEE INSTRUC	TIONS ON REVERSE			through October 1	7, 2020	Page _		
Gregg A Mo						1.D. NUM		
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 CALENDA (JAN. 1 - [R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
N/A	N/A	Monetary Contribution	N/A	N/A	N/A		N/A	
		Nonmonetary Contribution						
	Support Oppose	Independent Expenditure						
N/A	N/A	☐ Monetary Contribution	N/A	N/A	N/A		N/A	
		Nonmonetary Contribution						
	Support Oppose	Independent Expenditure						
N/A	N/A	Monetary Contribution	N/A	N/A	N/A		N/A	
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTAL	\$ N/A				
Schedule	D Summary							
1. Itemized	contributions and independent expenditures made	this period. (Includ	le all Schedule D subtotals.).			\$ ¹	N/A	
	ed contributions and independent expenditures ma						N/A	

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period CALIFORNIA Supporting/Opposing Other from September 20, 2020 **FORM** Candidates, Measures and Committees through October 17, 2020 Page _____ of _____ NAME OF FILER I.D. NUMBER Gregg A Mowers 1428406 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DESCRIPTION AMOUNT THIS DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT CALENDAR YEAR TO DATE (IF REQUIRED) PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary N/A N/A N/A N/A Contribution N/A N/A ■ Nonmonetary Contribution ☐ Independent ☐ Support ☐ Oppose Expenditure ☐ Monetary N/A N/A N/A Contribution N/A N/A N/A Nonmonetary Contribution ☐ Independent ☐ Support ☐ Oppose Expenditure ☐ Monetary N/A N/A N/A N/A N/A Contribution N/A ■ Nonmonetary Contribution ☐ Independent ☐ Support ☐ Oppose Expenditure ☐ Monetary N/A N/A N/A Contribution N/A N/A N/A □ Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure

SUBTOTAL \$ N/A

Schedule E Payments Made	Amounts may b to whole do			Statement covers period from September 20, 2020		SCHEDULE FORNIA 460 DRM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Gregg A Mowers				through October 17, 2020	Page _	MBER	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CMS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG LEG LEG LATE LEG LATE CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications meetings and appearances MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services professional services (legal, accounting) PRT print ads TRS transfer between committees of the services (legal, accounting) VOT voter registration WEB information technology costs (internet)							
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID	
Direct Home Advertising 4 Caraway Rd, Chico, CA 95973		LIT	Personal Check			450.00	
N/A		N/A	N/A			N/A	
N/A		N/A	N/A			N/A	
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.		SUE	STOTAL S	\$ 450.00	
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule 2. Unitemized payments made this period of under \$100					\$	50.00	
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	t 1, Column	(e).)		s 0		

Schedule E (Continuation Sheet) Payments Made	Amounts may be rou to whole dollars
•	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Gregg A Mowers inded

SCHEDULE E (CONT.)

	CONTEDULE L'OCIVI.	.,
Statement covers period September 20, 2020 from	california 460 form	
through October 17, 2020	Page of	
	I.D. NUMBER	_
	1428406	

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 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 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	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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

Schedule F Amounts may be rounded						SCHEDULE	
Accrued Expenses (Unpaid Bills)	to whole dollars.		Statement coverage from September	ers period (0 20, 2020	CALIFORNIA FORM	⁴ 460	
SEE INSTRUCTIONS ON DEVELOR			through October	17, 2020	Page	of ¹⁷	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						01	
Gregg A Mowers				1.	I.D. NUMBER		
					1428406		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CMS campaign consultants CORS contribution (explain nonmonetary)* COTE contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL candidate filing/ballot fees FIL candidate filing/ballot fees FID phone banks FND fundraising events IND independent expenditure supporting/opposing others (explain)* FRO professional services (legal, accounting) FRO print ads MBR member communications MER member communications MER member communications RAD radio airtime and production cos returned contributions campaign workers' salaries returned contributions returned contributio						ate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR OUTSTANDING AMOUNT INCURRED THIS PERIOD THIS PERIOD		(c) AMOUNT PAI THIS PERIOI (ALSO REPORT OI	D BALAN	(d) STANDING CE AT CLOSE HIS PERIOD		
N/A	N/A	N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A	N/A	N/A		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	N/A	\$ N/A \$	N/A	\$ N/A		
Schedule F Summary							
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a 	chedule F, Column (b) sub accrued expenses under \$	ototals for 6100.)	INCU	RRED TOTAL	.s \$ N/A		

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$ N/A May be a negative number

FPPC Form 460 (Jan/2016))

Schedule F	
(Continuation Sheet)	
Accrued Expenses (Unpaid E	Bills)

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

1428406

Statement covers period from September 20, 2020	CALIFORNIA 460				
through October 17, 2020	Page				
7	I.D. NUMBER				

NAME OF FILER

Gregg A Mowers

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 met CNS campaign consultants MTG met CTB contribution (explain nonmonetary)* OFC office CNS campaign consultants MTG met CTB contribution (explain nonmonetary)*

CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events

IND independent expenditure supporting/opposing others (explain)* LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances
OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
	SUBTOTALS S	N/A	\$ N/A	\$ N/A	\$ N/A

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from September 20, 2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through October 17, 2020	Page of
NAME OF FILER			I.D. NUMBER
Gregg A Mowers			1428406
NAME OF AGENT OR INDEPENDENT CONTRACTOR			1120100

N/A

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. 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 t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor **TSF** LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings LIT PRT print ads WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 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.

Schedule H Loans Made to Others*	to whole dollars			Statement cove		CALIFOR FORM	NIA 460	
SEE INSTRUCTIONS ON REVERSE					through October	r 17, 2020	Page <u>16</u>	of
NAME OF FILER							I.D. NUMBER	
Gregg A Mowers							1428406	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER J.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 O FORGIVENESS THIS PERIOD	S BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
N/A	N/A	s	\$_N/A	PAID N/A FORGIVEN N/A	s N/A N/A DATE DUE	N/A % RATE \$_N/A	\$_N/A N/A DATE INCURRED	CALENDAR YEAR \$ N/A PER ELECTION** \$ N/A
N/A	N/A	\$ N/A	s_N/A	PAID N/A FORGIVEN N/A	\$ N/A N/A DATE DUE	N/A % RATE \$ N/A	\$ N/A N/A DATE INCURRED	CALENDAR YEAR \$\frac{N/A}{PER ELECTION**} \$\frac{N/A}{A}
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	en must also be	SUBTOTALS	\$ N/A	\$ N/A	\$ N/A	\$ N/A		
Schedule H Summary 1. Loans made this period					N/A	(Enter (e) on Schedule I, Line 3)		
(Total Column (b) plus unitemized loans 2. Payments received on loans	s of less than \$100.)				Ψ			**If Required
(Total Column (c) plus unitemized payn 3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summar	2 from Line 1.))			NET \$ N/A			

(May be a negative number)

Schedule Miscellan	e I neous Increases to Cash Amounts may be to whole do		Statement covers period from September 20, 2020	CALIFORNIA 460	
SEE INSTRUCTI	IONS ON REVERSE		through October 17, 2020	Page of	
NAME OF FILER				I.D. NUMBER	
Gregg A Mov	wers			1428406	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
N/A	N/A	N/A		N/A	
N/A	N/A	N/A		N/A	
N/A	N/A	N/A		N/A	
N/A	N/A	N/A		N/A	
N/A	N/A	N/A		N/A	
	ditional information on appropriately labeled continuation sheets.		SUBTOTAL	\$ N/A	
	1 Summary		\$ N/A		
	ncreases to cash this period		2020		
2. Unitemize	d increases to cash of under \$100 this period.		\$ N/A		
3. Total of all					
4. Total misc	cellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here a Page, Line 14.)	and on the	N/A	EDDO Farras ACO (12 ACO SI)	
				FPPC Form 460 (Jan/2016)) e@fppc.ca.gov (866/275-3772)	

www.fppc.ca.gov