

**Recipient Committee Campaign Statement Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>10-1-2017</u> through <u>12-31-2017</u>	Date of election if applicable: (Month, Day, Year) <u>JAN 29 2018</u>	Date Stamp <b>RECEIVED</b> JAN 29 2018 By <i>Ruth Ellis</i>	Page _____ of _____ For Official Use Only
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**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
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored *(Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder 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
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

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

*Banning Citizens Against Corruption*

I.D. NUMBER  
1369931

**Treasurer(s)**

NAME OF TREASURER

*Ruth Ellis*

MAILING ADDRESS

*324 Meadowlark Lane*

CITY

*Banning*

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)  
*324 Meadowlark Lane*

CITY STATE ZIP CODE AREA CODE/PHONE  
*Banning CA 92220 951-849-2991*

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
*Post Office Box 1236*

CITY STATE ZIP CODE AREA CODE/PHONE  
*Banning CA 92220*

OPTIONAL: FAX / E-MAIL ADDRESS  
*elijahscott@hotmail.com*

**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 10-20-2017 Date  
By *Ruth Ellis* Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ 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

**Campaign Disclosure Statement**  
**Summary Page**

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

SUMMARY PAGE

Statement covers period from 10-1-2017 through 12-31-2017	Page _____ of _____
<b>CALIFORNIA FORM 460</b>	
I.D. NUMBER 1369931	

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
 Banning Citizens Against Corruption

**Contributions Received**

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

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

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

**Expenditures Made**

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

**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	\$ 990.96
13. Cash Receipts .....	Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	_____
15. Cash Payments .....	Column A, Line 8 above	_____
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 990.96

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

**Cash Equivalents and Outstanding Debts**

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