

Statement covers period from 01/01/10 through 03/17/10
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Date of election if applicable: (Month, Day, Year) 06/08/10

RECEIVED
MAR 23 2010
HUMBOLDT COUNTY
ELECTIONS

FORM 460
Page 1 of 1
For Official Use Only

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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Lytle Fir 5th District Supervisor 2010

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
McKinleyville	CA	95519	[REDACTED]

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

PO Box 5114

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Arcata	CA	95518-5114	[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

jlcdesignbuilders@sbcglobal.net

Treasurer(s)

NAME OF TREASURER

Jeffrey Lytle

MAILING ADDRESS

PO Box 5114

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Arcata	CA	95518-5114	[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 03-22-10
Date

Executed on 03-22-10
Date

Executed on
Date

Executed on
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jeffrey Lytle

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

Humboldt County Supervisor - 5th District

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

1618 Bartow Road

McKinleyville, CA 95519

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

Contributions ReceivedColumn A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)Column B
CALENDAR YEAR
TOTAL TO DATE**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30 7/1 to Date

1. Monetary Contributions Schedule A, Line 3 \$ _____ \$ _____

2. Loans Received Schedule B, Line 3 _____

3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ \$ _____

4. Nonmonetary Contributions Schedule C, Line 3 _____

5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ \$ _____

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4 \$ _____ \$ _____

7. Loans Made Schedule H, Line 3 _____

8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _____ \$ _____

9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 _____

10. Nonmonetary Adjustment Schedule C, Line 3 _____

11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ _____ \$ _____

**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 \$ _____

13. Cash Receipts Column A, Line 3 above _____

14. Miscellaneous Increases to Cash Schedule I, Line 4 _____

15. Cash Payments Column A, Line 8 above _____

16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ _____

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ _____

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

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.