

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

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TOWN OF MAMMOTH LAKES
OFFICE OF THE TOWN CLERK

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For Official Use Only

Statement covers period
from 10/23/2022
through 12/31/2022

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

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
1455065

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

Treasurer(s)
NAME OF TREASURER
Elizabeth Temple Truax
MAILING ADDRESS
[REDACTED]
CITY
Mammoth Lakes
STATE
CA
ZIP CODE
93546
AREA CODE/PHONE
[REDACTED]

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

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 1/30/2023
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By [REDACTED] Assistant Treasurer

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

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Elizabeth Temple Truett
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
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

CALIFORNIA
FORM 460

Statement covers period
from 10/23/2022
through 12/31/2023

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth Temple Truax

I.D. NUMBER

1455065

Contributions Received

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions..... Schedule A, Line 3 \$ 2146.14
2. Loans Received..... Schedule B, Line 3 0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$ 2146.14
4. Nonmonetary Contributions..... Schedule C, Line 3 0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 \$ 2146.14

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 \$ 6120.14
21. Expenditures Made \$ 6370.14

Expenditures Made

6. Payments Made..... Schedule E, Line 4 \$ 3385.33
7. Loans Made..... Schedule H, Line 3 0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 \$ 3385.33
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 -1185.05
10. Nonmonetary Adjustment..... Schedule C, Line 3 0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 \$ 2200.38

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

\$ 5981.46

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16 \$ 1239.19
13. Cash Receipts..... Column A, Line 3 above 2146.14
14. Miscellaneous Increases to Cash..... Schedule I, Line 4 0
15. Cash Payments..... Column A, Line 8 above 3385.33
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0

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).

0

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

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 \$ 0

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM **460**

Statement covers period

from 10/23/2022

through 12/31/2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eli Zablith Temple Trust

I.D. NUMBER

1455065

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)
11/14	Eli Zablith Temple Trust [REDACTED] Mammoth Lakes, CA 93546	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director Mammoth Lakes Foundation	\$950.00	\$955.00	
11/14	Chris Babser for Mammoth Lakes Town Council 1453403 [REDACTED] Mammoth Lakes, CA 93546	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$31.00	\$31.00	
11/14	Southern California Edison 1906791646 Po Box 700, Rosemead, CA 91770	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000.00	\$1,000.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL \$ 1981.00

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1981.00

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 165.14

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2146.14

*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

Amounts may be rounded to whole dollars.

Statement covers period

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I.D. NUMBER

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

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u>	CALIFORNIA 460 FORM
Page <u>5</u> of <u>7</u>	I.D. NUMBER <u>1455065</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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
The Sheet Newspaper 3343 Main St., P.O. Box 8088 Mammoth Lakes, CA 93546	PRT			\$844.00
Facebook 1 Hacker Way Menlo Park, CA 94025	WEB			\$183.53
Kerry Martyn Design 6350 Gensinger Rd. Mammoth Lakes, CA 93546	LIT			\$831.80

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

SUBTOTAL \$ 1859.33

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3385.33
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 3385.33

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

CALIFORNIA
FORM
460

Statement covers period

from _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

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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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.)\$ _____

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)**TOTAL \$** _____

*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 (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>10/23/2023</u> through <u>12/31/2022</u>	CALIFORNIA 460 FORM
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I.D. NUMBER <u>1455065</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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
Mammoth Times 645 Old Mammoth Rd. Mammoth Lakes, CA 93546	PRT			1375.00
Online Candidate.com/Daley Professional Web Solutions, PO Box 402 Montgomery, NY 12549	WEB			131.00
Eastern Sierra Community Bank 307 Old Mammoth Rd. Mammoth Lakes, CA 93546			Bank fees	20.00

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

SUBTOTAL \$ 1526.00

Amounts may be rounded to whole dollars.

Statement covers period

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I.D. NUMBER

NAME OF FILER

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

- | | |
|---|-----------------------|
| 1. Itemized increases to cash this period. | \$ |
| 2. Unitemized increases to cash of under \$100 this period. | \$ |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ |

FD-302 (Rev. 10-6-95)

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

www.fopcc.ca.gov

Amounts may be rounded to whole dollars.

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

Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u>	CALIFORNIA FORM Page <u>7</u> of <u>7</u>
I.D. NUMBER <u>1455065</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth Temple Truax

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
Mammoth Times 6450 Old Mammoth Rd. Mammoth Lakes, CA 93546	PRT	825.00	550.00	1375.00	0
Online Candidate .com/Daley Professional Web Solutions, PO Box 402 Montgomery, NY 13549	WEB	102.00	29.00	131.00	0
Kerry Martyn Design 635 Owens George Rd. Mammoth Lakes, CA 93546	CMP	258.05	573.75	831.80	0
SUBTOTALS \$ 1185.05 \$ 1152.75 \$ 2337.80 \$ 0					

* 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 \$ 1152.75**
- 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 \$ 2337.80**
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -1185.05**

Amounts may be rounded to whole dollars.

(Continuation Sheet)

Accrued Expenses (Unpaid Bills)

Schedule F		CALIFORNIA FORM 460
(Continuation Sheet)		
Accrued Expenses (Unpaid Bills)		
		Statement covers period from _____ through _____
		Page _____ of _____
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.
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 communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
T.V.	t.v. or cable airtime and production costs
TEL	candidate travel, lodging, and meals
TRC	staff/spouse travel, lodging, and meals
TRS	transfer between committees of the same candidate/sponsor
TSF	voter registration
VOT	information technology costs (internet, e-mail)
WEB	

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

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
SUBTOTALS \$		\$	\$	\$	\$