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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee:
   □ 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)

3. Committee Information
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   CANDY FOWL COUNCIL
   I.D. NUMBER 1278940

   STREET ADDRESS (NO P.O. BOX)
   1211 N. FOWLE ST #7
   CITY W. HOLLAND, CA 90029

   Mailing address
   323 N. HOLLAND, CA 90029

   CITY LOS ANGELES
   STATE CA
   ZIP CODE 90029
   AREA CODE/PHONE

   Mailing Address
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

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 2/15/15
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   FPPC Form 460 (January'95)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
   State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>W. Havlak</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1211 N. FERN ST #9</td>
<td></td>
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N. Hollywood, CA 90009

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
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<tr>
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<td>1272880</td>
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6. Primarily Formed Ballot Measure Committee

<table>
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<tr>
<th>NAME OF BALLOT MEASURE</th>
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<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

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<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
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7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
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Attach continuation sheets if necessary
## Contributions Received

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

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 C, Line 3 $
11. TOTAL EXPENDITURES MADE ............................... Add Lines 8 + 9 + 10 $

## Current Cash Statement

12. Beginning Cash Balance ..................................... Previous Summary Page, Line 16 $
13. Cash Receipts .................................................... Column A, Line 3 above $
14. Miscellaneous Increases to Cash .......................... Schedule I, Line 4 $
15. Cash Payments .................................................. Column A, Line 6 above $
16. ENDING CASH BALANCE .................................... Add Lines 12 + 13 + 14, then subtract Line 15 $

   * 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 $

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### 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 $ $
21. Expenditures Made $ $

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* ...

   Date of Election (mm/dd/yy) $ 
   ____________________________ $ 

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