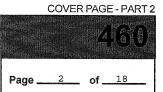
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from07/01/2020	Date of election if applicable: (Month, Day, Year)	SEP 2 3 2020	COVER PAGE 460 Page 1 of 18 For Official Use Only
O State Candidate Election Committee O Recall (Also Complete Part 5) O General Purpose Committee O Sponsored O Small Contributor Committee	imarily Formed Ballot Measure or mittee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ ficeholder Committee	2. Type of Statement: X Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Speci Supplermination) State	erly Statement al Odd-Year Report lemental Preelection ment - Attach Form 495
o. Commutee information		Treasurer(s) NAME OF TREASURER Bryan Burch MAILING ADDRESS 1355 Halyard Dr., Ste CITY West Sacramento NAME OF ASSISTANT TREASUR	STATE ZIP CC CA 9569	
1355 Halyard Dr., Ste. 120 CITY STATE ZIP COE West Sacramento CA 95691 OPTIONAL: FAX / E-MAIL ADDRESS tylerboden4sc@gmail.com		OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP CC	DDE AREA CODE/PHONE
I. Verification I have used all reasonable diligence in preparing and reviewing a under penalty of perjury under the laws of the State of California Executed on	By	wledge the information contained her troiling officeholder, Candidate, State Measure Projections of Controlling Officeholder, Candidate, St	ponent or Responsible Officer of Sponsor	es is true and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St.	ate Measure Proponent	FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controlled Comr	nittee	6.	Primarily Formed Ballot Measu	re Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		
Tyler Boden					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDI	CTION	SUPPORT
City Council Member City of San Clemente			as processor and the same of t		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling officeholder,	candidate, or state mea	sure proponent, if any
	0550790A.6 Sartinery news 0577(Maria annual		NAME OF OFFICEHOLDER, CANDIDATE, OF	RPROPONENT	
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive	*	OFFICE SOUGHT OR HELD	DISTRIC	Γ NO. IF ANY
COMMITTEE NAME	I.D. NUMBER			equiting the second sec	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candidate/O officeholder(s) or candidate(s) for which	fficeholder Committee this committee is primarily	PC List names of y formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR F	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR H	HELD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR H	HELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)				
CITY STATE ZIP	CODE AREA CODE/PHONE		Attach continu	ation sheets if necessar	у

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period 07/01/2020 09/19/2020 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Tyler Boden for City Council 2020 1427736

Contributions Received		Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$	12,599.00	\$	12,874.00	
2. Loans Received		0.00		5,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	12,599.00	\$	17,874.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	12,599.00	\$	17,874.00	Made \$\$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	11,478.02	\$	12,462.91	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	11,478.02	\$	12,462.91	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	11,478.02	\$	12,462.91	\$
Current Cash Statement					\$
12. Beginning Cash Balance	\$	4,290.11	То	calculate Column B, add	
13. Cash Receipts	i	12,599.00	am	ounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		responding amounts n Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	,	11,478.02		ort. Some amounts in umn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$.	5,411.09	figu	res that should be	
If this is a termination statement, Line 16 must be zero.				tracted from previous iod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	first report being filed this calendar year, only	
	т '			ry over the amounts n Lines 2, 7, and 9 (if	
Cash Equivalents and Outstanding Debts		0.00	any		
18. Cash Equivalents				•	
19. Outstanding Debts	\$	5,000.00			
			ı		FPPC Advice: advice@fpnc.ca.gov (866/275-

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			ts may be rounded	Statement cov	ers neriod	SCHEDULE A		
ivioriotal y	Continuations Neceived	to	whole dollars.	from07/01/2	•	£2000000000000000000000000000000000000	ORNIA ORM	
SEE INSTRUCTION	DNS ON REVERSE			through <u>09/19/2</u>	020	Page	4 of18	
NAME OF FILER	THE ON REVEROE				,	I.D. NUI		
Tuler Roden	for City Council 2020			4				
Tyrer Boden	Tor city council 2020	T				14277	36 ·	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
07/04/2020	Jeremy Dugan	XIND	General Manager	500.00		500.00		
	San Clemente, CA 92672	□COM □OTH □PTY □SCC	Franks Auto Collision			nice and the second		
07/04/2020	Corey Gustafson	XIND	Lecturer .	250.00		250.00		
	Escondido, CA 92027	COM OTH PTY SCC	CSUSB			nick encantementation of the contraction of the con		
07/05/2020	Tom Marier	⊠ IND	C.O.O.	100.00	-	100.00		
	San Clemente, ĈA 92672	□COM □OTH □PTY □SCC	AMMCOR					
07/06/2020	Grant Mack Sacramento, CA 95818	⊠IND □COM □OTH □PTY	Senior Legislative Consultant - Electricity & Gas CA Public Utilities Commission	100.00		100.00		
07/06/2020	Chace Paddack	SCC.	Owner	100,00		100.00		
	San Clemente, CA 92672	⊠IND □COM □OTH □PTY □SCC	Chace Digital Advertising	100.00		200.00		
			SUBTOTAL\$	1,050.00	Parkalled (1)	STATISTICS SECTIONS		
Schedule .	A Summary				*Con	tributor Co	odes	
	ceived this period – itemized monetary contributions. I Schedule A subtotals.)	•••••	\$	12,150.00	1		I nt Committee han PTY or SCC)	
2. Amount re	ceived this period – unitemized monetary contributions	of less than S	\$100 \$	449.00	ОТН	- Other (e.g., business entity)	
	etary contributions received this period.		,			– Political – Small Co	Party ontributor Committee	
	s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.))TOTAL \$	12,599.00	£			

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement coverage from 07/01,		CALIFORNIA 460	
		t i de la companya de	THE PROPERTY OF THE PROPERTY O	through 09/19/	^{/2020} P	age5 of18	
NAME OF FILER					I.	D. NUMBER	
Tyler Boden	for City Council 2020					427736	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE	
07/13/2020	Glenn Southard San Clemente, CA 92673	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00	500	.00	
07/16/2020	G. Wavne Eddleston San Clemente, CA 92672	⊠IND □COM □OTH □PTY □SCC	Owner Appraisals Residential	500.00	500	.00	
07/19/2020	Mike Yoder 8925 West Flamingo Rd., Ste. 220 Las Vegas, NV 89147	☑IND □COM □OTH □PTY □SCC	CEO Wintech LLC	300.00	300	.00	
07/30/2020	Larry Burbridge San Clemente, CA 92673	⊠IND □COM □OTH □PTY □SCC	Physician Vituity	100.00	100	.00	
08/07/2020	Barbara Bawden Las Vegas, NV 89131	IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	2,000	.00	
			SUBTOTALS	3,400.00	ANTONINA MARINESSA ANTONINA MARINESSA ANTONINA MARINESSA		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

	Schedule A (Continuation Sheet) Monetary Contributions Received		be rounded	SCHEDULE A (CON				
inonotary	Oomandadiis Received	to whole		from 07/01	ALIFORNIA 460			
				through09/19/	/2020 P	age6 of18		
NAME OF FILER					I.	D. NUMBER		
Tyler Boden	for City Council 2020				1	427736		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAI (JAN. 1 - DEC. 31	R TO DATE		
08/08/2020	John Ezell San Juan Capistrano, CA 92675	☑IND □COM □OTH □PTY □SCC	Retired N/A	100.00	100	.00		
08/10/2020	Tom Porter Newport Beach, CA 92660	□ IND □ COM □ OTH □ PTY □ SCC	Executive Edwards Lifesciences	1,000.00	1,000	.00		
08/10/2020	Randolph West San Juan Capistrano, CA 92675	☑IND □COM □OTH □PTY □SCC	Retired Attorney N/A	500.00	500	.00		
08/13/2020	Sharon Zackv San Clemente, CA 92672	⊠IND □COM □OTH □PTY □SCC	Retired N/A	1,000.00	1,000	.00		
08/18/2020	Jared Bybee San Clemente, CA 92672	⊠IND □COM □OTH	Attorney Self	100.00	100	. 00		

SUBTOTAL\$

2,700.00

PTY

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.	Statement covers period	SCHEDULE A (CONT.)			
	from07/01/2020	FORM 40U			
	through09/19/2020	Page7 of18			
		I.D. NUMBER			

NAME OF FILER						I.D. NUMBER
Tyler Boden	for City Council 2020			-	·	1427736
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR TO DATE
08/22/2020	Lori Donchak San Clemente, CA 92672	IND □COM □OTH □PTY □SCC	Retired N/A	100.00	10	0.00
08/24/2020	Robert Adams San Clemente, CA 92672	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired N/A	100.00	10	0.00
08/24/2020	Robert Hayden San Clemente, CA 92672		Retired N/A	100.00	10	0.00
08/25/2020	Thomas Wells Yardley, PA 19067		Retired N/A	100.00	10	0.00
08/27/2020	Rick Loeffler San Clemente, CA 92672		Retired N/A	100.00	10	0.00
300300000000000000000000000000000000000			SUBTOTAL S	500.00	PHERMANIA PERMANIA	Malance Africance of Authoritisms

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement cove		CALIFORNIA 460	
				through09/19/	2020	Page8 of18	
NAME OF FILER						I.D. NUMBER	
Tyler Boden i	For City Council 2020	•				1427736	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE	
08/29/2020	Joseph Janis San Clemente, CA 92672	⊠IND □COM □OTH	Electrician Self: Joseph Janis	100.00	100	0.00	
00/01/0000		□PTY □SCC					
09/01/2020	Larry Culbertson San Clemente, CA 92672		Retired N/A	100.00	100	0.00	*******
09/10/2020	Marc Bawden 4343 N. Rancho Dr., Ste. 222 Las Vegas, NV 89130	NIND	Attorney Bawden Law Group	1,000.00	1,000	0.00	
09/11/2020	Gus Gialamas 653 Camino de los Mares #109 San Clemente, CA 92673		Doctor Self: Gus Gialamas	100.00	100	0.00	
09/12/2020	Kelsey Clark Los Angeles, CA 90272	☑IND □COM □OTH □PTY □SCC	Interior Designer Kelsey Clark Designs	500.00	500	000	

SUBTOTAL\$

1,800.00

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.) Amounts may be rounded to whole dollars.

State	CALIFORNIA ACO						
from	07/01/2020	FC)RM		110)		
through_	09/19/2020	_ Page _	9	_ of _	18	-	
		I.D. NU	/BER				

Tyler Boden for City Council 2020

NAME OF FILER

1427736 AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) TO DATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OF BUSINESS) 09/15/2020 Laurel Rothschild Executive XIND 200.00 200.00 The Energy Coalition Псом San Clemente, CA 92672 ОТН □ PTY SCC 09/18/2020 Orange County Professional Firefighters 2,500.00 2,500.00 Association (ID# 950925) X COM 1342 Bell Ave., Ste. 3A ПОТН Tustin, CA 92780 □ PTY □scc ПСОМ Потн **□**PTY SCC TIND Псом ПОТН □ PTY SCC □сом Потн PTY □scc

SUBTOTAL \$

2,700.00

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

			•				SCHE	EDULE B - PART 1
Schedule B – Part 1	Amo	ounts may be ro			Statement cov	ers period	CALIFORN	The second second
Loans Received		to whole dollar	S.		from07/03	1/2020	FORM	460
						-	Microsophic Co.	A STATE OF STREET
SEE INSTRUCTIONS ON REVERSE					through09/19	9/2020	Page 10	of <u>18</u>
NAME OF FILER				·			I.D. NUMBER	
	•					•		-
Tyler Boden for City Council 2020				·			1427736	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (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 PA OR FORGIVI THIS PERIC	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Tyler Boden	Owner Boden Energy Solutions			☐ PAID				CALENDAR YEAR
San Clemente, CA 92672	boden Energy Solderons	***************************************		s 0.0	0 , 1,500.00	0.00 %	s 1,500.00	5,000.00
		***************************************		FORGIVEN	Ψ	RATE 70	•	PER ELECTION**
		7	0.00			and the contraction of the contr		
TIND COM OTH PTY SCC		\$ <u>1,500:00</u>	\$ <u>0.00</u>	\$0.0	DATE DUE	\$ 0.00	05/13/2020 DATE INCURRED	\$
Tyler Boden	Owner			PAID				CALENDAR YEAR
San Clemente, CA 92672	Boden Energy Solutions	-		5 0.0	0 , 3,500.00	0.00	3 500 00	\$ 5,000.00
				FORGIVEN	\$	0.00 % RATE	\$ 3,500.00	PER ELECTION **
				LI ONON ZN				PER ELECTION
TEND COM OTH PTY SCC		\$ 3,500.00	\$0.00	\$0.0	0 12/31/2022 DATE DUE	s <u>0.00</u>	06/25/2020 DATE INCURRED	\$
hat were but out built built built built					2.0.2.00		DATEMOORALD	
				PAID			• .	CALENDAR YEAR
•			,	\$	_ \$	% RATE	\$	\$
				FORGIVEN		75112		PER ELECTION**
t		\$	\$	\$		\$		\$
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
		SUBTOTALS \$	0.00	0.	00\$ 5,000.00	•		Potential and Control
Schedule B Summary	•					(Enter (e) on Schedule E, Line 3)		
Loans received this period				¢	0.00			
(Total Column (b) plus unitemized loans	s of less than \$100.)	· · · · · · · · · · · · · · · · · · ·		·····································		C+C	ontributor Codes	
	•		***			1	onumutor codes D–Individual	
2. Loans paid or forgiven this period				\$	0.00		M – Recipient Co	
(Total Column (c) plus loans under \$100		المسايا				1	other than F) "H – Other (e.g.,	PTY or SCC)
(Include loans paid by a third party that	are also itemized on Sched	iule A.)			•	PT	Y - Political Party	1
3. Net change this period. (Subtract Line	2 from Line 1.)	••••	***************	NET \$ _	0.00	(sc	C – Small Contrib	outor Committee
Enter the net here and on the Summan				. ,	(May be a negative number)	No.	·	

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

** If required.

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

						SCHEDULE E		
Schedule E Payments Made	Amounts may be rounded to whole dollars.			constants.	No.		NA ZIEN	
				from .	07/01/2020	FORM	TRIBBACARINGGEORGE	
SEE INSTRUCTIONS ON REVERSE				throug	gh <u>09/19/2020</u>	. Page <u>11</u>	of18	
NAME OF FILER						I.D. NUMBE	R	
Tyler Boden for City Council 2020						1427736		
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunication d appearan nses ulating s survey rese livery and n	s ices	RAD r.RFD r.SAL c.TEL t.TRC c.TRS s.TSF tr	scribe the payment. adio airtime and production eturned contributions ampaign workers' salaries v. or cable airtime and pro andidate travel, lodging, ar taff/spouse travel, lodging, ansfer between committee oter registration formation technology cost	duction costs and meals and meals as of the same		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION (DF PAYMENT		AMOUNT PAID	
Starfish Signs & Graphics 940 Calle Amanecer Ste. A San Clemente, CA 92673	· · · · · · · · · · · · · · · · · · ·	CMP					1,648.74	
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC					43.13	
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC					9.60	
* Payments that are contributions or independent expenditures	must also be summ	arized on	Schedule D.		SU	JBTOTAL\$	1,701.47	
Schedule E Summary								

2. Unitemized payments made this period of under \$100

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule		
(Continuat	tion	Sheet)
Payments	Mac	le

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period

Payments Made to whole dol	llars.		from07/01	/2020	HENERAL AND	United Services	
SEE INSTRUCTIONS ON REVERSE		PERSONAL	through 09/19	/2020	Page	12 of.	18
NAME OF FILER					I.D. NUMBE	R	
Tyler Boden for City Council 2020					1427736		
CODES: If one of the following codes accurately describes the payment, you campaign paraphernalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* legal defense LIT campaign literature and mailings MBR member commeterings and office expense petition circular phone banks polling and supporting and suppo	munications i appearances ses ating urvey researcl very and mes	n senger services	RAD radio airtime RFD returned co SAL campaign w TEL t.v. or cable TRC candidate tr TRS staff/spouse	and production ntributions vorkers' salaries airtime and prod avel, lodging, and travel, lodging, a ween committees ation	luction costs d meals and meals s of the sam		ate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESC	CRIPTION OF PAYMEN	T		AMOUN	IT PAID
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816	OFC						2.55
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816	OFC						22.80
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816	OFC			-			13.80
Unsung Studio 100 S Ola Vista, Ste. B San Clemente, CA 92672	WEB						200.00
Starfish Signs & Graphics 940 Calle Amanecer Ste. A San Clemente, CA 92673	CMP	Power Staff on the Parliament Committee of the Staff of t				-	1,648.74

SUBTOTAL \$

1,887.89

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

Schedule	2000	
(Continuat	tion	Sheet)
Payments	Mac	le

SCHEDULE	E (CONT.)
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(Continuation Sheet) Payments Made	Amounts may b to whole do			Statement covers period from07/01/2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through 09/19/2020	- Page 13 of 18
Tyler Boden for City Council 2020		*			I.D. NUMBER 1427736
CODES: If one of the following codes accurately describ	es the payment v	ou mav en	ter the code. Oth	erwise describe the navme	<u>l</u>
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member commettings an OFC office experience petition circumpho phone banks POL polling and sepos postage, del	nmunications d appearance ses llating s survey researe livery and me	S	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodgir	ion costs ies production costs and meals ng, and meals tees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
UPrinting 8000 Haskell Ave. Van Nuys, CA 91406		OFC			156.63
City of San Clemente 100 Avenida Presidio San Clemente, CA 92672		FIL			653.06
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC			4.80
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC			2.55
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC			145.16
* Payments that are contributions or independent expenditures must al	so be summarized on	Schedule D.			SUBTOTAL \$ 962.20

Schedule		
(Continuat	tion	Sheet)
Payments	Mac	le

SCHEDI	JLE E	(CONT.)
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Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2020	CALIFORNIA 460
EE INSTRUCTIONS ON REVERSE		through 09/19/2020	Page 14 of 18
AME OF FILER			I.D. NUMBER
yler Boden for City Council 2020			1427736
ODES: If one of the following codes accu	irately describes the payment you may enter the ends. Other	nation deposits the second	

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cost TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals rices TSF transfer between committees of the sa	s ame candidate/sponso	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC		. 4.8	
Unsung Studio 100 S Ola Vista, Ste. B San Clemente, CA 92672	•	WEB		200.0	
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC		4.8	
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC		7.3	
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC		4.8	

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

SUBTOTAL \$

Schedule E	
(Continuation	Sheet)
Payments Mad	de

Amounts may be rounded

SCHEDULE E (CO	IN	IT.	į
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Statement covers period

Payments Made	to whole dol	lars.		from07/01/2020	FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		distribution of the second of		through 09/19/2020	Page19	of <u>18</u>
Tyler Boden for City Council 2020					1427736	
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. MBR CNS campaign consultants MTG CTB contribution (explain nonmonetary)* OFC CVC civic donations PET FIL candidate filing/ballot fees PHO fundraising events POL IND independent expenditure supporting/opposing others (explain)* LEG legal defense PRO campaign literature and mailings PRT	member comm meetings and office expens petition circula phone banks polling and su	nunications appearances ses ating urvey researc very and mes	h senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging, TSF transfer between committee voter registration WEB information technology cost	duction costs and meals and meals es of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DES	CRIPTION OF PAYMENT		AMOUNT PAID
Political Finance Solutions 1355 Halyard Dr., Ste. 120 West Sacramento, CA 95691		PRO				543.44
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC				4.80
San Clemente Times 34932 Calle Del Sol B Capistrano Beach, CA 92624		PRT				1,577.50
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC				4.80

OFC

SUBTOTAL \$

2,133.09

2.55

eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816

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

Schedule E

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may be to whole do			Sta from _	07/01/2020	CALIFOI FOR	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				throug	gh <u>09/19/2020</u>	Page	16 of 18
Tyler Boden for City Council 2020						I.D. NUMBE 1427736	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey researe very and mes	s	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, and staff/spouse travel, lodging, transfer between committees voter registration information technology costs	luction costs d meals and meals s of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	A CONTRACTOR OF THE CONTRACTOR	CODE C	DR DES	CRIPTION	OF PAYMENT		AMOUNT PAID
Fedex 231 Avenida Del Mar San Clemente, CA 92672		OFC		-			37.58
UPrinting		OFC					32.24

UPrinting 8000 Haskell Ave. Van Nuys, CA 91406	OFC	32.24
DMI Direct 18 Rancho Circle Lake Forest, CA 92630	LIT	3,454.40
	0110000	
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816	OFC	1.43
Fedex 231 Avenida Del Mar	OFC	88.60
San Clemente, CA 92672		

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

SUBTOTAL \$

3,614.25

Schedule	enen Lenn	
(Continuat	tion	Sheet)
Payments	Mac	le

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 160	
Payments Made	to whole dollars.	from07/01/2020	= 1410 U	
SEE INSTRUCTIONS ON REVERSE		through 09/19/2020	Page17 of18	
NAME OF FILER			I.D. NUMBER	
Tyler Boden for City Council 2020			1427736	
CODES: If one of the following codes accurately	describes the payment, you may enter the code.	Otherwise describe the payment		

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	d appearance uses lating s survey researd ivery and mes		RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production c TRC candidate travel, lodging, and meals Staff/spouse travel, lodging, and meals TSF transfer between committees of the VOT voter registration WEB information technology costs (interne	als same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	OR .	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sticker Mule 336 Forest Ave. Amersterdam, NY 12010		CMP			149.77
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC		• .	50.10
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC			25.35
ECanvasser 465 N Whisman Rd Mountain View, CA 94043		WEB			399.00
eFundraising Connections 2831 G St., Ste. 200 Sacramento, CA 95816		OFC			9.30

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

SUBTOTAL \$

Schedule		
(Continuat	tion	Sheet)
Payments	Mac	le

SCHEDULE E	(CONT.)
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Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Tyler Boden for City Council 2020	Amounts may be ro		from07/01/2020 through09/19/2020	Page 18 of 18 I.D. NUMBER 1427736
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member communetings and a office expense petition circulation phone banks POL polling and sun POS postage, deliver	unications appearances s ng	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	luction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESC	RIPTION OF PAYMENT	AMOUNT PAID
Unsung Studio 100 S Ola Vista, Ste. B San Clemente, CA 92672		WEB		200.00

SUBTOTAL \$

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