

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

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CAMPAIN FINANCE

CALIFORNIA FORM **460**

Page 1 of 9  
For Official Use Only

**Statement covers period**  
from 01/01/2022  
through 06/30/2022

**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
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1241920

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
ARCADIA	CA	91007	(213) 489-4792

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

(213) 489-4818 / dlgould@gouldorellana.com

**Treasurer(s)**

NAME OF TREASURER

THOMAS RETCHLESS

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
ARCADIA	CA	91007	

NAME OF ASSISTANT TREASURER, IF ANY

David L Gould

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Norwalk	CA	90650	(213) 489-4792

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 07/28/2022  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
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

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

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

**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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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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
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**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
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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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM <b>460</b>
from	01/01/2022	
through		Page <u>3</u> of <u>9</u>
		I.D. NUMBER 1241920

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 3,350.00	\$ 3,350.00
2. Loans Received ..... Schedule B, Line 3	0.00	800.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 3,350.00	\$ 4,150.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 3,350.00	\$ 4,150.00

**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**

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ 3,444.29	\$ 3,444.29
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 3,444.29	\$ 3,444.29
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 3,444.29	\$ 3,444.29

**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 ..... Previous Summary Page, Line 16	\$ 26,293.53
13. Cash Receipts ..... Column A, Line 3 above	3,350.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	1.43
15. Cash Payments ..... Column A, Line 8 above	3,444.29
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 26,200.67

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).

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See Instructions on reverse	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 800.00

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	06/30/2022	Page 4 of 9
NAME OF FILER		I.D. NUMBER
CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC		1241920

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

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)
03/18/2022	John Barr Orange, CA 92867-	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thoroughbred Breeder John Barr	500.00	500.00	
03/18/2022	Sonva Georggin El Cajon, CA 92021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thoroughbred Breeder Sonya Georggin	100.00	100.00	
04/04/2022	Ronald E. Allen Tucson, AZ 85737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thoroughbred Breeder Ronald E. Allen	100.00	100.00	
04/04/2022	Bo Hirsch LLC Pacific Palisades, CA 90272	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
04/04/2022	Bonnie Acres Ranch Hemet, CA 92552	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
<b>SUBTOTAL \$</b>				1,700.00		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3,350.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 3,350.00

\*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		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	06/30/2022	Page 5 of 9

NAME OF FILER <b>CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC</b>	I.D. NUMBER 1241920
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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)
04/04/2022	California Thoroughbred Breeders Association Arcadia, CA 91066-6018	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,050.00	1,550.00	
04/04/2022	California Thoroughbred Breeders Association Arcadia, CA 91066-6018	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,550.00	
04/04/2022	William L. Hedrick Clovis, CA 93612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thoroughbred Breeder William Hedrick	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				1,650.00		

**\*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 B - Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period  
from 01/01/2022  
through 06/30/2022

**CALIFORNIA FORM 460**

Page 6 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

I.D. NUMBER: 1241920

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
California Thoroughbred Breeders Association Arcadia, CA 91066-6018 LOAN		\$ 800.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 800.00 01/26/2008 DATE DUE	0.00% RATE \$ 0.00	\$ 800.00 01/26/2007 DATE INCURRED	CALENDAR YEAR \$ 1,550.00 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<b>SUBTOTALS</b>		\$ 0.00	\$ 0.00	\$ 0.00	\$ 800.00	0.00		

**Schedule B Summary**

1. Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0.00**  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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 forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

<b>Statement covers period</b>		<b>CALIFORNIA FORM</b> <b>460</b>
from	01/01/2022	
through	06/30/2022	Page 7 of 9
NAME OF FILER		I.D. NUMBER
CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC		1241920

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

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

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
California Thoroughbred Breeders Association Arcadia, CA 91066-6018	CMP		Stallion Season Auction Expense	3,380.00

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

**SUBTOTAL \$** 3,380.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	3,380.00
2. Unitemized payments made this period of under \$100 .....	\$	64.29
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.) .....	<b>TOTAL \$</b>	<b>3,444.29</b>

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

Statement covers period  
 from 01/01/2022  
 through 06/30/2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

NAME OF AGENT OR INDEPENDENT CONTRACTOR

California Thoroughbred Breeders Association

I.D. NUMBER

1241920

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

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Horseco Inc. Lexington, KY 40504	CMP		Stallion Season Auction Expense	3,380.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 3,380.00**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.



**Schedule I  
Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2022  
through 06/30/2022

SCHEDULE I

**CALIFORNIA FORM 460**

Page 9 of 9

I.D. NUMBER  
1241920

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 0.00

**Schedule I Summary**

- 1. Itemized increases to cash this period. .... \$ 0.00
- 2. Unitemized increases to cash of under \$100 this period. .... \$ 1.43
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... \$ 0.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** 1.43

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> <b>Initial</b>	<input checked="" type="checkbox"/> <b>Amendment</b>	<input type="checkbox"/> <b>Termination – See Part 5</b>
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

(4) DC

Date Stamp  
**RECEIVED BY**  
LOS ANGELES COUNTY  
2022 AUG -1 PM 3: 07  
CAMPAIGN FINANCE

**CALIFORNIA FORM 410**  
For Official Use Only

<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
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**I.D. Number (if applicable)** 1241920

**NAME OF COMMITTEE**  
CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

**STREET ADDRESS (NO P.O. BOX)**

**CITY STATE ZIP CODE AREA CODE/PHONE**  
ARCADIA CA 91007 (213) 489-4792

**FULL MAILING ADDRESS (IF DIFFERENT)**

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**  
dlgould@gouldorellana.com / (213) 489-4818

<b>COUNTY OF DOMICILE</b> LOS ANGELES	<b>JURISDICTION WHERE COMMITTEE IS ACTIVE</b>
--	---

**NAME OF TREASURER**  
THOMAS RETCHLESS

**STREET ADDRESS (NO P.O. BOX)**

<b>CITY</b> ARCADIA	<b>STATE</b> CA	<b>ZIP CODE</b> 91007	<b>AREA CODE/PHONE</b>
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**NAME OF ASSISTANT TREASURER, IF ANY**  
David L Gould

**STREET ADDRESS (NO P.O. BOX)**

<b>CITY</b> Norwalk	<b>STATE</b> CA	<b>ZIP CODE</b> 90650	<b>AREA CODE/PHONE</b> (213) 489-4792
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**NAME OF PRINCIPAL OFFICER(S)**  
THOMAS RETCHLESS

**STREET ADDRESS (NO P.O. BOX)**

<b>CITY</b> ARCADIA	<b>STATE</b> CA	<b>ZIP CODE</b> 91007	<b>AREA CODE/PHONE</b> (626) 445-7800
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Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and I certify that the information furnished herein is true and complete. I certify under penalty of perjury under the laws of the State of California that

the information furnished herein is true and complete. I certify under

Executed on <u>7/28/2022</u>	By _____
DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC	I.D. NUMBER 1241920
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Citi Bank	AREA CODE/PHONE (877) 528-0990	BANK ACCOUNT NUMBER		
ADDRESS	CITY Arcadia	STATE CA	ZIP CODE 91007	

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		(list political party below)
			Nonpartisan	Partisan	

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC

I.D. NUMBER

1241920

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

VOTER EDUCATION & AWARENESS

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

HORSE BREEDING

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

ARCADIA

CA

91007

(213) 489-4792

**Small Contributor Committee**

\_\_\_\_\_  
Date qualified

**5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.