Recipient Committee Campaign Statement Cover Page	Туре	or print in ink.	Date Stamp RECEIVED	
(Government Code Sections 84200-84216.5)	Statement covers period from	Date of election if applicable: (Month, Day, Year)	JAN 2 6 2021	Page —1 of —15  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through		Office of the	
1. Type of Recipient Committee: All Committees - Complete P	arts 1, 2, 3, and 4.	2. Type of Statement:		
☐ Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5)  ☐ General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	Primarily Formed Ballot Measure Committee O Controlled O Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termina Amendment (Explain below)		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	I.D. NUMBER 1287571	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) CALIFORNIA TAXPAYER PROTECTION COMMITTEE STREET ADDRESS (NO P.O. ROX)		NAME OF TREASURER Thomas Hudson  MAILING ADDRESS  CITY	STATE ZIP CODE	ARFA CODF/PHONF
STREET AUTHORS WILL BUILD		Elverta	CA 9562694	
CITY STATE ZIP CODE ELVERTA CA 9562694	ADEA CONS/DUNNE	NAME OF ASSISTANT TREASURER, IF A	NY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CODE	AREA CODE/PHONE	СІТУ	·STATE ZIP CODE	. AREA CODE/PHONE
OPTIONAL: FAX / F-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and reviewing this under penalty of perjury under the laws of the State of California the Executed on 1/25/2021  Executed on Date  Executed on Date	BySignature of Controlling	the information contained herein and in the a Signature of Treasurer or Assissant Treasurer Officeholder, Candidate, State Measure Proponent or Respons	sible Officer of Sponsor	
Executed on	BySignate	ure of Controlling Officeholder, Candidate, State Measure Propi	onent FPPC T	FPPC Form 460 (January/05)  Foll-Free Helpline: 866/ASK-FPPC (866/275-3772)  State of California

# Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

COVER PAGE - PART 2
CALIFORNIA
FORM

460

			Primarily Formed Ballot Measure Con		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMB	ER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDICTION	<b>V</b>	SUPPORT
		- 4			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP				
			Identify the controlling officeholder, candi	date, or state measure p	roponent, if any.
	· · · · · · · · · · · · · · · · · · ·		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONE	NT	
Polated Committees Not Included in this Statem	ont: / in any annuity				
Related Committees Not Included in this Statem not included in this statement that are controlled by you or are primaril contributions or make expenditures on behalf of your candidacy.	formed to receive		OFFICE SOUGHT OR HELD	DISTRICT N	IO. IF ANY
contributions of there experientales on behalf of your canadacty.					
COMMITTEE NAME	I.D. NUMBER		***************************************		
	· ·				
	l . '				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candidate/Officeho officeholder(s) or candidate(s) for which this committee		ist names of
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		7.			
		7.	officeholder(s) or candidate(s) for which this committee	is primarily formed.	SUPPORT
	YES NO	7.	officeholder(s) or candidate(s) for which this committee	OFFICE SOUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	YES NO	7.	officeholder(s) or candidate(s) for which this committee	is primarily formed.	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	YES NO	7.	officeholder(s) or candidate(s) for which this committee	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP O	ODE AREA CODE/PHONE	7.	officeholder(s) or candidate(s) for which this committee	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP O	ODE AREA CODE/PHONE	7.	officeholder(s) or candidate(s) for which this committee  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP C  COMMITTEE NAME	ODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP O	ODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP C  COMMITTEE NAME	ODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?	7.	NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

# **Campaign Disclosure Statement Summary Page**

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 10/18/2020 FORM FORM 460

through 12/31/2020 Page 3 of 15

I.D. NUMBER 1287571

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA TAXPAYER PROTECTION COMMITTEE

Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	dule A. Line 3 \$1,000.00	\$167,800.00	General Elections
2. Loans Received Sche	dule B, Line 3 \$0.00	\$0.00	1/1 through 6/30 7/1 to Date 20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS	dd Lines 1 + 2 \$1,000.00	\$167,800.00	Received
4. Nonmonetary Contributions	dule C, Line 3 \$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	dd Lines 3 + 4 \$1,000.00	\$167,800.00	Made
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made	dule E. Line 4 \$11,707.88	\$161,452.56	Candidates
7. Loans Made	dule H, Line 3 \$0.00	\$0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS	dd Lines 6 + 7 \$11,707.88	\$161,452.56	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	dule F, Line 3 \$0.00	\$0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Scher	dule C, Line 3 \$0.00	\$0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	nes 8 + 9 + 10 \$11,707.88	\$161,452.56	
Current Cash Statement			· · · · · · · · · · · · · · · · · · ·
12. Beginning Cash Balance Previous Summary I	Page. Line 16 \$34,007.89	To calculate Column B, add	Amounts in this section may be different from amounts
13. Cash Receipts	Line 3 above \$1,000.00	amounts in Column A to the corresponding amount	reported in Column B.
14. Miscellaneous Increases to Cash Sche	edule 1, Line 4 \$20 . 93	from Column B of your last	
15. Cash Payments	Line 8 above \$11,707.88	report. Some amounts in Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then su	btract Line 15 \$23,320.94	figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Sched	iule B. Part 2 \$0.00	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
Cash Equivalents and Outstanding Debts		any).	
18. Cash Equivalents See instruction	s on reverse \$0.00		
19. Outstanding Debts Add Line 2 + Line 9 in Calc	ллп В above \$0.00		

# Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE /
Statement covers period	CALIFORNIA
from	FORM 460
through	Page 4 of 15
	I.D. NUMBER

SEE INSTRUCTIONS	S ON REVERSE				through	20	Page 4 of 15
NAME OF FILER	TAXPAYER PROTECTION COMMITTEE						D. NUMBER 1287571
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 TH PERIOD		R YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/24/2020	Thomas Rechler Palos Verdes, CA 90274  Memo Reference: 1	IND COM OTH PTY SCC	OCCUPATION: Retired EMPLOYER: Not Applicable	\$1,000.00	\$1,000.00		
		IND COM OTH PTY SCC		÷			
		IND COM OTH PTY SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		IND COM OTH PTY SCC					
			SUBTOTAL	<b>S</b>		å i Xalli	
Schedule A S	eived this period - itemized monetary contributions.	·				IND - Inc	
(Include all S	Schedule A subtotals.)			\$1,000.00	<del></del>	1 (	Recipient Committee other than PTY or SCC)
	eived this period - unitemized monetary contributions of less th	an \$100		\$0.00		OTH - C	other (e.g., business entity) olitical Party
<ol><li>Total monet (Add Lines 1</li></ol>	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Column A, Lin	e 1.)	TOTAL .	\$1,000.00		scc - s	mall Contributor Committee

### Schedule B - Part 1 Loans Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 10/18/2020 FORM 460

through 12/31/2020 Page 5 of 15

LD. NUMBER

SEE INSTRUCTIONS ON REVERSE					through -	12/31/2020	Page 5	— of <u>15</u>
NAME OF FILER CALIFORNIA TAXPAYER PROTECTION COMMITTEE							I.D. NUMBER 1287571	
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
				☐ PAID		9/	: "	CALENDAR YEAR
				☐ FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC	· .				DATE DUE		DATE INCURRED	
				PAID		%		CALENDAR YEAR
				☐ FORGIVEN		RATE	; ;	PER ELECTION
†□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
				☐ PAID		%	÷	CALENDAR YEAR
			in the second se	FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
		SUBTOTAL S		\$ 9	\$	}		
Schedule B Summary				\$0.0	Ó	(Enter (e) on Schedule E, Line 3)	g jede Ben spillpungen	
Loans received this period  (Total Column (b) plus unitemized loans of less than	\$100.)	***************************************				]	butor Codes	
Loans paid or forgiven this period	iven.) ized on Schedule A.)					OTH -	Recipient Con (other than P1 Other (e.g., bu Political Party	TY or SCC)
Net change this period. (Subtract Line 2 from Line 1 Enter the net here and on the Summary Page, Colur     *Amounts forgiven or paid by another party also must	nn A, Line 2.			INE I	be a negative number)		· · ·	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 856/ASK-FPPC (866/275-3772)

\*\* If required.

## Schedule C **Nonmonetary Contributions Received**

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

Statement covers period	CALIFORNIA A CO
from	FORM 46U
through	Page 6 of 15
	1.D. NUMBER

					from	120	FUK	W -100
SEE INISTRUICTIONS OF	NI DEVENCE				through 12/31/	/2020	Page -	5 of
NAME OF FILER CALIFORNIA TAX	XPAYER PROTECTION COMMITTEE						1.D. NUMBEI 1287571	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, 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			PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC						
		IND COM OTH PTY SCC						
		IND COM OTH PTY Scc						
		IND COM OTH PTY SCC						
Attach additional in	nformation on appropriately labeled continua	<del></del>	S	UBTOTAL \$	1377	影像的景点		17.423.232.23
Schedule C Sur	mmary							
Amount receive	red this period - itemized nonmonetary contri hedule C subtotals.)	butions.		\$0.00		IND - I		Committee
3. Total nonmone	ed this period - unitemized nonmonetary cor etary contributions received this period. and 2. Enter here and on the Summary Page					OTH -	other tha) Other (e.g. Political Pa	n PTY or SCC) ., business entity) arty tributor Committee

# Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE D

Statement covers period from 10/18/2020 FORM 460

through 12/31/2020 Page 7 of 15

I.D. NUMBER 12025 FORM 15005 FORM 150

Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

1.D. NUMBER
1287571

DATE	NAME OF CANDIDATE, 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)
10/23/2020	Turlock Sales Tax Increase Ballot Number/Letter: A Jurisdiction: City of Turlock, California	Monetary Contribution	Text Messaging and Yard Signs	\$4,424.84	\$4,424.84	2020 G: \$4,424.84
		Nonmonetary Contribution	\"			
		Independent Expenditure	. :			
10/23/2020	Robert (Bob) Nunez		Designed, produced, and	\$4,293.04	\$4,293.04	2020 G: \$4,293.04
	Office Description: City CouncilJurisdiction: City Milpitas	Monetary Contribution	mailed a flyer in opposition to Bob Nunez.	94,255.04	\$4,233.U¥	2020 G: \$4,253.04
		Nonmonetary Contribution				
	☐ Support ■ Oppose	Independent Expenditure				
-	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure			·	
		14 443	SUBTOTAL \$	M <sub>3.</sub>		
Schedule D S	Summary			•		
1. Itemized cor	ntributions and independent expenditures made this period. (Inclu	de all Schedule D su	rbtotals.)		<u> </u>	8,717.88
2. Unitemized	contributions and independent expenditures made this period of u	nder \$100			<u>\$</u>	0.00
Total contrib	outions and independent expenditures made this period. (Add Line	es 1 and 2. Do not e	nter on the Summary Page.)		<u>\$</u>	8,717.88

### Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded

SCHEDULE E Statement covers period CALIFORNIA 460 **FORM** 10/18/2020 from 12/31/2020 through Page 8 I.O. NUMBER 1287571

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER CALIFORNIA TAXPAYER PROTECTION COMMITTEE CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTERLD. NUMBER)  COBE OR DESCRIPTION OF PAYMENT  AMOUNT PAID  Thomas Bechler  Palos Verdes, CA 90274  Memo Reference: 2  Dauntless Communications  Roseville, CA 95678  Memo Reference: 3  Mailing Systems Trop  Return of a contribution to the Committee. \$1,000.00  Yard Signs and Texting  \$4,424.84  **Payments that are contributions or independent expenditures must also be summarized on Schedule D.  **Schedule E Summary  1. Itemized payment made this period. (Include all Schedule E subtotals.)  2. Unitemized payments made this period of under \$100  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Subtraction of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution of a contribution to the Committee. \$1,000.00  **Signal Texting Description of a contribution of a contributi	CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  independent expenditure supporting/opposing others (explain)*  MTG meetings  OFC office expection of petition of phone bar phone bar phone bar polling are polling are postage.	communications s and appearances penses circulating anks nd survey research delivery and messenger services onal services (legal, accounting)	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and me TRS staff/spouse travel, lodging, and in TSF transfer between committees of the VOT voter registration WEB information technology costs (inter-	eals meals he same candidate/sponso
Memo Reference: 2 Dauntless Communications Roseville, CA 95678  Memo Reference: 3 Mailing Systems The LIT Designed, produced, and mailed a flyer in opposition \$4,293.04 to Bob Nunez for Milpitas City Council.  Memo Reference: 4  *Payments that are contributions or independent expenditures must also be summarized on Schedule D.  *Substitute Summary 1. Itemized payment made this period, (Include all Schedule E subtotals.)  2. Unitemized payments made this period of under \$100  *7ard Signs and Texting  \$4,424.84  Payrad Signs and Texting  Payrad Signs and Texting  \$4,424.84  Payrad Signs and Texting  Payrad Signs and Texting  \$4,424.84  Payrad Signs and Texting  \$4,424.84		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dauntless Communications  Roseville, CA 95678  Memo Reference: 3  Mailing Systems The LIT Designed, produced, and mailed a flyer in opposition \$4,293.04 to Bob Nunez for Milpitas City Council.  Memo Reference: 4  * Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL \$  Schedule E Summary  1. Itemized payment made this period. (Include all Schedule E subtotals.)  \$10,992.88  \$715.00	Palos Verdes, CA 90274	CTB Return of a conti	ribution to the Committee.	\$1,000.00
Mailing Systems The Remondary CA 93/42  Memo Reference: 4  * Payments that are contributions or independent expenditures must also be summarized on Schedule D.  * Substitution Schedule E Summary  1. Itemized payment made this period. (Include all Schedule E subtotals.)  2. Unitemized payments made this period of under \$100  * Payments made this period of under \$100  * Payments made this period of under \$100  * Payments made this period of under \$100	Dauntless Communications Roseville, CA 95678	Yard Signs and Te	exting	\$4,424.84
Schedule E Summary  1. Itemized payment made this period. (Include all Schedule E subtotals.)  2. Unitemized payments made this period of under \$100 \$715.00	Mailing Systems Inc Remond Columba, CA 95/42			on \$4,293.04
1. Itemized payment made this period. (Include all Schedule E subtotals.)  2. Unitemized payments made this period of under \$100	Payments that are contributions or independent expenditures must also be summarized on	Schedule D.	SUBTOTA	L\$
2. Unitemized payments made this period of under \$100	Schedule E Summary			
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.) \$11,707.88	2. Unitemized payments made this period of under \$100	(e).)		\$715.00 \$0.00

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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/18/2020 FORM 460

through 12/31/2020 Page 9 of 15

I.D. NUMBER 1287571

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIA TAXPAYER PROTECTION COMMITTEE

LD. NUMBER
1287571

CODES: If one of the following co CMP campaign paraphernalia/misc. CMS campaign consultants CMS contribution (explain nonmonetary)* CMC civic donations CMC candidate filing/ballot fees CMC fundraising events CMC independent expenditure supporting/op LEG legal defense CMM campaign literature and mailings		MBR member commettings at OFC office experience of PET petition cir PHO phone bar POL polling and POS postage, d	ommunication and appeara enses culating nks d survey reso	nces RFD returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging earch TRS staff/spouse travel, lodging	ition ies production costs I, and meals ing, and meals ttees of the same candidate/spons
NAME AND ADI (IF COMMITTEE, ALSO	ORESS OF PAYEE DENTER I.D. NUMBER)		CODE C	R DESCRIPTION OF PAYMENT	. AMOUNT PAID
Thomas Hudson Elverta, CA 956269411			PRO	Professional Services as Treasurer	\$1,275.00
	· 基礎				:
. :					
					:
	· ·	·			
Payments that are contributions or independe				CI	BTOTAL \$

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

**SUBTOTAL \$** 

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

Type or print in ink. Amounts may be rounded

**SCHEDULE F** Statement covers period **CALIFORNIA** 10/18/2020 **FORM** 12/31/2020 of 15 through I.D. NUMBER 1287571

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER CALIFORNIA TAXPAYER PROTECTION COMMITTEE 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 communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services ( PRT print ads	nces earch messenger services	RAD radio airtime and production 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 CLOSING OF THIS PERIOD	
	·.					
Payments that are contributions or independent expanditures must also be summarized on Schedule D.     summarized on Schedule D.	SUBTOTAL	\$	\$	\$	\$	

#### 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.)	\$0.00
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.)	\$0.00
3.	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	\$0.00

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

(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.

SCHEDULE G

Statement covers period from  $\frac{10/18/2020}{\text{through}}$  CALIFORNIA FORM 460

Page  $\frac{11}{1287571}$  of  $\frac{15}{1287571}$ 

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA TAXPAYER PROTECTION COMMITTEE

NAME OF AGENT OR INDEPENDENT CONTRACTOR

See below for name of agent or independent contractor.

COD	ES: If one of the following codes accurately desc	ribes	the payment, you may enter the code	Othe	rwise, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	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)
* D				2.5%	

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 LD, NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
AGENT/INDEPENDENT CONTRACTOR: Mailing Systems, Inc. PAYEE OR CREDITOR: U.S. Postal Service Rancho Cordova Post Office Rancho Cordova, CA 95670	POS	Postage for campaign flyer in opposition to Bob Nunez.	\$1,921.87
AGENT/INDEPENDENT CONTRACTOR: Dauntless Communications PAYEE OR CREDITOR: Signworx Olivenurst, CA 95961		Campaign Signs, in opposition to Measure A in Turlock	\$968.84
AGENT/INDEPENDENT CONTRACTOR: Dauntless Communications PAYEE OR CREDITOR: RumbleUb - Washington, DC 20037		Text messaging in opposition to Measure A in the Turlock	\$1,706.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL \$** 

<sup>\*</sup>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.

	SCHEDULE
Statement covers period	CALIFORNIA ACO
from	FORM 40U
through	Page 12 of 15
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER CALIFORNIA TAXPAYER PROTECTION COMMITTEE					through	12/31/2020	Page 12 I.D. NUMBER 1287571	— of <u>15</u>
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	(t) 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
				☐ paid		%		CALENDAR YEAR
		# 1.1		☐ FORGIVEN		RATE		PER ELECTION"
					DATE DUE		DATE INCURRED	
		14.3		☐ PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION"
				-	DATE DUE		DATE INCURRED	
					210		i san in an ann ann an an an an an an an an an	
*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.		SUBTOTAL	\$	\$	\$	\$		
			÷.			(Enter (e) on Schedule I, Line 3)		<del></del> -
Schedule H Summary								
Loans made this period  (Total Column (b) plus unitemized loans of less that	n \$100.)			<u>\$0.</u>	00	<b>-</b>		
2. Payments received on loans(Total Column (c) plus unitemized payments of les	s than \$100.)	): <u>*</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$0.	00	-		** If required.

\$0.00

(May be a negative number)

Schedule I Miscellaneo	ous Increases to Cash	Type or pr Amounts may to whole	y be rounded	Statement covers period from $\frac{10/18/2020}{\text{through}}$	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON RE		· · · · · · · · · · · · · · · · · · ·		through	I.D. NUMBER
CALIFORNIA TAXPA	YER PROTECTION COMMITTEE				1287571
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DESCRIPTION OF	RECEIPT	AMOUNT OF INCREASE TO CASH
					:
				SUBTOTAL	\$
Schedule I Summa	ry				
	to cash this period.			\$0.00	<del>.</del>
	ses to cash of under \$100 this period.		the second secon		
3. Total of all interest	received this period on loans made to others. (Schedule H, C	Column (e):)		\$0.00	-
Total miscellaneous     Summary Page, Lir	s increases to cash this period. (Add Lines 1, 2, and 3. Enter ne 14.)	r here and on the	TC	OTAL \$20.93	_

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Memo Reference: 1

This contribution was received on October 24, 2020 and subsequently returned. The California Taxpayer Protection Committee was unsuccessful in its attempts to contact the donor to confirm his occupation and employer, so the contribution was promptly returned on October 28, 2020. We were informed by a third party that he is retired, but that fact has not been confirmed by the donor.

#### Memo Reference: 2

This 'expenditure' is just the return of the entire contribution that was received on October 24, 2020 and subsequently returned. The California Taxpayer Protection Committee was unsuccessful in the attempts to contact the donor to confirm his occupation and employer, so the contribution was promptly returned on October 28, 2020. We were informed by a third party that he is retired, but that fact has not been confirmed by the donor.

#### Memo Reference: 3

Of the amount expended (i.e., \$4,424.84), \$1,706 was for text messaging and \$968.84 was for yard signs. The remainder was for voter data (\$250) and campaign consulting (\$1,500). This entire amount was for the campaign in opposition to Measure A in Turlock.

Memo Reference: 4 Of the amount expended on this indepe was for delivery, and \$1,921.87 was f	ndent expenditure (i.e., \$4,293.04), \$65.80 was for data processing, \$150.57 was for design work, \$2,000 or postage. All of this amount was for the flyer in opposition to Bob Nunez for Milpitas City Council	129.80 was for printing, \$25 f