

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

|                 |   |
|-----------------|---|
| Date Stamp      | <b>CALIFORNIA FORM 460</b>                  |
| KKB<br>RECEIVED | Page <u>1</u> of <u>12</u>                  |
|                 | For Official Use Only<br><b>SEP 28 2018</b> |

|                                |  |
|--------------------------------|--|
| <b>Statement covers period</b> | <b>Date of election if applicable:</b><br>(Month, Day, Year) |
| from <u>01/01/2018</u>         | <u>11/06/2018</u>  |
| through <u>09/22/2018</u>      |  |

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
1408559

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Hilary Hodge for City Council 2018

STREET ADDRESS (NO P.O. BOX)

|           |       |          |                 |
|-----------|-------|----------|-----------------|
| CITY      | STATE | ZIP CODE | AREA CODE/PHONE |
| Roseville | CA    | 95661    | (916) 749-3533  |

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

(916) 865-4657 / hodge@cjandassociatesinc.com

**Treasurer(s)**

NAME OF TREASURER  
Chelsea Johnson

MAILING ADDRESS

|           |       |          |                 |
|-----------|-------|----------|-----------------|
| CITY      | STATE | ZIP CODE | AREA CODE/PHONE |
| Roseville | CA    | 95661    | (916) 749-3533  |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge, the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and

Executed on 09/27/2018  
Date

Executed on 09/27/2018  
Date

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

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

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Hilary Hodge

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

City Council Member: City of Grass Valley

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
 [REDACTED] Grass Valley CA 95945

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|   |                        |
|---|------------------------|
| COMMITTEE NAME<br>Hodge for Supervisor 2018 | I.D. NUMBER<br>1397918 |
|---|------------------------|

|                                      |  |
|--------------------------------------|--|
| NAME OF TREASURER<br>Chelsea Johnson | CONTROLLED COMMITTEE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|--------------------------------------|--|

|                                 |   |
|---------------------------------|---|
| COMMITTEE ADDRESS<br>[REDACTED] | STREET ADDRESS (NO P.O. BOX)                              |
| CITY<br>Roseville               | STATE ZIP CODE AREA CODE/PHONE<br>CA 95661 (916) 749-3533 |

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

|                   |                                |
|-------------------|--------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)   |
| CITY              | STATE ZIP CODE AREA CODE/PHONE |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*



**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2018 |                                |
| through                 |            | 09/22/2018                     |
| Page                    |            | 3 of 12                        |
| I.D. NUMBER             |            | 1408559                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hilary Hodge for City Council 2018

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 5,660.50  | \$ 5,660.50                                |
| 2. Loans Received ..... Schedule B, Line 3            | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 5,660.50  | \$ 5,660.50                                |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 5,660.50  | \$ 5,660.50                                |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 2,910.21  | \$ 2,910.21                                |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00   | 0.00                                       |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 2,910.21  | \$ 2,910.21                                |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 0.00   | 0.00                                       |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0.00   | 0.00                                       |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 2,910.21  | \$ 2,910.21                                |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |             |
|---|-------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 0.00     |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 5,660.50    |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 0.00        |
| 15. Cash Payments ..... Column A, Line 8 above                              | 2,910.21    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2,750.29 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

|   |         |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ 0.00 |
|---|---------|

**Cash Equivalents and Outstanding Debts**

|   |         |
|---|---------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ 0.00 |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 0.00 |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2018 |                                |
| through                 | 09/22/2018 | Page 4 of 12                   |
| I.D. NUMBER             |            | 1408559                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hilary Hodge for City Council 2018

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/27/2018         | Neil Bodine<br>[REDACTED]<br>Grass Valley, CA 95949   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 1,000.00                    | 2,000.00   |                                       |
| 09/11/2018         | Neil Bodine<br>[REDACTED]<br>Grass Valley, CA 95949   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 1,000.00                    | 2,000.00   |                                       |
| 09/16/2018         | Cicely B. Brookover<br>[REDACTED]<br>Grass Valley, CA 95945                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 100.00                      | 100.00   |                                       |
| 09/01/2018         | Janis Bumgarner<br>[REDACTED]<br>Penn Valley, CA 95946  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Janis Bumgarner   | 100.00                      | 100.00   |                                       |
| 09/01/2018         | Marilyn Chambliss<br>[REDACTED]<br>Grass Valley, CA 95949                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed<br>n/a   | 100.00                      | 400.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 2,300.00                    |  |                                       |

**Schedule A Summary**

|   |                 |          |
|---|-----------------|----------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                            | \$              | 3,985.00 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....   | \$              | 1,675.50 |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$</b> | 5,660.50 |

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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2018 |                            |
| through                 | 09/22/2018 | Page <u>5</u> of <u>12</u> |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Hilary Hodge for City Council 2018 | I.D. NUMBER<br>1408559 |
|---|------------------------|

| 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) |
|--------------------|--|---|--|--|---|------------------------------------|
| 09/19/2018         | Marilyn Chambliss<br>[REDACTED]<br>Grass Valley, CA 95949                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed<br>n/a  | 300.00<br><br>Received through intermediary:<br>ActBlue<br>366 Summer Street<br>Somerville, MA 02144 | 400.00  |                                    |
| 09/01/2018         | Julie Enzor-Wilson<br>[REDACTED]<br>Grass Valley, CA 95945                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed<br>n/a  | 80.00  | 130.00  |                                    |
| 09/20/2018         | Julie Enzor-Wilson<br>[REDACTED]<br>Grass Valley, CA 95945                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed<br>n/a  | 50.00<br><br>Received through intermediary:<br>ActBlue<br>366 Summer Street<br>Somerville, MA 02144  | 130.00  |                                    |
| 08/31/2018         | John Foster<br>[REDACTED]<br>Nevada City, CA 95959   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed<br>n/a  | 100.00<br><br>Received through intermediary:<br>ActBlue<br>366 Summer Street<br>Somerville, MA 02144 | 100.00  |                                    |
| 08/31/2018         | Joshua D. M. Jacoby<br>[REDACTED]<br>Sacramento, CA 95821                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Manager<br>Allied Trustee Services   | 100.00<br><br>Received through intermediary:<br>ActBlue<br>366 Summer Street<br>Somerville, MA 02144 | 100.00  |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | 630.00   |   |                                    |

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2018 |                                |
| through                 | 09/22/2018 | Page 6 of 12                   |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Hilary Hodge for City Council 2018 | I.D. NUMBER<br>1408559 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD  | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|--|--|---------------------------------------|
| 08/31/2018         | Cathy Knight<br>Grass Valley, CA 95945  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed<br>n/a   | 100.00<br><br>Received through intermediary:<br>ActBlue<br>366 Summer Street<br>Somerville, MA 02144 | 100.00   |                                       |
| 09/01/2018         | Sushila Mertens<br>Nevada City, CA 95959  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 50.00  | 100.00   |                                       |
| 09/01/2018         | Sushila Mertens<br>Nevada City, CA 95959  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a  | 50.00  | 100.00   |                                       |
| 09/20/2018         | Peter Minett<br>Nevada City, CA 95959   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed<br>n/a   | 105.00<br><br>Received through intermediary:<br>ActBlue<br>366 Summer Street<br>Somerville, MA 02144 | 105.00   |                                       |
| 08/20/2018         | Itara O'Connell<br>Grass Valley, CA 95945   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Educator<br>Itara O'Connell   | 100.00   | 100.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 405.00   |  |                                       |

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2018 |                                |
| through                 | 09/22/2018 | Page <u>7</u> of <u>12</u>     |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Hilary Hodge for City Council 2018 | I.D. NUMBER<br>1408559 |
|---|------------------------|

| 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) |
|--------------------|--|---|--|--|---|------------------------------------|
| 09/17/2018         | Mary Orr<br>[REDACTED]<br>Grass Valley, CA 95945   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a   | 100.00<br><br>Received through intermediary:<br>ActBlue<br>366 Summer Street<br>Somerville, MA 02144 | 100.00  |                                    |
| 09/02/2018         | Lisa Rowe<br>[REDACTED]<br>Grass Valley, CA 95945  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Teacher<br>Grass Valley School<br>District   | 100.00<br><br>Received through intermediary:<br>ActBlue<br>366 Summer Street<br>Somerville, MA 02144 | 100.00  |                                    |
| 08/31/2018         | Katharine Wanamaker<br>[REDACTED]<br>Nevada City, CA 95959                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Case Manager<br>Sierra Fiduciary Services  | 100.00<br><br>Received through intermediary:<br>ActBlue<br>366 Summer Street<br>Somerville, MA 02144 | 150.00  |                                    |
| 09/20/2018         | Katharine Wanamaker<br>[REDACTED]<br>Nevada City, CA 95959                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Case Manager<br>Sierra Fiduciary Services  | 50.00<br><br>Received through intermediary:<br>ActBlue<br>366 Summer Street<br>Somerville, MA 02144  | 150.00  |                                    |
| 09/16/2018         | Kimberley Warren-Rhodes<br>[REDACTED]<br>Grass Valley, CA 95945                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Research Scientist<br>NASA   | 200.00   | 200.00  |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | 550.00   |   |                                    |

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2018 |                            |
| through                 | 09/22/2018 | Page <u>8</u> of <u>12</u> |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Hilary Hodge for City Council 2018 | I.D. NUMBER<br>1408559 |
|---|------------------------|

| 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) |
|--------------------|--|---|--|--|---|------------------------------------|
| 09/02/2018         | Jeff Wenzel<br>[REDACTED]<br>Grass Valley, CA 95945  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed<br>n/a  | 100.00<br><br>Received through intermediary:<br>ActBlue<br>366 Summer Street<br>Somerville, MA 02144 | 100.00  |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |  |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |  |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |  |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |  |   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | 100.00   |   |                                    |

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



**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|                                    |            |                                |
|------------------------------------|------------|--------------------------------|
| Statement covers period            |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                               | 01/01/2018 |                                |
| through                            | 09/22/2018 | Page 9 of 12                   |
| NAME OF FILER                      |            | I.D. NUMBER                    |
| Hilary Hodge for City Council 2018 |            | 1408559                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hilary Hodge for City Council 2018

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

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                     | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Jenny Chan<br>[REDACTED]<br>San Francisco, CA 94108                                     | WEB  |    |                        | 512.00      |
| Christina Gutierrez dba J's Quality Printing<br>[REDACTED]<br>West Sacramento, CA 95691 | LIT  |    |                        | 232.20      |
| Christina Gutierrez dba J's Quality Printing<br>[REDACTED]<br>West Sacramento, CA 95691 | CMP  |    |                        | 270.00      |

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

**SUBTOTAL \$** 1,014.20

**Schedule E Summary**

|  |                 |                 |
|--|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | 2,741.18        |
| 2. Unitemized payments made this period of under \$100   | \$              | 169.03          |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$              | 0.00            |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> | <b>2,910.21</b> |

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

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

|                                    |            |                            |
|------------------------------------|------------|----------------------------|
| Statement covers period            |            | <b>CALIFORNIA FORM 460</b> |
| from                               | 01/01/2018 |                            |
| through                            | 09/22/2018 | Page 10 of 12              |
| NAME OF FILER                      |            | I.D. NUMBER                |
| Hilary Hodge for City Council 2018 |            | 1408559                    |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Hilary Hodge for City Council 2018

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

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                 | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| CJ & Associates, Inc.<br>[REDACTED]<br>Roseville, CA 95661                          | PRO  |    |                        | 514.25      |
| Grass Valley Printers<br>[REDACTED]<br>Grass Valley, CA 95945                       | LIT  |    |                        | 105.57      |
| Grass Valley Printers<br>[REDACTED]<br>Grass Valley, CA 95945                       | CMP  |    |                        | 104.96      |
| Hilary B. Hodge<br>[REDACTED]<br>Grass Valley, CA 95945                             | FIL  |    |                        | 617.20      |
| Vanessa Lambert dba Stitch Vixen Sewing Co.<br>[REDACTED]<br>Grass Valley, CA 95945 | OFC  |    |                        | 110.00      |

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

**SUBTOTAL \$** 1,451.98

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

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

|                                    |            |                            |
|------------------------------------|------------|----------------------------|
| Statement covers period            |            | <b>CALIFORNIA FORM 460</b> |
| from                               | 01/01/2018 |                            |
| through                            | 09/22/2018 | Page 11 of 12              |
| NAME OF FILER                      |            | I.D. NUMBER                |
| Hilary Hodge for City Council 2018 |            | 1408559                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hilary Hodge for City Council 2018

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

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Rudiger Foundation<br>Grass Valley, CA 95945                        | CVC  |    |                        | 100.00      |
| United States Post Office<br>Grass Valley, CA 95945                 | POS  |    |                        | 175.00      |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$** 275.00



**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 01/01/2018  
 through 09/22/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hilary Hodge for City Council 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Hilary B. Hodge

I.D. NUMBER

1408559

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

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

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Nevada County Elections Department<br>Nevada City, CA 95959                     | FIL  |    |                        | 617.20      |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 617.20

\* 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.