

Recipient Committee Campaign Statement Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

| | | | |
|---|---|--|----------------------------------|
| Statement covers period from <u>7/1/21</u> through <u>7/28/21</u> | Date of election if applicable: (Month, Day, Year) | Date Stamp | CALIFORNIA FORM 460 |
| | | Page <u>1</u> of <u>5</u> For Official Use Only | |

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

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

2. Type of Statement:

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

3. Committee Information

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

Joseph E. Ewing III for Council 2018

I.D. NUMBER
1402762

Treasurer(s)

NAME OF TREASURER

Chris Esther

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Waterford CA 95386

CITY STATE ZIP CODE AREA CODE/PHONE
Waterford CA 95386

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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

joe.ewing75@gmail.com

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 7/28/21
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 7/28/21
Date

By [Signature]
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

CALIFORNIA
FORM
460

COVER PAGE - PART 2

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

| | | | |
|--|-----------|-------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | |
| Joe Ewing | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | |
| City Council Member | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
| 295 Dayflower Court | Waterford | CA | 95386 |

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| 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. Primarily Formed 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 Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| 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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

| | |
|--|---------------------|
| Statement covers period from 7/1/21 through 7/28/21 | CALIFORNIA FORM 460 |
| Page 3 of 5 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Joseph E. Ewing III for Council 2018

I.D. NUMBER
1402762

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--|--|
| 1. Monetary Contributions..... | Schedule A, Line 3 \$ 0 | 0 |
| 2. Loans Received..... | Schedule B, Line 3 \$ 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 \$ 0 | 0 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 \$ 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 \$ 0 | 0 |

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

| | | | |
|----------------------------|----|------------------|-------------|
| 20. Contributions Received | \$ | 7/1 through 6/30 | 7/1 to Date |
| 21. Expenditures Made | \$ | | |

Expenditures Made

| | | |
|---|----------------------------------|-------|
| 6. Payments Made..... | Schedule E, Line 4 \$ 18.37 | 18.37 |
| 7. Loans Made..... | Schedule H, Line 3 \$ 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 \$ 18.37 | 18.37 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 \$ 0 | 0 |
| 10. Nonmonetary Adjustment..... | Schedule G, Line 3 \$ 0 | 0 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 \$ 18.37 | 18.37 |

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 |
| / / | \$ |
| / / | \$ |

Current Cash Statement

| | |
|--|---|
| 12. Beginning Cash Balance..... | Previous Summary Page, Line 16 \$ 18.37 |
| 13. Cash Receipts..... | Column A, Line 3 above \$ |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4 \$ 18.37 |
| 15. Cash Payments..... | Column A, Line 8 above \$ 0 |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0 |

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

| | |
|-----------------------------------|--------------------------|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 \$ |
|-----------------------------------|--------------------------|

Cash Equivalents and Outstanding Debts

| | |
|----------------------------|---|
| 18. Cash Equivalents..... | See instructions on reverse \$ |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above \$ |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/21
through 7/28/21

SCHEDULE B - PART 1
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Joseph E. Ewing III for Council 2018

I.D. NUMBER
1402762

| FULL NAME, STREET ADDRESS AND ZIP CODE (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 |
|--|---|---|--|---|---|--|--------------------------------------|---|
| Joe Ewing 295 Dayflower Court Waterford, CA 95386 | Mechanic, Sunnyside Farms | \$ 100 | \$ 0 | <input type="checkbox"/> PAID <input checked="" type="checkbox"/> FORGIVEN \$ 100 | \$ 0 DATE DUE | % DATE DUE | \$ 100 4/26/18 DATE INCURRED | CALENDAR YEAR PER ELECTION** \$ 100 |
| Joe Ewing 295 Dayflower Court Waterford, CA 95386 | Mechanic, Sunnyside Farms | \$ 50 | \$ 0 | <input type="checkbox"/> PAID <input checked="" type="checkbox"/> FORGIVEN \$ 50 | \$ 0 DATE DUE | % DATE DUE | \$ 50 1/10/19 DATE INCURRED | CALENDAR YEAR PER ELECTION** \$ 50 |
| Joe Ewing 295 Dayflower Court Waterford, CA 95386 | Mechanic, Sunnyside Farms | \$ 100 | \$ 100 | <input type="checkbox"/> PAID <input checked="" type="checkbox"/> FORGIVEN \$ 100 | \$ 0 DATE DUE | % DATE DUE | \$ 100 1/8/20 DATE INCURRED | CALENDAR YEAR PER ELECTION** \$ 100 |
| SUBTOTALS \$ | | 0 \$ | 250 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | |

Schedule B Summary

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

- Loans received this period \$ 0
- Loans paid or forgiven this period \$ 250
(Total Column (b) plus unitemized loans of less than \$100.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ (250)
(May be a negative number)

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

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

Amounts may be rounded to whole dollars.

SCHEDULE B 460

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CALIFORNIA
FORM
460

Joseph E. Ewing III for Council 2018

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/bailot 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) |

[illegible]

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

SUBTOTAL \$

| | | |
|--|-----------------|--------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 0 |
| 2. Unitemized payments made this period of under \$100 | \$ | 18.37 |
| 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 \$ | 18.37 |