| Schedule A Schedule A       |   |  |  |                           |                                      |  |  |
|-----------------------------|---|--|--|---------------------------|--------------------------------------|--|--|
| Payments Received           |   |  |  | Statement covers period   |                                      | CALIFORNIA 4 0 4   |  |
| rayments neceived           |   |  | from   | from 07/01/2017           |                                      | 1992 FORM <b>401</b>   |  |
|                             |   |  |  |                           |                                      |  |  |
| SEE INSTRUCTIONS ON REVERSE |   |  |  | through <u>12/31/2017</u> |                                      | 3/10   |  |
|                             | SLATE MAILER ORGANIZATION:  |  |  | I.D NUMBER                |                                      |  |  |
| Rudget W                    | atchdogs Newsletter   |  |  |                           | 1345115                              |  |  |
| (1)                         | (2)   | (3)  |  |                           | (4)                                  | (5)  |  |
|                             | IDENTIFICATION OF PERSONS FROM WILLIAM  | (a)  |  | (b)                       |                                      |  |  |
| DATE<br>RECEIVED            | IDENTIFICATION OF PERSONS FROM WHOM<br>\$100 OR MORE HAS BEEN RECEIVED<br>THIS PERIOD<br>(SEE IMPORTANT INSTRUCTIONS ON<br>REVERSE) | NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2) | CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER |                           | AMOUNT<br>RECEIVED<br>THIS<br>PERIOD | CUMULATIVE<br>AMOUNT<br>RECEIVED SINCE<br>JANUARY 1<br>PER CANDIDATE |  |
|                             |   |  | SUPPORT  | OPPOSE                    |                                      |  |  |
| )9/13/2017<br>              | ' ED HERNANDEZ FOR LIEUTENANT GOVI<br>OR 2018   | RN -   | Х  |                           | 42000.00                             | 42000.00   |  |
|                             | La Puente CA 91744<br>Reference No:   |  |  |                           |                                      |  |  |
| 1 <mark>2/21/2017</mark>    | Friends of Stan Sniff   |  |  |                           | 5522.00                              | 5522.00  |  |
|                             |   |  | Χ  |                           |                                      |  |  |
| •                           |   |  |  |                           |                                      |  |  |
|                             | Riverside CA 92507<br>Reference No:   |  |  |                           |                                      |  |  |
| 08/04/2017                  | Galgiani for State Board of Equali -<br>zation 2018   | Cathleen Galgiani  | Х  |                           | 40032.77                             | 45032.77   |  |
| ı                           |   | Board of Equalization Member   |  |                           |                                      |  |  |
|                             | Long Beach CA 90802   | Board of Equalization Monibor  |  |                           |                                      |  |  |
|                             | Reference No:   |  |  |                           |                                      |  |  |
|                             |   |  |  | SUBTOTAL                  | \$                                   |  |  |
| Summa                       | ry  |  |  |                           |                                      |  |  |
| 1. Amoun<br>(Include        | t Received - Payments of \$100 or More e all Schedule A subtotals)  | \$_  |  |                           |                                      |  |  |
| 2. Amoun<br>(Not ite        | t Received - Payments of Less than \$100 mized)   | \$   |  |                           |                                      |  |  |
| 3. Total P<br>Columr        | ayments Received (Line 1 + Line 2) Ente<br>n A, Line 1, of the Summary of Payments  | r here and in section on Page 1\$  |  |                           |                                      |  |  |