

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA
FORM

Date Stamp

RECEIVED

Page 1 of 1

For Official Use Only

Date of election if applicable
(Month, Day, Year)

11-5-24

Statement covers period
from 9-22-24

through 10-19-24

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1464205

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

ERIC CUNDIEFF FOR CITY COUNCIL 2024

Treasurer(s)

NAME OF TREASURER

BRYN CUNDIEFF

MAILING ADDRESS

133 MESQUITE CT

CITY STATE ZIP CODE AREA CODE/PHONE

CALIMESA CA 92320 909 963 9306

NAME OF ASSISTANT TREASURER, IF ANY

N/A

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 correct.

Executed on 10-22-24

Date

Executed on 10-22-24

Date

Executed on _____

Date

Executed on _____

Date

By Bryn Cundieff

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**

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FORM

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
ERIC L. CUNDIEFF
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CALUMESA CITY COUNCIL
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
133 MESQUITE CT. CALUMESA CA. 92320

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 I.D. NUMBER
ERIC CUNDIEFF FOR
CITY COUNCIL 2024
1464205
NAME OF TREASURER CONTROLLED COMMITTEE?
BRYN CUNDIEFF YES NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
133 MESQUITE CT.
CITY STATE ZIP CODE AREA CODE/PHONE
CALUMESA CA 92320 909 936 9259

COMMITTEE NAME I.D. NUMBER
N/A
NAME OF TREASURER CONTROLLED COMMITTEE?
N/A YES NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
N/A
CITY STATE ZIP CODE AREA CODE/PHONE
N/A

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
N/A
BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE
N/A N/A SUPPORT OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent
N/A
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY
N/A N/A

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 <input type="checkbox"/> OPPOSE
<u>N/A</u>		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>N/A</u>		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>N/A</u>		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>N/A</u>		<input type="checkbox"/> SUPPORT <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

CALIFORNIA FORM **460**

from 9-22-24

through 10-19-24

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ERIC CUMPIEFF

I.D. NUMBER

1464205

Contributions Received

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

- 1. Monetary Contributions Schedule A, Line 3 \$ 2900.00
- 2. Loans Received Schedule B, Line 3 \$ 0
- 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 2900.00
- 4. Nonmonetary Contributions Schedule C, Line 3 \$ 200.00
- 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 3100.00

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 \$ 0
 - 21. Expenditures Made \$ 0

Expenditures Made

- 6. Payments Made Schedule E, Line 4 \$ 912.14/100
- 7. Loans Made Schedule H, Line 3 \$ 0
- 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 912.14/100
- 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 \$ 200.00/100
- 10. Nonmonetary Adjustment Schedule C, Line 3 \$ 112.14/100
- 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 3124.64/100

Expenditure Limit Summary for State Candidates

- 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
- Date of Election (mm/dd/yy) Total to Date
- / / \$ 0
- / / \$ 0

Current Cash Statement

- 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ -537.50/100
- 13. Cash Receipts Column A, Line 3 above \$ 2900.00/100
- 14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ 912.14/100
- 15. Cash Payments Column A, Line 8 above \$ 1450.36/100
- 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0

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

- 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0
- 18. Cash Equivalents See instructions on reverse \$ 0
- 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0

Cash Equivalents and Outstanding Debts

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.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

**CALIFORNIA 460
FORM**

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Statement covers period

from 9-22-24

through 10-19-24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ERIC CUNDIEFF

I.D. NUMBER

1464205

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-22-24	PEGGIE KIRKPATRICK 35656 BARBARA LN. YUCAIPA CA. 92399	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$250.00		
9-22-24	KEVIN DOCKHAM 145 MESQUITE CT. CALUMESA CA 92320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSTRUCTION SKANSKA	\$100.00		
9-22-24	CRAIG YOKUM DBA: ACDY CORP. 16895 EVENING STAR RIVERSIDE CA. 92506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BROKER ACDY CORP.	\$250.00		
9-24-24	PETE PAULIAN 136 MESQUITE CT. CALUMESA CA. 92320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00		
9-24-24	SUSAN HAZELTINE 136 MESQUITE CT. CALUMESA CA. 92320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$50.00		

SUBTOTAL \$ 750.00

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2900.00

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 0

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2900.00**

*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.

Statement covers period from 9-22-24 through 10-19-24

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I.D. NUMBER 1464205

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-24-24	JOHN SIMISTER 11453 GOLDEN GATE CT. YUCAIPA CA. 92399	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$250. ⁰⁰		
9-26-24	WILLIAM ABERNATHIE 35808 AVE E YUCAIPA CA. 92399	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100. ⁰⁰		
9-26-24	FAITH MC CULLOUGH 1070 BRYANT ST. CALUMESA CA. 92320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSE WIFE	\$150. ⁰⁰		
9-26-24	LILY STEINFELD 7985 ANDERS CIR. LA MESA CA. 91942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STUDENT	\$250. ⁰⁰		
9-27-24	DANIEL LYKER 3753 ARIZONA ST. SAN DIEGO CA. 92104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROJECT EXECUTIVE BALFOUR BEATTY	\$50. ⁰⁰		
				SUBTOTAL \$	\$800.⁰⁰	

*Contributor Codes
IND - Individual
COM - Recipient Committee
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 from 9-22-24 through 10-19-24

CALIFORNIA **460** FORM

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NAME OF FILER ERIC CUNOIER I.D. NUMBER 1464205

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-24-24	JAVIER GURERO 708 CANADIAN ST. HOUSTON TX 77009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FIREMAN HOUSTON FIRE DEPT.	\$100.00		
10-8-24	TIMOTHY LYNCH 1554 UPLAND HILLS DR. UPLAND CA. 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS OWNER GOA ADVERTISING	\$250.00		
10-8-24	CONNIE MICHAELS 142 MESQUITE CT. CALUMESA CA. 92320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$250.00		
10-17-24	ROBERT COLEMAN PO BOX 518 YUCAIPA CA. 92399	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS OWNER TITAN REAL ESTATE	\$250.00		
10-17-24	ROBIN COLEMAN PO BOX 758 YUCAIPA CA. 92399	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE AGENT STATE FARM	\$250.00		

SUBTOTAL \$ 1000.00

*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 from 9-22-24 through 10-19-24

CALIFORNIA **460** FORM

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I.D. NUMBER 1464205

NAME OF FILER ERIC CUNDIEFF

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10-18-24	RIVERSIDE SHERIFFS ASS. FPPC 10 # 1286381 11211 ST. STE. 200 SACRAMENTO CA. 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	RSA - RIVERSIDE SHERIFF ASSOCIATION POLICE UNION	\$ 250.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				<u>250.00</u>		

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

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ERIC CUNDIEFF

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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
<u>N/A</u>		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION**
<u>N/A</u>		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION**
<u>N/A</u>		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION**
SUBTOTALS \$								\$

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period\$ _____
 (Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period\$ _____
 (Total Column (c) plus loans under \$100 paid or forgiven.)
 (Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.)NET \$ _____
 Enter the net here and on the Summary Page, Column A, Line 2.

†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

(May be a negative number)

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

**Schedule B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

**CALIFORNIA 460
FORM**

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Statement covers period
from 9-22-24
through 10-19-24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ERIC CUNOIEFF

I.D. NUMBER

1464205

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE* <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN LENDER DATE	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR \$ PER ELECTION (IF REQUIRED) \$	BALANCE OUTSTANDING TO DATE
<u>N/A</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED) \$	
<u>N/A</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED) \$	
<u>N/A</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED) \$	
<u>N/A</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED) \$	

Subtotal \$

Enter on Summary Page, Line 17 only.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 9-22-24
through 10-19-24

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I.D. NUMBER
1464205

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
ERIC CUNDIEFF

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	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9-26-24	EMILY LITTLETON 148 MESQUITE CT. LAUMESA CA. 92320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	House wife	DIGITAL ADVERTISING	\$200.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 200.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- 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 \$** 200.00

*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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

Statement covers period
from 9-22-24
through 10-19-24

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

ERIC CUNDIEFF

1464205

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	N/A	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
	N/A	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
	N/A	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100. \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** .. \$ _____

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period
from 9-22-24
through 10-19-24

CALIFORNIA **460**
FORM

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NAME OF FILER ERIC CUNDIEFF I.D. NUMBER 1464205

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose N/A	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose N/A	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose N/A	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose N/A	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				

SUBTOTAL \$

Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 9-22-24

through 10-19-24

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

ERIC CUNDIEFF

I.D. NUMBER

1464205

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BRIANA PARRISH 376 FLORDASON DR. CAUMESA CA. 92320	LIT	PAYMENT FOR DISTRIBUTION OF CAMPAIGN MATERIALS	\$ 100.00
COPS VOTER GUIDE INC. PO BOX 214006 SACRAMENTO CA. 95821	PRT	PAYMENT FOR SLATING IN VOTER GUIDE	\$ 400.00
CAL VOTER 22410 HAWTHORN BLVD. STE 5 TORRANCE CA. 90505	PRT	PAYMENT FOR SLATING AND CAMPAIGN FLYERS	\$ 299.00
SUBTOTAL \$			<u>799.00</u>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 912.14/100
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 912.14/100

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 9-22-24
through 10-19-24

CALIFORNIA **460**
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ERIC CUNDIEFF

I.D. NUMBER

1464205

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>COBBS PRINTING 13324 CALIFORNIA ST. YUCAIPA CA. 92399</u>	<u>CMP</u>		<u>PAYMENT FOR CAMPAIGN FLYERS</u>	<u>\$113.14/100</u>

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

SUBTOTAL \$ 113.14/100

FPPC Form 496 (Feb/2019)

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

www.fppc.ca.gov

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

Statement covers period from 9-22-24 through 10-19-24

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ERIC CUNDIEFF

I.D. NUMBER

1464205

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

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

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					
SUBTOTALS \$		\$	\$	\$	\$

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** _____
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** _____
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** _____

Amounts may be rounded to whole dollars.

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

Statement covers period
from 9-22-24
through 10-19-24

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NAME OF FILER

ERIC CUNDIENE

I.D. NUMBER

1464205

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 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					
SUBTOTALS \$		\$	\$	\$	\$

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

CALIFORNIA FORM 460

Statement covers period from 9-22-24 through 10-19-24

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1464205

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

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

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* 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 9-22-24 through 10-19-24

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ERIC CUPDIEFF

I.D. NUMBER

1464205

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	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
<u>N/A</u>		\$ _____	\$ _____	\$ _____	\$ _____	_____ %	\$ _____	\$ _____
<u>N/A</u>		\$ _____	\$ _____	\$ _____	\$ _____	_____ %	\$ _____	\$ _____
SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____		\$ _____	\$ _____

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on Schedule I, Line 3)

Schedule H Summary

- Loans made this period.....\$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans.....\$ _____
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.).....NET \$ _____
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

(May be a negative number)

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

Statement covers period
from 9-22-24
through 10-19-24

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER ERIC CUNDIEFF I.D. NUMBER 1464205

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	N/A		
	N/A		
	N/A		
	N/A		
	N/A		
	N/A		

SUBTOTAL \$

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- Itemized increases to cash this period.\$ _____
- Unitemized increases to cash of under \$100 this period.\$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____