

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 2001/02 FORM 460

Date Stamp

Statement covers period from <u>07/01/2013</u> through <u>12/31/2013</u>	Date of election if applicable: (Month, Day, Year) <u>06/03/2014</u>
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For Official Use Only

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
- Ballot Measure Committee
- Primary Formed
- Controlled
- Sponsored
- (Also Complete Part 6.)
- Primary Formed Candidate/Officeholder Committee
- (Also Complete Part 7.)

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1356820

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Matt Pope for Assembly District 4 - 2014

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Napa	CA	94559	(707)287-6407

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS
matt pope384@gmail.com

Treasurer(s)

NAME OF TREASURER
Mr. Alex Pader

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Napa	CA	94559	(707) 363-1604

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 01/31/2014 By Mr. Alex Pader
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/31/2014 By Mr. Matthew Pope
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Matthew Pope			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Sought: State Assembly Person Assembly District <u>4</u>			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	American Canyon	CA	94503

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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <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 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2013</u>	
through <u>12/31/2013</u>	Page <u>3</u> of <u>25</u>
I.D. NUMBER 1356820	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matt Pope for Assembly District 4 - 2014

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$13,969.00	\$32,281.00
2. Loans Received	Schedule B, Line 7	\$50,000.00	\$51,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$63,969.00	\$83,281.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$300.00	\$1,331.25
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$64,269.00	\$84,612.25

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

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$17,869.80	\$23,266.20
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$17,869.80	\$23,266.20
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$300.00	\$1,331.25
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$18,169.80	\$24,597.45

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
<u>6/3/2014</u>	<u>\$24,197.00</u>
<u>11/4/2014</u>	<u>\$0.00</u>
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$13,865.60	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).
13. Cash Receipts	Column A, Line 3 above	\$63,969.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$17,869.80	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$60,014.80	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$0.00
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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	\$51,000.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2013	
through	12/31/2013	Page 4 of 25
NAME OF FILER Matt Pope for Assembly District 4 - 2014		I.D. Number 1356820

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
12/18/2013	Michael Allen for Assembly 2012 Santa Rosa, CA 95409 Committee ID: 1335032	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2014P: \$2,000.00
8/6/2013	Ms. Lois Ann Battuello Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$500.00	\$1,500.00	2014P: \$1,500.00
10/29/2013	Ms. Lois Ann Battuello Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$1,000.00	\$1,500.00	2014P: \$1,500.00
8/24/2013	Ms. Martha T. Boyle Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$250.00	\$2,750.00	2014P: \$2,750.00
10/29/2013	Ms. Jennifer Buchwald-Baerwald Pope Valley, CA 94567	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$250.00	\$250.00	2014P: \$250.00

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$13,450.00
2. Amount received this period - unitemized contributions of less than \$100	\$519.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$13,969.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2013	
through	12/31/2013	Page <u>5</u> of <u>25</u>
NAME OF FILER		I.D. Number
Matt Pope for Assembly District 4 - 2014		1356820

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
10/13/2013	Mr. Gary E. Dowling Pope Valley, CA 94567	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$300.00	\$300.00	2014P: \$300.00
9/7/2013	Mr. Robert Fiddaman Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$250.00	\$250.00	2014P: \$250.00
12/18/2013	Ms. Diane M. Goldstein Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Correctional Solutions Consultant	\$200.00	\$200.00	2014P: \$200.00
10/29/2013	Ms. Sally Kimsey Pope Valley, CA 94567	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sally Kimsey DVM Veterinarian	\$100.00	\$100.00	2014P: \$100.00
9/4/2013	Mr. Eric E. Knight Yountville, CA 94599	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home Depot Sales	\$100.00	\$100.00	2014P: \$100.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2013	
through	12/31/2013	Page <u>6</u> of <u>25</u>
NAME OF FILER Matt Pope for Assembly District 4 - 2014		I.D. Number 1356820

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
12/3/2013	Mr. Anthony Laborgna Atlanta, GA 30306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-empl no sep business name Financial Investments	\$250.00	\$250.00	2014P: \$250.00
12/13/2013	Mr. Christopher Layton Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Calistoga Arbors Architect Contractor Owner	\$250.00	\$500.00	2014P: \$500.00
12/13/2013	Mr. Christopher Layton Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Calistoga Arbors Architect Contractor Owner	\$250.00	\$500.00	2014P: \$500.00
9/4/2013	Ms. Sharon L. Macklin Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California State Senate Field Representative	\$100.00	\$100.00	2014P: \$100.00
7/1/2013	Ms. Laurie Pope-Brown Pacific Grove, CA 93950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Catalina School Development Director	\$250.00	\$250.00	2014P: \$250.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2013	
through	12/31/2013	Page 7 of 25
NAME OF FILER Matt Pope for Assembly District 4 - 2014		I.D. Number 1356820

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
9/4/2013	Ms. Laurie Puzo Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California State Senate Consultant	\$100.00	\$200.00	2014P: \$200.00
9/4/2013	Mr. Michael Quigley Arlington, VA 22202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Human Rights First Senior Advisor for Natl Security	\$500.00	\$500.00	2014P: \$500.00
9/14/2013	Mr. Sebastiano F. Serrantino Yountville, CA 94599	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Retired	\$100.00	\$100.00	2014P: \$100.00
8/8/2013	Ms. Claire Black Slotton Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Claire Black Slotton Realtor Realtor	\$100.00	\$100.00	2014P: \$100.00
11/10/2013	Mr. William Weatherford San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alvarez & Marsal Certified Public Accountant	\$250.00	\$250.00	2014P: \$250.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2013	
through	12/31/2013	Page 8 of 25
NAME OF FILER		I.D. Number
Matt Pope for Assembly District 4 - 2014		1356820

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
10/29/2013	Ms. Betty Wilms Pope Valley, CA 94567	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N.A. Housewife	\$250.00	\$250.00	2014P: \$250.00
9/4/2013	Mr. Janlee Wong Davis, CA 95618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nat'l Assoc of Social Workers CA State Association Manager	\$500.00	\$2,500.00	2014P: \$2,500.00
10/13/2013	Mr. Janlee Wong Davis, CA 95618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nat'l Assoc of Social Workers CA State Association Manager	\$500.00	\$2,500.00	2014P: \$2,500.00
12/16/2013	Mr. Janlee Wong Davis, CA 95618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nat'l Assoc of Social Workers CA State Association Manager	\$1,000.00	\$2,500.00	2014P: \$2,500.00
12/13/2013	Yamada for Senate 2016 Davis, CA 95618 Committee ID: 1353505	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,100.00	\$4,100.00	2014P: \$4,100.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period
from 07/01/2013
through 12/31/2013

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Pope for Assembly District 4 - 2014

I.D. Number
1356820

DATE RECEIVED	FULL NAME, MAILING 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)
12/28/2013	Mr. C.C. Yin Vacaville, CA 95687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asian Pac Islander AM Pub Affairs Assn Founder & Chair	\$1,000.00	\$1,000.00	2014P: \$1,000.00
		<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 \$13,450.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2013</u> through <u>12/31/2013</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>25</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Pope for Assembly District 4 - 2014

I.D. NUMBER
1356820

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mr. Matthew J. Pope American Canyon, CA 94503 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Representative California State Senate	\$1,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$1,000.00 12/31/2018 DATE DUE	_____% RATE	\$1,000.00 3/27/2013 DATE INCURRED	CALENDAR YEAR \$51,000.00 PER ELECTION**
Mr. Matthew J. Pope American Canyon, CA 94503 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Representative California State Senate		\$50,000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$50,000.00 12/31/2014 DATE DUE	_____% RATE	\$50,000.00 12/23/2013 DATE INCURRED	CALENDAR YEAR \$51,000.00 PER ELECTION**
 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
SUBTOTALS			\$50,000.00		\$51,000.00			

Schedule B Summary

1. Loans received this period. _____ \$50,000.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____ \$0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) **Net** \$50,000.00
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

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

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

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

**Schedule B - Part 2
Loan Guarantors**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2013</u> through <u>12/31/2013</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>25</u>
	I.D. Number 1356820

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Pope for Assembly District 4 - 2014

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<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) _____	
	<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) _____	
	<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) _____	
	<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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2013</u> through <u>12/31/2013</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>25</u>
I.D. Number 1356820	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Pope for Assembly District 4 - 2014

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)
12/5/2013	Ms. Jennifer Tisa Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant Owner 1226 Washington	Event facility, food & beverage	\$150.00	\$150.00	2014P: \$150.00
12/5/2013	Mr. Stan Spavold Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant Owner 1226 Washington	Event facility, food & beverage	\$150.00	\$150.00	2014P: \$150.00
		<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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$300.00

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$300.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$300.00

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period
from 07/01/2013
through 12/31/2013

**CALIFORNIA
FORM 460**

Page 13 of 25

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Pope for Assembly District 4 - 2014

I.D. NUMBER
1356820

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	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				

SUBTOTAL

Schedule D Summary

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

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2013	
through	12/31/2013	Page 14 of 25
NAME OF FILER Matt Pope for Assembly District 4 - 2014		I.D. NUMBER 1356820

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Pope for Assembly District 4 - 2014

I.D. NUMBER
1356820

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, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The UPS Store Napa, CA 94559	OFC		\$78.00
Jansen Consulting Sacramento, CA 95816	CNS		\$2,000.00
The UPS Store Napa, CA 94559	POS		\$3.13

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

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$17,665.28
2. Unitemized payments made this period of under \$100.	\$204.52
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.)	TOTAL \$17,869.80

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2013	
through	12/31/2013	Page 15 of 25
NAME OF FILER Matt Pope for Assembly District 4 - 2014		I.D. NUMBER 1356820

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Pope for Assembly District 4 - 2014

I.D. NUMBER
1356820

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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Duffy & Capitolo Sacramento, CA 95814	LIT		\$864.13
Duffy & Capitolo Sacramento, CA 95814	CNS		\$3,000.00
Duffy & Capitolo Sacramento, CA 95814	WEB		\$1,276.50
Peggy Bimbi Santa Rosa, CA 95404	PRO		\$195.48
The UPS Store Napa, CA 94559	LIT		\$14.55

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

SUBTOTAL

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2013	
through	12/31/2013	Page 16 of 25
NAME OF FILER Matt Pope for Assembly District 4 - 2014		I.D. NUMBER 1356820

SEE INSTRUCTIONS ON REVERSE

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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The UPS Store Napa, CA 94559	POS		\$12.95
Jansen Consulting Sacramento, CA 95816	CNS		\$2,000.00
Peggy Bimbi Santa Rosa, CA 95404	PRO		\$377.41
The UPS Store Napa, CA 94559	LIT		\$7.56
The UPS Store Napa, CA 94559	LIT		\$15.50

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

SUBTOTAL

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2013	
through	12/31/2013	Page 17 of 25
NAME OF FILER Matt Pope for Assembly District 4 - 2014		I.D. NUMBER 1356820

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Pope for Assembly District 4 - 2014

I.D. NUMBER
1356820

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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jansen Consulting Sacramento, CA 95816	CNS		\$2,000.00
Duffy & Capitolo Sacramento, CA 95814	LIT		\$630.75
Peggy Bimbi Santa Rosa, CA 95404	PRO		\$205.05
Jansen Consulting Sacramento, CA 95816	CNS		\$2,000.00
The UPS Store Napa, CA 94559	OFC		\$78.00

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

SUBTOTAL

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2013	
through	12/31/2013	Page 18 of 25
NAME OF FILER Matt Pope for Assembly District 4 - 2014		I.D. NUMBER 1356820

SEE INSTRUCTIONS ON REVERSE

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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Duffy & Capitolo Sacramento, CA 95814	WEB		\$735.31
Duffy & Capitolo Sacramento, CA 95814	CMP		\$152.95
Duffy & Capitolo Sacramento, CA 95814	LIT		\$742.72
The UPS Store Napa, CA 94559	POS		\$2.40
The UPS Store Napa, CA 94559	OFC		\$2.04

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

SUBTOTAL

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2013	
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NAME OF FILER Matt Pope for Assembly District 4 - 2014		I.D. NUMBER 1356820

SEE INSTRUCTIONS ON REVERSE

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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Duffy & Capitolo Sacramento, CA 95814	WEB			\$176.48
Duffy & Capitolo Sacramento, CA 95814	LIT			\$423.54
Peggy Bimbi Santa Rosa, CA 95404	PRO			\$206.48
The Leadership California Institute Sacramento, CA 95814	CVC			\$150.00
Concilio of Yolo County Davis, CA 95618	PRT			\$300.00

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

SUBTOTAL

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2013
through 12/31/2013

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Pope for Assembly District 4 - 2014

I.D. NUMBER
1356820

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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The UPS Store Napa, CA 94559	OFC		\$14.35

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

SUBTOTAL \$17,665.28

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2013	
through	12/31/2013	Page 21 of 25
NAME OF FILER Matt Pope for Assembly District 4 - 2014		I.D. NUMBER 1356820

SEE INSTRUCTIONS ON REVERSE

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, email) |

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

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

SUBTOTALS

Schedule F Summary

- 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** _____
- 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** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

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

Type or print in ink.
 Amounts may be rounded to whole dollars.

Statement covers period
 from 07/01/2013
 through 12/31/2013

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Matt Pope for Assembly District 4 - 2014

I.D. NUMBER
 1356820

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Duffy & Capitolo

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, email) |

* 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
Digital Tractor Graphic Design Sacramento, CA 95831	LIT		\$630.75
Firefighters Print & Design Sacramento, CA 95833	LIT		\$742.72
Firefighters Print & Design Sacramento, CA 95833	CMP		\$152.95
Melee Convergent Media Sacramento, CA 95822	WEB		\$1,276.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2802.92

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

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2013
through 12/31/2013

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Pope for Assembly District 4 - 2014

I.D. NUMBER
1356820

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Duffy & Capitolo

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, email) |

* 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
Melee Convergent Media Sacramento, CA 95822	WEB			\$735.31
Viking Printing Sacramento, CA 95814	LIT			\$864.13

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1599.44

* 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*

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2013</u> through <u>12/31/2013</u>	CALIFORNIA FORM 460
	Page <u>24</u> of 25
I.D. NUMBER 1356820	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Pope for Assembly District 4 - 2014

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
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
		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 less than \$100.)
- Payments received on loans
(Total Column (c) plus unitemized payments 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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 07/01/2013
through 12/31/2013

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Pope for Assembly District 4 - 2014

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

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

- 1. Increases to cash of \$100 or more this period..... \$0.00
- 2. Unitemized increases to cash under \$100 this period..... \$0.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$0.00