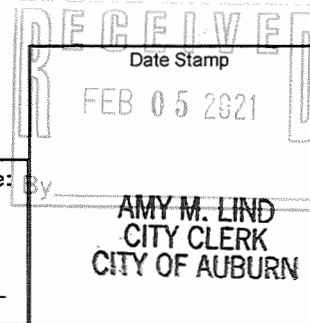


**Recipient Committee
Campaign Statement
Cover Page**



Statement covers period
from 07/01/2020
through 12/31/2020

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

- 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

3. Committee Information I.D. NUMBER 1362839

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Matt Spokely for Auburn City Council 2018

STREET ADDRESS (NO P.O. BOX)
1195 Bluffs Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Auburn</u>	<u>CA</u>	<u>95603</u>	<u>530-613-6063</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Brett V. Huston

MAILING ADDRESS
1335 Deerwood Place

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Auburn</u>	<u>CA</u>	<u>95603</u>	<u>530-693-0748</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 2-5-2021 Date

Executed on 2-5-2021 Date

Executed on _____ Date

Executed on _____ Date

By Brett V. Huston Signature of Treasurer or Assistant Treasurer

By Matt Spokely Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Matt Spokely

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Auburn City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1195 Bluffs Place Auburn CA 95603

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
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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 <u>07/01/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>8</u>	I.D. NUMBER 1362839

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matt Spokely for Auburn City Council 2018

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>0.00</u>	\$ <u>0.00</u>

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	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>2,335.46</u>	\$ <u>2,335.46</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>2,335.46</u>	\$ <u>2,335.46</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	<u>863.59</u>	<u>863.59</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>3,199.05</u>	\$ <u>3,199.05</u>

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..... <i>Previous Summary Page, Line 16</i>	\$ <u>6,045.57</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>0.00</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>2,335.46</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>3,710.11</u>

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

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).

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ _____

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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>8</u>
I.D. NUMBER 1362839	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matt Spokely for Auburn City Council 2018

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/11/2020	Luebkehan for Auburn City Council FPPC# 1426269	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Auburn City Council 2020	200.00	200.00	200.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/16/2020	Friends of Alice Dowdin Calvillo for Auburn City Council 2020 FPPC# 1425080	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Auburn City Council 2020	250.00	250.00	250.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/17/2020	Re-Elect Joshua Alpine PCWA 2020 FPPC# 1387699	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Placer County Water Agency District 5	250.00	250.00	250.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$						

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$ 800.00
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL.. \$ 800.00

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 1362839

NAME OF FILER

Matt Spokely for Auburn City Council 2018

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2020	Yes on Measure S - 2020 Protect Auburn FPPC# 1430298	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Yes on Measure S	100.00	100.00	100.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$ 100.00						

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 12/31/2020

CALIFORNIA FORM 460

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Spokely for Auburn City Council 2018

I.D. NUMBER
1362839

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/ballot 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) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Secretary of State 1500 11th Street Sacramento, CA 95814	FIL		Annual Filing Fee	200.00
Luebkehan for Auburn City Council 2020 FPPC# 1426269	CTB		Luebkehan for Auburn City Council 2020 Campaign Contribution	200.00
Friends of Alice Dowdin Calvillo for Auburn City Council 2020FPPC# 1425080	CTB		Friends of Alice Dowdin Calvillo for Auburn City Council Campaign Contribution	250.00

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

SUBTOTAL \$ 650.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,335.46
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 12/31/2020

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Page 7 of 8
I.D. NUMBER
1362839

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matt Spokely for Auburn City 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/ballot 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) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Re-Elect Joshua Alpine PCWA 2020 FPPC# 1387699	CTB	Re-Elect Joshua Alpine PCWA 2020 Campaign Contribution	250.00
Yes on Measure S - 2020 Protect Auburn FPPC# 1430298	CTB	Yes on Measure S - 2020 Protect Auburn Campaign Contribution	100.00
Pruett Vineyards Auburn CA 95603	MTG	Wine for Mayoral Installation	885.46
Restaurant Josephine Auburn CA 95603	MTG	Food for Mayoral Installation	450.00

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

SUBTOTAL \$ 1,685.46

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 12/31/2020

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1362839

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Spokely for Auburn City 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/ballot 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) |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Carolyn Metzker	CVC - Dinner for Auburn Fire Dept.	863.59	863.59	0.00	863.59
SUBTOTALS \$					

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 863.59
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 863.59