Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 8

For Official Use Only

Date Stamp: RECEIVED SEP 28 2022 TOWN OF MAMMOTH LAKES OFFICE OF THE TOWN CLERK

SEE INSTRUCTIONS ON REVERSE

Statement covers period from July 1, 2022 through September 24, 2022

Date of election if applicable: (Month, Day, Year) 11/8/2022

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] 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:

- [x] 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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Betsy Truax For Town Council 2022

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE
[redacted]

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Elizabeth Temple Truax

MAILING ADDRESS
[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE
[redacted]

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 9/27/2022 (Date) By [redacted] (Signature of Treasurer or Assistant Treasurer)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Elizabeth Temple Truax

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

Councilmember, Town of Mammoth Lakes

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

[redacted]

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	

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 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	☐ 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

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7/1/22 through 9/24/22

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Elizabeth Temple Truax

I.D. NUMBER

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 2480.00	$
2. Loans Received	Schedule B, Line 3	none	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 2480.00	$
4. Nonmonetary Contributions	Schedule C, Line 3	none	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 2480.00	$

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

6. Payments Made	Schedule E, Line 4	$ 1240.81	$
7. Loans Made	Schedule H, Line 3	none	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1240.81	$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	73.00	
10. Nonmonetary Adjustment	Schedule C, Line 3	none	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 1313.81	$

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
___/___/___	$
___/___/___	$

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ Ø
13. Cash Receipts	Column A, Line 3 above	2480.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	none
15. Cash Payments	Column A, Line 8 above	1240.81
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 1239.19

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ none

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ none
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 73.00

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 7/1/22 through 9/24/22

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Elizabeth Temple Truax

I.D. NUMBER:

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/18/22	Lynda Salcido 1149 Red Peak Dr. Mammoth Lakes, CA 93546	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Councilmember Town of Mammoth Lakes	$1,000 –	$1,000.00	
7/18/22	Ingrid Braun for Sheriff 2022 132 Silver Tip Lane Mammoth Lakes, CA 93546	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Sheriff (elected) Mono County	$500 –	$500.00	
7/19/22	William Sauser 126 Manzanita Rd. Mammoth Lakes, CA 93546	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Locksmith Bill's Locksmith Service	$100 –	$100.00	
9/6/22	Leslie H. Schaus 106 Hillcrest Ave. Geneva, NY 14456	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100 –	$100.00	
9/18/22	Elizabeth Temple Truax [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director, Mammoth Lakes Foundation	$5 –	$5.00	
			SUBTOTAL $	1705.00	1705.00	

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 2,480.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ —
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2,480.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/22
through 9/24/22

CALIFORNIA FORM 460

NAME OF FILER
Elizabeth Temple Truax

I.D. NUMBER

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/22	Allen Davis 493 Joaquin Rd. Mammoth Lakes, CA 93546	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief of Police Town of Mammoth Lakes	$300.00	$300.00	
9/18/22	Bruce Torrence 557 Golden Creek Rd. Mammoth Lakes, CA 93546	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$150.00	$150.00	
9/19/22	Heather Campbell 113 Crescent Place Ithaca, NY 14850	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director Advocacy Center of Tompkins County	$25.00	$25.00	
9/23/22	Beatrice Beyer 262 Crowley Lake Dr. Mammoth Lakes, CA 93546	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$300.00	$300.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 775.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/22 through 9/24/22

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Elizabeth Temple Truax

I.D. NUMBER:

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
Kerry Martyr Design 635 Owens Gorge Rd. Mammoth Lakes, CA 93546	LIT		$297.50
Bluebird Imaging Sierra Center Mall, 452 old Mammoth Rd. Ste. 203 Mammoth Lakes, CA 93546	CMP		$775.80
Secretary of State, Political Reform Division 1500 11th Street, Ste. 495 Sacramento, CA 95814	FIL		$50.00

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

SUBTOTAL $ 1123.30

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1240.81
2. Unitemized payments made this period of under $100 ..... $ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 1240.81

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/22 through 9/24/22

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

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
Raise the Money, Inc. PO Box 26466 Little Rock, AR 72221		Transaction fees for online contributions	24.51
Town of Mammoth Lakes 437 Old Mammoth Rd., Ste. 230 Mammoth Lakes, CA 93546		Park Pavilion Rental	93.00

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

SUBTOTAL $ 117.51

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/22
through 9/24/22

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Elizabeth Temple Truax

I.D. NUMBER

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
OnlineCandidate.com/Daley Professional Web Solutions Po Box 402 Montgomery, NY 12549	WEB	0	73.00		73.00
SUBTOTALS		$ 0	$ 73.00	$ 0	$ 73.00

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

Schedule F Summary

1. 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 $** 73.00

2. 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

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 73.00
May be a negative number