Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84218.5)

Type or print in ink.

Statement covers period from
7/1/2014 through 9/30/2014

Date of election if applicable:
(Month, Day, Year)
11/04/2014

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 4)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee

☐ Primarily Formed Candidate/Officeholder Committee

☐ Controlled

☐ Sponsored

☐ Also Complete Part 4

☐ Also Complete Part 4

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Semi-annual Statement

☐ Special Odd-Year Report

☐ Supplemental Prelection Statement - Attach Form 495

☐ Prelection Statement

☐ Semi-annual Statement

☐ Special Odd-Year Report

☐ Supplemental Prelection Statement - Attach Form 495

☐ Amendment (Explain below)

2. Type of Statement:

3. Committee Information

I.D. NUMBER
1367352

COMMITTEE NAME (OR CANDIDATE’S NAME IF NOT COMMITTEE)
Russel Silva for Rialto Board of Education 2014 Campaign committee

STREET ADDRESS (NO P.O. BOX)

CITY
Rialto
STATE
CA
ZIP CODE
92376

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

CITY

STATE

ZIP CODE

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 hereby

Executed on 10/5/2014

Executed on 10/5/2014

Executed on Date

Executed on Date

By
Signature of Controlling Officeholder, Candidate, or Ballot Measure Proponent

By
Signature of Controlling Officeholder, Candidate, or Ballot Measure Proponent

FPPC Form 460 (January/09)
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>O FFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russel C. Silva</td>
<td>Rialto Unified School District Board of Education</td>
</tr>
<tr>
<td>Rialto, CA 92376</td>
<td></td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
Campaign Disclosure Statement
Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2014 through 9/30/2014

CALIFORNIA FORM 460

Page 3 of 7

I.D. NUMBER
1367352

Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total To Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$1685.00</td>
<td></td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$1685.00</td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$461.95</td>
<td></td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$2146.95</td>
<td></td>
</tr>
</tbody>
</table>

Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total To Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$1712.64</td>
<td></td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$1712.64</td>
<td></td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$1712.64</td>
<td></td>
</tr>
</tbody>
</table>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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

Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$105.00</td>
<td></td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$1685.00</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$1712.64</td>
<td></td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$77.36</td>
<td></td>
</tr>
</tbody>
</table>

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

Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule A

**Monetary Contributions Received**

See instructions on reverse.

**NAME OF RECIPIENT**

Russel C. Silva

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/29/2014</td>
<td>Russel &amp; Linda Silva</td>
<td>✓ IND</td>
<td></td>
<td>1470.00</td>
<td>1590.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rio Vista, CA 92376</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/30/2014</td>
<td>Russel &amp; Linda Silva</td>
<td>✓ IND</td>
<td></td>
<td>95.00</td>
<td>1685.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rio Vista, CA 92376</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/13/2014</td>
<td>Russel &amp; Linda Silva</td>
<td>✓ IND</td>
<td></td>
<td>120.00</td>
<td>1805.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rio Vista, CA 92376</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) $1685.00

2. Amount received this period – unitemized monetary contributions of less than $100 $0.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $1685.00

**Contributor Codes**

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

**FPPC Form 460 (January/05)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE #</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/7/2014</td>
<td>Russel &amp; Linda Silva Rialto, CA 92376</td>
<td>☑ IND</td>
<td>Purchase of signs</td>
<td>461.95</td>
<td>461.95</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 461.95

Schedule C Summary
1. Amount received this period — itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) .................................................. $ 461.95
2. Amount received this period — unitemized nonmonetary contributions of less than $100 ........................................ $ 0.00
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 $ 461.95

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule E
Payments Made

NAME OF FILER
Russel C. Silva

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNP campaign paraphernalia/misc.
CHS 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
PBK phone banks
POL polling and survey research
PCS postage, delivery and messenger services
PRO professional services (legal, accounting)
prt print ads
RAD radio airtime and production costs
RED returned contributions
SAL campaign workers' salaries
TEL tv or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE
(Enter also city, state and ZIP or PC number)

ROV San Bernardino County
San Bernardino, CA 92415

State of California, Political Reform Division
Sacramento, CA 95812-1467

Oriental Trading Company
Omaha, NE 68137-1215

CODE OR DESCRIPTION OF PAYMENT
FIL Candidate filing fee
FIL FPPC ID Number

AMOUNT PAID
1420.47
50.00

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

SUBTOTAL $ 1588.43

Schedule E Summary
1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 1588.43
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 (c).) $ 124.21
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 1712.64
## Schedule E
### (Continuation Sheet)
#### Payments Made

**NAME OF FILER:**
Russel C. Silva

**NAME AND ADDRESS OF PAYEE**

```plaintext
<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>POS</td>
<td>Purchase of post office box</td>
<td>40.00</td>
</tr>
<tr>
<td>CMP</td>
<td>Campaign banners</td>
<td>58.21</td>
</tr>
<tr>
<td>OFC</td>
<td>Overdraft fee</td>
<td>26.00</td>
</tr>
</tbody>
</table>
```

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

**Statement covers period from 7/1/2014 through 9/30/2014**

**SCHEDULE E CONT.**

**CALIFORNIA FORM 460**

**Page 7 of 7**

**ID NUMBER:** 1367352

**PPCC Form 460 (January/05)**

PPC Toll-Free Helpline: 866/ASK-PPCC (866/275-3772)