Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

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
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored (Also Complete Part 6)
   - [ ] 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)
     __________________________________________
     __________________________________________

3. Committee Information
   ID NUMBER 12.72.8860

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   CRACIE CANDIDATE
   1211 N. FORMOSA CT. #9
   Mailing Address (No P.O. BOX)
   CITY HOLLYWOOD, CA 90069 90034-5465
   ZIP CODE
   STATE CA
   AREA CODE/PHONE

   Mailing Address (If Different) No. And Street Or P.O. Box
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   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 13 May 2014
   Date
   By ____________________________
   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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3773)
State of California
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

GEORGE V. CRIBB

OFFICE Sought or HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

N/A

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1211 N. VERNON AVE #9, 90036

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?

YES 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

SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

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

SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary
**Contributions Received**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
</tbody>
</table>

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 $ ________ $ ________

**Expenditures Made**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</td>
<td></td>
</tr>
<tr>
<td>1/1 through 6/30</td>
<td>7/1 to Date</td>
</tr>
<tr>
<td>20. Contributions Received</td>
<td>$ ________</td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td>$ ________</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made* (if subject to voluntary expenditure limit)</td>
<td></td>
</tr>
<tr>
<td>Date of Election (mm/dd/yyyy)</td>
<td>Total to Date</td>
</tr>
<tr>
<td>________</td>
<td>$ ________</td>
</tr>
</tbody>
</table>

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

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 $ ________ $ ________</td>
<td></td>
</tr>
<tr>
<td>13. Cash Receipts ............................................... Column A, Line 3 above $ ________ $ ________</td>
<td></td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash ......................... Schedule I, Line 4 $ ________ $ ________</td>
<td></td>
</tr>
<tr>
<td>15. Cash Payments .............................................. Column A, Line 8 above $ ________ $ ________</td>
<td></td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE ...................................... Add Lines 12 + 13 + 14, then subtract Line 15 $ ________ $ ________</td>
<td></td>
</tr>
</tbody>
</table>

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

17. LOAN GUARANTEES RECEIVED .................................... Schedule B, Part 2 $ ________ $ ________

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents ........................................... See instructions on reverse $ ________</td>
<td></td>
</tr>
<tr>
<td>19. Outstanding Debts ........................................... Add Line 2 + Line 9 in Column B above $ ________</td>
<td></td>
</tr>
</tbody>
</table>

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).