CALIFORNIA 460

Date Stamp

Recipient Committee Campaign Statement Cover Page

				Vac . 1117	4 11
		Statement covers period 21 Oct 2018	Date of election if applicable: (Month, Day, Year)	Yec 7/29/19	Page1 of11 For Official Use Only
SEE	INSTRUCTIONS ON REVERSE	from 31 Dec 2018	6 Nov 2018	797	
1.	Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	· · ·	
	O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be Corrections as req	t Speci ermination) elow)	terly Statement ial Odd-Year Report
3. (NUMBER 404241	Treasurer(s)		
(COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Wes Speake for Corona City Council 2018		Belinda Lopez		
			MAILING ADDRESS	•	
-	STREET ADDRESS (NO P.O. ROY)		CITY	STATE ZIP COL	ADEA CODE/DUANE
			Corona	STATE ZIP COU	DE AREA CODE/PHONE
(CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		
(Corona Ca				
N	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
(CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP COL	DE AREA CODE/PHONE
0	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
1	/erification have used all reasonable diligence in preparing and reviewin ertify under penalty of perjury under the laws of the State of 0			and in the attached sche	edules is true and complete. I
	7/29/2019 Date	Ву		er	
	Executed on	BySignature or Someon		or Responsible Officer of Sponsor	
	Executed onDate	BySig	gnature of Controlling Officeholder, Candidate, S	State Measure Proponent	_
	Executed onDate	BySig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent	_

Recipient Committee Campaign Statement Cover Page — Part 2

CALIF	ORN ORM	IIA 🔏	460	
Page _	2	_ of _	11	

Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE NAME OF BALLOT MEASURE							
Wes Speake							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
Corona City Council							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZIP		Identify the controlling office	eholder, candid	date, or state m	neasure propo	nent, if any.
Colona	0,		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	OPONENT		
Related Committees Not Included in this Stanot included in this statement that are controlled by you of contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		C	DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
		7.	. Primarily Formed Can	didate/Offic	eholder Con	nmittee Lis	t names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s,) for which this	committee is pr	rimarily formed	1.
	YES NO		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUG	HT OR HELD	_
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	O(X)						
CITY STATE ZIP C	CODE AREA CODE/PHONE		Atta	ach continuati	on sheets if ne	cessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SI	IM	M	AR	Y	PΔ	G	F

State	ment covers period 21 Oct 2018	california 460				
through _	31 Dec 2018	Page3 of11				
		I.D. NUMBER				
		1404241				

Wes Speake			1404241
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ -15,722 \$ -2,773 1,994	\$ 45,061 4,278 49,339 \$ 13,568 \$ 62,907	20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 12,814 \$ 1,994 14,808	\$ 50,610 0 \$ 50,610 0 1,994 \$ 52,604	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$15,871	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$0	this is the first report being 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 A	Amounts may be rounded	SC				
Monetary Contributions Received	to whole dollars.	Statement covers period from21 Oct 2018		CALIFORNIA FORM	460	
SEE INSTRUCTIONS ON REVERSE		through _	31 Dec 2018	Page4	of	
NAME OF FILER				I.D. NUMBER		
Wes Speake				1404241		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22	Frank Smith Corona CA	ZIND COM OTH PTY SCC	Owner FST Sand and Gravel	2,500	2,500	
10/23	Ben Benson Corona, CA	ZIND COM OTH PTY SCC	President Six-Pac Recycling	750	750	
10/26	California Apartment Association Greater Inland Empire, 0, Sacramento, CA	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		800	800	
10/24	International Brotherhood of Electrical Workers, Riverside, Ca	☐IND ☑COM ☐OTH ☐PTY ☐SCC		250	250	
10/24	Gary Lewis Electric Riverside CA	☐IND ☐COM ØOTH ☐PTY ☐SCC		999	999	
			SUBTOTAL \$	5,299		girals la 90g

Schedule A Summar	Sch	edule	A S	umma	ry
-------------------	-----	-------	-----	------	----

1.	Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u></u>	12,849
2	Amount received this period – unitemized monetary contributions of less than \$100	5	100
	Amount received this period – uniternized monetary contributions of less than \$100		

*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 Monetary

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received	to whole dollars.	Statement covers period from 21 Oct 2018	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 31 Dec 2018	Page5 of11
NAME OF FILER Wes Speake			I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26	David and Laura Seltzer , Corona, CA	☑IND □COM □OTH □PTY □SCC		150	300	
10/24	WW Harpole Property Management d. Corona CA	□IND □COM ☑OTH □PTY □SCC		200	200	
11/5	Peace Officers Research Association of California, Sacramento, CA 1 ID 810830	□IND □COM □OTH □PTY □SCC		500	500	
11/5	Bob's Landscaping , Downey, CA	☐IND ☐COM ☑OTH ☐PTY ☐SCC		200	200	
11/8	Rexco Corona, CA	□IND □COM ☑OTH □PTY □SCC		1,500	1500	
			SUBTOTAL \$	2,550		

Schedule A Summary

1.	Amount received this period – itemized monetary contributions.	
	(Include all Schedule A subtotals.)\$	-

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

3.	Total monetary contributions received this period.
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)TOTAL \$

*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

CALIFORNIA 4

Date Stamp

Recipient Committee Campaign Statement Cover Page

		Ctatamant a	Data of alcohol '	Xe 1/29/11	Page1 of11
		Statement covers period 21 Oct 2018	Date of election if applicable: (Month, Day, Year)	1/	For Official Use Only
		from		1	
SE	E INSTRUCTIONS ON REVERSE	through31 Dec 2018	6 Nov 2018	797	
1.	Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	U	
	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored lso Complete Part 6) rimarily Formed Candidate/ officeholder Committee lso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be Corrections as req	t Speci ermination) elow)	erly Statement al Odd-Year Report
3.		NUMBER 404241	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	_	NAME OF TREASURER		
	Wes Speake for Corona City Council 2018		Belinda Lopez		
			MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COI	DE AREA CODE/PHONE
Į	•		Corona	Ca	
	CITY STATE ZIP COD	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY	
	Corona Ca MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
	INVENTORISMESS (II SITTERENT) NO. MISS STREET SITTES. SON		MAILING ADDINESS		
	CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZIP COL	DE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	39	
			S. HOME. TOWN E-MUNICADDINEC	.~	
١.	Verification				
	I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of C			attached sche	edules is true and complete. I
		Salifornia that the foregon			
	7/29/2019 Date	Ву			
	7/29/2019	By			
	Date	- / 9		Officer of Sponsor	1
	Executed on	BySig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent	_
	Executed on	BySig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

CALIF	CHILDREN EX		460
Page _	2	_ of _	11

. Officeholder or Candidate Controlled Commi	6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Wes Speake							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
Corona City Council							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI			Identify the controlling office			measure prop	onent, if any.
Colona			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	OPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER	_		1:1.4.1055	- h - l d - = C -	:	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	didate/Oπic	enolaer Co committee is p	primarily forme	st names of ed.
	YES NO		(A. 100 Co. 10				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	DX)		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C			Att	ach continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SI	IM	M	AR	Y	PΔ	G	F

State	ment covers period 21 Oct 2018	CALIFORNIA 460
through _	31 Dec 2018	Page3 of11
		I.D. NUMBER
		1404241

Wes Speake			1404241
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ -15,722 \$ -2,773 1,994	\$ 45,061 4,278 49,339 \$ 13,568 \$ 62,907	20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 12,814 \$ 1,994 14,808	\$ 50,610 0 \$ 50,610 0 1,994 \$ 52,604	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$15,871	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$0	this is the first report being 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 A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	from	et 2018	ALIFORNIA 460 FORM
EE INSTRUCTIO	NS ON REVERSE			through31 D	ec 2018 P	age of
IAME OF FILER	NS ON REVERSE		***************************************		1.0	. NUMBER
Wes Speal	ke				14	04241
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22	Frank Smith Corona CA	☑IND □COM □OTH □PTY □SCC	Owner FST Sand and Gravel	2,500	2,500	
10/23	Ben Benson Corona, CA ozoo	☑IND □COM □OTH □PTY □SCC	President Six-Pac Recycling	750	750	
10/26	California Apartment Association Greater Inland Empire, acramento, CA	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		800	800	
10/24	International Brotherhood of Electrical Workers, Riverside, Ca	☐IND ☑COM ☐OTH ☐PTY ☐SCC		250	250	
10/24	Gary Lewis Electric Riverside CA	☐IND ☐COM ØOTH ☐PTY ☐SCC		999	999	
			SUBTOTAL S	5,299	e in Santaulie er	The Parish and
1. Amount re (Include al 2. Amount re 3. Total mone	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contribution etary contributions received this period.	ns of less than	n \$100\$ <u> </u>	12,849 100 12,949	IND – Ind COM – R (c OTH – O PTY – Po	tor Codes ividual ecipient Committee ther than PTY or SCC) her (e.g., business entity) litical Party nall Contributor Committee
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)IOIAL \$			EDDC Form 460 (Jan /2016)

7	Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	ounts may be to whole do			State from through	21 Oct 2018 31 Dec 2018	CALIFO FOR	ORNIA RM	460
	Wes Speake						1404241	1	
	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 MTG OFC PET PHO PHO POS IRROR PRO PRO PRO PRO PRO PRO P	member commeetings and office expens petition circular phone banks polling and su	munications appearances es ating urvey researc yery and mes	s n senger services	RAD ra RFD re SAL ca TEL t.v TRC ca TRS sta TSF tra VOT vo	scribe the payment. dio airtime and production turned contributions impaign workers' salaries or cable airtime and proindidate travel, lodging, an aff/spouse travel, lodging, ansfer between committee ter registration formation technology cost	duction costs nd meals and meals es of the sam	e candida	ite/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DESC	CRIPTION O	F PAYMENT		AMOL	JNT PAID
	Fair Political Practices Commission Figure 2000 Sacramento, CA		FIL	Fees/Late filing					429.00
	J2 Global IIc. Line 2 Los Angeles, CA		TEL	Telephone					107.43

* Payments that are contributions or independent expenditures must also be summarized on Sche	SUBTOTAL \$	536.43	

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	31 D	ers period t 2018 ec 2018	CALIFORNIA 460 FORM 6 11		
SEE INSTRUCTION	NS ON REVERSE			through		Page		_
NAME OF FILER Wes Speak	Ke					1.D. NU 14042		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTIO TO DATE (IF REQUIRED	
Dec 6	Corona Firefighter Legislative Action Group #841182	☐IND ☐COM ☐OTH ☐PTY ☐SCC		5,000	10,0	000		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH						

SUB	TOTAL \$	5,000	
Schedule A Summary		1	*C
Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$		CO
2. Amount received this period – unitemized monetary contributions of less than \$100	\$		OT PT SC
3. Total monetary contributions received this period.			SC

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

PTY SCC

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

	Δm	nounts may be ro	unded		SCHE	SCHEDULE B - PART 1			
Schedule B – Part 1	711	to whole dollar		Statement cov	ers period	CALIFORNIA 460			
Loans Received					from21 O	ct 2018	FORM 400		
SEE INSTRUCTIONS ON REVERSE					through 31 E	Dec 2018	Page	of	
NAME OF FILER							I.D. NUMBER		
Wes Speake							1404241		
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 PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Wes Speake Corona, Ca	Principal Wood Environment & Infrastructure			PAID \$15,722	<u>2</u> \$ 4,278	% RATE	\$ 20,000	calendar year \$ 20,000	
Tolona, Ga	imastructure	\$20,000	s0	FORGIVEN \$	DATE DUE	\$	5/19/2018 DATE INCURRED	PER ELECTION**	
				PAID \$ FORGIVEN	\$	% RATE	s	CALENDAR YEAR \$ PER ELECTION**	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID \$ FORGIVEN	_	RATE	\$	\$PER ELECTION**	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$;	\$	\$	\$	1041 (BT)		
Schedule B Summary			-			(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan				\$	0	(†	Contributor Codes		
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 	00 paid or forgiven.)			\$	15,722	ii c	ND – Individual COM – Recipient C	PTY or SCC) business entity)	
3. Net change this period. (Subtract Lin	e 2 from Line 1.)			.NET \$	-15,722		CC - Small Contri		

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

** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

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

(May be a negative number)

	onetary Contributions Received		Amounts may be rounded to whole dollars.				
NAME OF FI							
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	FAI		

	SCHEDULE C
Statement covers period	CALIFORNIA AGO
from21 Oct 2018	FORM 400
through31 Dec 2018	Page8 of11
	I.D. NUMBER

1404241 CUMULATIVE TO MOUNT/ PER ELECTION DATE IR MARKET TO DATE CALENDAR YEAR VALUE (IF REQUIRED) (JAN 1 - DEC 31) ☐ IND Corona Police Officer Association PAC Mailers Z COM 961.83 961.83 11/6 tCorona, CA □ OTH PID# 1250836 □ PTY SCC ☐ IND Mailers Corona Police Officer Association PAC **Z** COM 1032.38 1,994.21 10/29 Corona, CA □отн ID# 1250836 □ PTY SCC ☐ COM □ OTH □ PTY SCC ☐ IND ☐ COM □ OTH □ PTY SCC

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,994.21

S	C	h	е	d	u	le	C	S	u	n	m	a	ry	
---	---	---	---	---	---	----	---	---	---	---	---	---	----	--

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	1,994.21
Amount received this period – unitemized nonmonetary contributions of less than \$100	.\$	0
3. Total nonmonetary contributions received this period.		1 004 04

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

*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

1,994.21

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

www.fppc.ca.gov

				SCH				
Schedule E	Amounts may be rounded to whole dollars.				ment covers period	CALIF	ORNIA 460	
Payments Made				from	21 Oct 2018	FOI	RM TO	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	31 Dec 2018	Page	9 of	
Wes Speake						140424	1	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the payment, you make member come meetings and office expense petition circul phone banks polling and suppose postage, deliver professional support print ads	munications I appearance es ating urvey researd very and mes	ch ssenger services	RAD radii RFD retu SAL cam TEL t.v. c TRC can TRS staff TSF tran VOT vote	cribe the payment. o airtime and production of the contributions of the contributions of the contributions of the contributions of the contribution of the contributio	ection costs meals nd meals of the same	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	RIPTION OF	PAYMENT		AMOUNT PAID	
Nicholas Jenkins Corona, CA		POS	Campaign Materia	I			100	
Matt Olsen Corona, Ca		WEB	Facebook Ad				100	
Arena Public Affairs Brea C		CNS	Campaign Consult	ation			4,784.51	
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SUE	STOTAL \$	4,984.51	
Schedule E Summary								
1. Homeimand manuscrate mande this manifest (final ride all Cabadrila	Гl-4-4-1- \					Φ.	12,634.72	

1. Itemized payments made this period. (Include all Schedule E subtotals.)

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).).....\$

FPPC Form 460 (Jan/2016)

12,813.81

179.09

0

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Payments Made		nuation Sheet)
SEE INSTRUCTIONS ON REVERSE		
NAME OF FILER	ME OF FI	.ER

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 21 Oct 2018 from 11 31 Dec 2018 through Page ____ I.D. NUMBER

1404241

Wes Speake

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

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses

CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees

TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)*

voter registration PRO professional services (legal, accounting) VOT LEG legal defense

WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

LIT campaign literature and mailings	PRT print ads		VVLB Illionnation technology costs (internet, o	VVEB Information technology costs (internet, e-mail)			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID			
Bieber Communications Santa Ana, CA		LIT	Campaign Mailer	5,127.41			
Cogs Santa Ana, CA		CMP	Campaign Signs	921.26			
Circle City Rentals Corona, CA.		MTG	Election Night Rental	100			
Patricia Anderson Corona, CA		MTG	Election Night Food/Party	788.85			
Jeff Nelson Corona		LIT	Campaign Printing	176.26			
* Payments that are contributions or independent expenditures must a	Iso be summarized on Sched	ule D.	SUBTOTAL	\$ 7,113.78			

Payments that are contributions or independent expenditure

	Schedule E (Continuation Sheet) Payments Made	Amounts may b to whole do			Statement covers period from21 Oct 2018	CALIFO FOI	460	
7	SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through 31 Dec 2018	Page _		of <u>11</u>
	Wes Speake					1.D. NUM 140424		
	CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and so POS postage, deliv PRO professional so PRT print ads	munications I appearance es ating urvey researc very and mes	s h senger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and protuction reconstructions campaign workers' salaries t.v. or cable airtime and protuction reconstruction reconstruction reconstruction reconstruction reduction and protuction reconstruction reconstruction reconstruction reconstruction reduction reduction reduction reduction reduction reduction reconstruction reduction reduction reduction reduction reductions reduction r	on costs s oduction costs and meals g, and meals ses of the sam	ne candida	ate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DESC	CRIPTION OF PAYMENT		AMO	UNT PAID
	Fair Political Practices Commission Sacramento, CA		FIL	Fees/Late filing				429.00
	J2 Global IIc. Line 2 Los Angeles, CA		TEL	Telephone				107.43
			18.111					

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