Recipient Committee COVER PAGE Campaign Statement RECEIVED CALIFORNIA Cover Page **FORM** NOV 2 5 2020 of. 17 Page Statement covers period Date of election if applicable: (Month, Day, Year) from October 18, 2020 For Official Use Only TOWN CLERK'S DEPT November 3, 2020 through December 31, 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 Primarily Formed Ballot Measure **Preelection Statement** State Candidate Election Committee Quarterly Statement Committee Semi-annual Statement O Recall Special Odd-Year Report Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee 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 for Paradise Town Council 2020 Gregg A Mowers MAILING ADDRESS Same as above STREET ADDRESS (NO P.O. BOX) 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 CA 95969 530-828-1203 N/A MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS Same as above ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE N/A N/A 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 Jaws of the State of California that the foregoing is true and correct Executed on Executed or Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page 2	. 17

5.	Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballo	t Mossuro	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE	-	NAME OF BALLOT MEASURE	wieasure	Committee		
	Gregg A Mowers		N/A				
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	LUDIODIOT	211		
	Paradise Town Council Member		N/A	JURISDICTI N/A	ON	500	SUPPORT
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP			21/11			OPPOSE
	Paradise CA 95969		Identify the controlling office	holder, candi	date, or state	measure prop	onent, if any.
			NAME OF OFFICEHOLDER, CAN				
	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 to receive contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		1	DISTRICT NO.	IF ANY
	COMMITTEE NAME		N/A			N/A	
	I.D. NOMBER						
	N/A N/A						
1	NAME OF TREASURER CONTROLLED COMMITTEE?	7.	Primarily Formed Candi	idate/Offic	eholder Cor	mmittoo /:-	ž
	N/A □ YES □ NO		officeholder(s) or candidate(s)	for which this	committee is p	rimarily formed	t names of d,
C	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOLI	GHT OR HELD	
	N/A		Gregg A Mowers	· · · · · · · · · · · · · · · · · · ·	1		✓ SUPPORT
	STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C			own Council	☐ OPPOSE
=	N/A N/A N/A			ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
C	OMMITTEE NAME I.D. NUMBER		N/A		N/A		OPPOSE
	N/A N/A		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOUG	SHT OR HELD	
N	AME CONTROL		N/A		N/A		SUPPORT OPPOSE
	N/A	j	NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUG	HT OR HELD	OPPOSE
	OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		N/A			OKTILLED	☐ SUPPORT
	N/A	0			N/A		☐ OPPOSE
-	ITY STATE ZIP CODE AREA CODE/PHONE						Selfo and The Selfon
N	N/A N/A N/A N/A		Attack	n continuatio	n sheets if ned	essary	
_	95.07.0003						

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

ouninary rage			Statement covers period from October 18, 2020	FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through December 31, 2020	Page _3 of17
Gregg A Mowers				I.D. NUMBER
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 0 -3000 \$ -3000 0 -3000	## Column CALENDAR Y TOTAL TO D \$ 0 0 0 \$ 0 0 \$ 0 0	Running in Both the General Elections 1/1 20. Contributions Received \$ 21. Expenditures Made \$	through 6/30 7/1 to Date
6. Payments Made	\$\frac{10.35}{0}\$ \$\frac{10.35}{0}\$ 0 0 10.35	\$\frac{3000}{0}\$ \$\frac{3000}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{3000}\$	——— Candidates ——— 22. Cumulati	Summary for State ive Expenditures Made* o Voluntary Expenditure Limit) Total to Date
7. LOAN GUARANTEES RECEIVED	\$\frac{460.35}{0} \\ \begin{picture} 0 \\ 10.35 \\ 0 \\ \sigma \\	To calculate Colum add amounts in Col A to the correspond amounts from Colum of your last report. amounts in Column be negative figures should be subtracte previous period amothis is the first repor filed for this calenda only carry over the a from Lines 2, 7, and any).	tumn ling mn B Some A may that d from bunts. If t being ir year, amounts 9 (if	FPPC Form 460 (Jan/2016)) ce@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedul Monetar	e A y Contributions Received	Amou to	ints may be rounded o whole dollars.	Statement co	AUTOMORIA GOVERNO AND MADE	CAL	SCHEDULE IFORNIA 460
SEE INSTRUCT	TIONS ON REVERSE			through Decemb	per 31, 2020	Pag	e <u>4</u> of <u>17</u>
Gregg A Mo						I.D. N 14284	IUMBER
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 PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	O DATE 'EAR	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	☐ 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
Sahadula	A S		SUBTOTAL \$	N/A			
I. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$ <u>0</u>		IND -	ibutor C Individu Recipi	

2. Amount received this period – unitemized monetary contributions of less than \$100 $\frac{0}{2}$

3. Total monetary contributions received this period.

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PTY - Political Party

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 4.00

Statement covers period

				from October 18	, 2020	F	ORM 46U		
NAME OF FILER				through Decemb	er 31, 2020	Page	5 of 17		
Gregg A Mo	owers					I.D. N 14284	UMBER 406		
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	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	DATE EAR	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	☐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	An	nounts may be re	ounded	_			SCHE	DULE B - PART 1
Loans Received		to whole dolla	rs.		Statement cov	vers period	A REAL PROPERTY AND ADDRESS OF THE PARTY AND A	NIA 460
					from October 18	8, 2020	FORM	"^ 46U
SEE INSTRUCTIONS ON REVERSE					through Decem	ber 31, 2020	- 6	17
NAME OF FILER					till Ough		Page 6	of_17
Gregg A Mowers							I.D. NUMBER	
FILL NAME STREET ADDRESS AND THE	IF AN INDIVIDUAL, ENTER	(a)	(b)				1428406	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	I BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Gregg A Mowers	Real Estate			PAID				CALENDAR YEAR
	79,000			\$	\$ <u>0</u>	0%	\$ <u>3000</u>	\$ 3000
Paradise, CA 95969		3000		FORGIVEN		RATE	1	PER ELECTION**
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$_3000		ş <u>0</u>		, N/A
					DATE DUE		DATE INCURRED	,
N/A	N/A			PAID N/A	NI/A	27/4		CALENDAR YEAR
				_	\$_N/A	N/A RATE	\$_N/A	\$_N/A
		N/A		FORGIVEN	l.	NAIE		PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		N/A \$	N/A \$	\$_N/A	N/A	\$_N/A	N/A	s_N/A
N/A	27/1			PAID	DATE DUE		DATE INCURRED	
11/11	N/A			s_N/A	s N/A	N/A "	NI/A	CALENDAR YEAR
				FORGIVEN	3	RATE	\$_N/A	\$_N/A
		N/A	N/A	s N/A	NT/A			PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	N/A DATE DUE	\$_N/A	N/A	\$_N/A
	01	UDTOTAL 6			5/112 802		DATE INCURRED	
Sahadula D.O	50	UBTOTALS \$	0 \$	3000		N/A		
Schedule B Summary						(Enter (e) on Schedul	e E, Line 3)	
1. Loans received this period		• • • • • • • • • • • • • • • • • • • •		\$_0				
(Total Column (b) plus unitemized loans 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100	OT less than \$100 \)	<u></u>		
() otal oblainin (c) plus loans under 5 ()	J Dalg or torgiven \			\$			ontributor Codes – Individual	
(Include loans paid by a third party that	are also itemized on School	ule A.)					M - Recipient Co	mmittee
o. Net change this period. (Subtract Line	2 from Line 1)			NET \$ -300	0	ОТ	(other than P H – Other (e.g., bu	TY or SCC)
Enter the net here and on the Summary	Page, Column A, Line 2.			ovvenenter code/3 2 1 - 22 - 23 - 23 - 23 - 23 - 23 - 23 - 2		PT\	 Political Party 	2000
				(May	be a negative number)	SCO	C – Small Contrib	utor Committee
*Amounts forgiven or paid by another party also mus	st be reported on Schedule A.			(May	nogative number)			

** If required.

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Schedule B – Part 2 Loan Guarantors Amounts may be rounded to whole dollars.				State	ement covers period ctober 18, 2020	t	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through	December 31, 202	20	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	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CU	MULATIVE O DATE	BALANCE OUTSTANDING TO DATE	
N/A	□ IND	N/A	N/A		N/A	350535533	ENDAR YEAR	N/A	
	□ OTH □ PTY □ SCC		N/A			200	RELECTION REQUIRED)		
N/A	□ IND □ COM	N/A	N/A	3	N/A		ENDAR YEAR	N/A	
	□OTH □PTY □SCC		N/A				RELECTION REQUIRED)		
N/A	☐ IND	N/A	N/A		N/A		NDAR YEAR	N/A	
	□ OTH □ PTY □ SCC		DATE N/A			PER (IF F	ELECTION REQUIRED)		
N/A	□IND □COM □OTH □PTY	N/A	N/A DATE N/A		N/A	\$PER_(IF R	NDAR YEAR //A ELECTION REQUIRED)	N/A	
	□scc					\$_N	/A		

Enter on Summary Page, Line 17 only.

SUBTOTAL \$ N/A

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

N/A

N/A

N/A

N/A

Schedule C Summary

NAME OF FILER Gregg A Mowers

DATE

RECEIVED

N/A

N/A

N/A

N/A

Amounts may be rounded to whole dollars. SCHEDULE C Statement covers period CALIFORNIA from October 18, 2020 **FORM** through December 31, 2020 I.D. NUMBER 1428406 FULL NAME, STREET ADDRESS AND IF AN INDIVIDUAL, ENTER CONTRIBUTOR CUMULATIVE TO ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER AMOUNT/ **DESCRIPTION OF** PER ELECTION DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE' FAIR MARKET (IF SELF-EMPLOYED, ENTER GOODS OR SERVICES TO DATE CALENDAR YEAR NAME OF BUSINESS) VALUE (IF REQUIRED) (JAN 1 - DEC 31) IND N/A □сом N/A N/A N/A N/A □отн PTY Scc DIND N/A □сом N/A N/A N/A N/A Потн ПРТҮ □ scc DIND N/A □сом N/A N/A N/A N/A □отн □ PTY □scc ☐ IND N/A Псом N/A N/A N/A N/A □отн □ PTY □ scc Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ N/A 1. Amount received this period – itemized nonmonetary contributions. *Contributor Codes (Include all Schedule C subtotals.).....\$ IND - Individual COM - Recipient Committee (other than PTY or SCC) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ _____

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may to whole d	e rounded ollars.	Statement cover from October 18, 2	CALIFORNIA 460		
SEE INSTRUC	CTIONS ON REVERSE			through December	r 31, 2020	Page _	of
Gregg A Mo	owers					I.D. NUN 142840	
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	CUMULATI\ CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
N/A	N/A	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent	N/A	N/A	N/A		N/A
N/A	Support Oppose N/A	Expenditure Monetary Contribution Nonmonetary Contribution	N/A	N/A	N/A		N/A
N/A	N/A Support Oppose N/A Oppose	Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure	N/A	N/A	N/A		N/A
			SUBTOTAL	. \$ N/A			
Itemized of Unitemize	e D Summary contributions and independent expenditures made ed contributions and independent expenditures made tributions and independent expenditures made this	de this period of un	der \$100			\$ <u></u>	J/A

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

NAME OF FILER

Amounts may be rounded
to whole dollars

SCHEDULE D (CONT.)

Statement covers period
from October 18, 2020

through December 31, 2020

Page 10 of 17

I.D. NUMBER

Gregg A Mowers 1428406 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE CUMULATIVE TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, DESCRIPTION AMOUNT THIS PER ELECTION TYPE OF PAYMENT CALENDAR YEAR OR COMMITTEE (IF REQUIRED) TO DATE **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary N/A N/A Contribution N/A N/A 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 Contribution N/A N/A N/A Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure ☐ Monetary N/A N/A Contribution N/A N/A N/A N/A ■ Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure SUBTOTAL \$ N/A

Schedule E Payments Made	ounts may to whole o	be rounded Iollars.		Statement covers period from October 18, 2020		SCHEDULI FORNIA 46 (ORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	The second second			through December 31, 2020	Page	of
Gregg A Mowers					I.D. NU	JMBER
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 MTG n OFC of OFC	meetings and office expensional properties of the control of the c	imunications d appearance ses lating urvey researc very and mes	s	rwise, describe the payment. RAD radio airtime and production of returned contributions SAL campaign workers' salaries t.v. or cable airtime and production of the candidate travel, lodging, and staff/spouse travel, lodging, and staff/spouse travel, lodging, and transfer between committees voter registration WEB information technology costs of	costs uction cost meals nd meals of the sar	ts me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
United State Post Office 6469 Clark Rd, Paradise 95969		POS	Cash			10.35
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 summarize	ed on Sched	lule D.		SUB	TOTAL \$	10.35
Schedule E Summary						
I. Itemized payments made this period. (Include all Schedule E subtote). Unitemized payments made this period of under \$100					• 0	0.35
 Total interest paid this period on loans. (Enter amount from Schedul Total payments made this period. (Add Lines 1, 2, and 3. Enter here 	le B, Part and on the	1, Column ne Summai	(e).) ry Page, Column A,	Line 6.)	\$ _0 AL \$ _10	0.35

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period October 18, 2020 from	SCHEDULE E (CONT.) CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE		through December 31, 2020	Page of
Gregg A Mowers			I.D. NUMBER 1428406
CODES: If one of the following codes accurate CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries	costs

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

candidate filing/ballot fees

LIT campaign literature and mailings

independent expenditure supporting/opposing others (explain)*

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

FND fundraising events

LEG legal defense

LIT campaign literature and mailings	PRT print ads	gai, accounting)	WEB information technology costs (i	internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	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

SUBTOTAL \$ 0.00

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

VOT voter registration

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

			FI

Schedule F	Amounto may be		SCHE			
Accrued Expenses (Unpaid Bills)	rinounts may be rounded		Statement co	Statement covers period		RNIA 460
- Periodo (oripala Billo)				8, 2020	FOR	M 40U
SEE INSTRUCTIONS ON REVERSE			through Decem	ber 31, 2020	n 13	of 17
NAME OF FILER					Page	of <u></u>
Gregg A Mowers					I.D. NUMBE	R
CODES: If one of the following codes accurately describ	4				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 CONS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LEG campaign paraphernalia/misc. MBR member communications meetings and appearances MTG meetings and appearances MFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRO print ads MBR member communications meetings and appearances NFD radio airtime and production or returned contributions campaign workers' salaries petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRO print ads MBR member communications meetings and appearances PFD returned contributions campaign workers' salaries t.v. or cable airtime and production or returned contributions campaign workers' salaries polling and survey research PRO postage, delivery and messenger services PRO professional services (legal, accounting) PRO voter registration voter registration voter registration voter registration information technology costs (information tec						
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 PA THIS PERIC (ALSO REPORT C	DD BA	(d) OUTSTANDING ALANCE 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
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	N/A g	5 N/A \$	N/A	6 N	/ A
Schedule F Summary			3	NIA	\$ N/	A
Total accrued expenses incurred this period. (Include all Science accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all School)	dula E. Column (a) subtate	100.)				
plus total uniternized p	ayments on accrued expe	enses under \$100.)		PAID TOTAL	S \$	
 Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.) 	er the difference here and			NE	T \$ N/A	
					May be a	negative number

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

campaign literature and mailings

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT

	SCHEDULE F (CONT.,				
Statement covers period from October 18, 2020	CALIFORNIA 460				
through December 31, 2020	Page				
	I.D. NUMBER				
	1428406				

VOT voter registration

NAME OF FILER

Gregg A Mowers

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

	0	bee the payment, you may enter the code ()therwise describe t	ho novement
CMP	campaign paraphernalia/misc.	the payment, you may enter the code. Otherwise, describe t	ne payment.
CNS	campaign consultants	MBR member communications RAD radio airtime	50 50 F
CIVO	campaign consultants	MTG meetings and appearance	and production costs
CIB	contribution (explain nonmonetary)*	micetings and appearances DED returned as a	ributions
CVC	civic donations	OFC office expenses	also and a second
		PET potition sirculation	rkers' salaries
FIL	candidate filing/ballot fees	- Position of odd till g	irtime and production costs
FND	fundraising events	TPC candidate tra	vel, lodging, and meals
IND	independ to	POL polling and survey research TRS staff/spouse t	rei, louging, and meals
טאוו	independent expenditure supporting/opposing others (explain)*	DOC postage delivered	ravel, lodging, and meals
LEG	legal defense		een committees of the same candidate/sponsor
		PP() protocolonal comises (I	continuities of the same candidate/sponsor
L11	campaign literature and mailings	Por professional services (legal, accounting) VOT voter registra	40n

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 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 \$ 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.

01.1	SCHEDULE G
Statement covers period or October 18, 2020	CALIFORNIA 460
brough December 31, 2020	15

	110111	FORM	
SEE INSTRUCTIONS ON REVERSE	through December 31, 2020	Page 15	of_17
NAME OF FILER		r uge	01
Gregg A Mowers		I.D. NUMBER	
NAME OF AGENT OR INDEPENDENT CONTRACTOR		1428406	
N/A			

N/F

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 CNS campaign consultants RAD radio airtime and production costs MTG meetings and appearances CTB contribution (explain nonmonetary)* RFD returned contributions OFC office expenses CVC civic donations SAL campaign workers' salaries PET petition circulating FIL candidate filing/ballot fees TEL t.v. or cable airtime and production costs PHO phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* staff/spouse travel, lodging, and meals TRS POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense TSF PRO professional services (legal, accounting) VOT voter registration

IT campaign literature and mailings PRT print ads 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 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*			Amounts may be rounded to whole dollars.			Statement covers period from October 18, 2020		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through Decem	ber 31, 20 2	Page <u>16</u>	of	
Gregg A Mowers							I.D. NUMBER		
Glegg A Mowers							1428406		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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	AMOUNT	(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	\$_N/A	\$_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}	
N/A	N/A	s_N/A	s_N/A	PAID N/A FORGIVEN N/A	s N/A N/A DATE DUE	N/A % RATE \$_N/A	s_N/A	CALENDAR YEAR \$ N/A PER ELECTION** \$ N/A	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$ N/A	\$ N/A	\$ N/A	\$ N/A	DATE INCURRED		
Schedule H Summary 1. Loans made this period(Total Column (b) plus unitemized loans	or less than \$100)						Г	**If Required	
 Payments received on loans	from Line 1.)						L		

(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period from October 18, 2020 through December 31, 2020	CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE		through	Page 17 of 17	
Gregg A Mow	vers			I.D. NUMBER 1428406	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		ESCRIPTION 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	
	itional information on appropriately labeled continuation sheet	'S.	SUBTOTAL	\$ N/A	
	Summary		N/Λ		
	creases to cash this period.				
	d increases to cash of under \$100 this period				
	interest received this period on loans made to others. (\$		\$ <u>N/A</u>		
4. Total misce Summary F	ellaneous increases to cash this period. (Add Lines 1, 2, Page, Line 14.)	, and 3. Enter here and on the	TOTAL \$	EPPC Form 460 (lon/2016))	