

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM

460

Page 1 of 4

For Official Use Only

Statement covers period
from 7/1/24
through 12/31/24

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

Date Stamp

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

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

3. Committee Information

I.D. NUMBER
1271983

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

Plumas County Democratic
Central Committee

STREET ADDRESS (NO PO. BOX)

CITY Quincy STATE CA ZIP CODE 95971 AREA CODE/PHONE 530-283-0712

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

CITY P.O. Box 1257 STATE CA ZIP CODE 95971 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Type of Statement:

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

Treasurer(s)

NAME OF TREASURER

Ruth Jackson

MAILING ADDRESS

P.O. Box 1257

CITY Quincy STATE CA ZIP CODE 95971 AREA CODE/PHONE 530-283-0712

NAME OF ASSISTANT TREASURER, IF ANY

Nori Simpson

MAILING ADDRESS

P.O. Box 432

CITY Quincy STATE CA ZIP CODE 95971 AREA CODE/PHONE 530-283-0717

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 1/30/25
Date

By _____

Executed on _____
Date

By _____

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

Executed on _____
Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Plumas County Democratic Central Committee

Statement covers period

from 7/1/24

through 12/31/24

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Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>1302.72</u>	\$ <u>1902.72</u>
2. Loans Received	Schedule B, Line 3	\$ <u>Ø</u>	\$ <u>Ø</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>1302.72</u>	\$ <u>1902.72</u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>Ø</u>	\$ <u>Ø</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>1302.72</u>	\$ <u>1902.72</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>2651.72</u>	\$ <u>3400.72</u>
7. Loans Made	Schedule H, Line 3	\$ <u>Ø</u>	\$ <u>Ø</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>2651.72</u>	\$ <u>3400.72</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>Ø</u>	\$ <u>Ø</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>Ø</u>	\$ <u>Ø</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>2651.72</u>	\$ <u>3400.72</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>1274.49</u>
13. Cash Receipts	Column A, Line 3 above	\$ <u>1302.72</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>74.58</u>
15. Cash Payments	Column A, Line 8 above	\$ <u>2651.71</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>Ø</u>

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>Ø</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See Instructions on reverse	\$ <u>Ø</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>Ø</u>

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).

**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	\$ <u> </u>	\$ <u> </u>
21. Expenditures Made	\$ <u> </u>	\$ <u> </u>

**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> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>

*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

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NAME OF FILER
Plumas County Democratic Central Committee

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1302.72
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 1302.72
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1302.72**

***Contributor Codes**

IND = Individual

COM - Recipient Committee
(other than PTY or SC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

Schedule E Payments Made

Type or print in ink.
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SCHEDULE E

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CODES: If one of the following codes accurately describe the activity, check the box and list the code(s) in the space provided.

- 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
POI	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
108 Jessica Morse for Congress [REDACTED] Roseville, CA 95661 [REDACTED] STRAIFU	CTB	Campaign Contributions	\$ 849.00
Quihay CA 9597 [REDACTED] — reimbursement —	CMP POS	Signs & postage	\$ 1302.72
33975-Kamala Harris For President PO Box 53174 Philadelphia, PA 19102	CTB	Campaign contributions	250.00
3871- Adam Schiff for Senate [REDACTED] Washington DC 20003	CTB		250.00

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2651.72
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 \$ 2651.72**