RECEIVED BY LOS ANGELES COUNTY FEB 2 0 2024 VPS

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in			CALIFORNIA 460
(Coreminan Code Sealons 64200-04210.5)	Statement covers period 01/21/24	Date of election if applicable: (Month, Day, Year)	TITUM B UM	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 02/17/24	03/05/24	4	
1. Type of Recipient Committee: All Committees - Committee - Committ		2. Type of Statement:		
State Cendidate Election Committee Receil (Also Cempide Part 6)	Primarily Formed Bellot Messure Committee Controlled Sponsored	Presection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination	Special Suppler	ly Statement Odd-Year Report nental Presiscion ant - Atlach Form 495
General Purpose Committee Sponsored Shell Contributor Committee	Also Complete Part 8) Primarilly Formed Candidate/ Officeholder Committee Also Complete Part 7)	Amendment (Explein below)		
	D. NUMBER 483469	Tressurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) CLINT CARLTON FOR COUNTY SUPERVISOR STREET ADDRESS (NO P.O. BOX)	3 2024	NAME OF TREASURER CLINT CARLTON MAICING ABBRESS CITY PLAYA VISTA	হামন্ত্র হাল তেগা CA 90094	area code/Phone
MARINA DEL REY CA 9029		name of assistant treasurer, if a	INV	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR RO.	lox	MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COO	AREA CODE/PHONE
OFTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of California Executed on 02/19/24 Date: D	g this statement and to the beat of my kr a that the foregoing is true and correct. By	howledge t in and	in the attached schedules	is true and complete. I certify
02/19/24 Date	ByBy	onboling Officebolds.		-
Executed on	Ву	Bigneture of Controlling Officerhader, Candidate, State Manage	hopost.	_
Clear Cover Pg1	Print Form	Signature of Corerolling Officeholder, Candidata, Basis Masauri		FPPC Form 480 (January/05) ine: 889/ASK-FPPC (968/278-3772) State of California

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460
FORM of ______

Officeholder or Candidate Controlled	6. Primarily Formed Ballot Messure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE CLINT CARLTON		NAME OF BALLOT MEASU	RE			
OFFICE BOUGHT OR HELD (INCLUDE LOCATION A) LOS ANG ELES COUNTY SUPERVISO		BALLOT NO. OR LETTER	JURI S ÖCT	NON	SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY STATE ZIP MARINA DEL REY CA 90292	identify the controllin	g officeholder, ca	andidate, or state messu	re proponent, if an	
		NAME OF OFFICEHOLDER	R, CANDIDATE, OR P	ROPONENT		
Related Committees Not Included In not included in this statement that are controlle contributions or make expenditures on behalf of	d by you or are primarily formed to receive	OFFICE SOUGHT OR HEL	D	DISTRICT	O. IF ANY	
COMMITTEENAME	I.D. NUMBER	-		1		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed officeholds/(a) or candid		ceholder Committee		
COMMITTEE ADDRESS STREET ADDRESS		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HEI	BUPPORT OPPOSE	
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HE	BUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT DPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT	
CONMITTEE ADDRESS STREET ADDRESS CITY STATE		-	Attach continuet	don sheets if necessary	☐ OPPOSE	

Clear Cover Pg2

Print Form

FPPC Form 460 (January/08)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/279-3772)
State of Celifornia

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

CLINT CARLTON FOR COUNTY SUPERVISOR 2024 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED 60-EDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Electiona 5349.75 1950.00 1/1 through 6/30 7/1 to Date 0 0 1950.00 5349.75 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 5349.75 Received 0 0 21. Expenditures 4378.88 1950.00 5349.75 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ Expenditures Made **Expenditure Limit Summary for State** 4378.88 2517.65 Candidates 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 2517.85 4378.88 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Valuritary Expanditure Limit) 0 Date of Election Total to Date 0 (mm/dd/yy) 0 2517.85 4378.68 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ **Current Cash Statement** 3573.50 12. Beginning Cash Balance Previous Summery Page, Line 16 \$ To calculate Column B. add emounts in Column A to the corresponding amounts Amounts in this section may be different from emounts 14. Miscellaneous increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Bome amounts in Column A may be negetive 1055.55 figures that should be 16. ENDING CASH BALANCE Add Unes 12 + 13 + 14, then subtrect Line 18 subtracted from previous If this is a termination statement. Line 16 must be zero. period emounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Pent 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (If Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See Instructions on reverse \$ FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column 8 above FPPC Toll-Free Helpi Ina:866/ASK-FPPC (866/275-3772)

Clear Summ Pg

Print Form

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole deliars.

| SCHEDULE A | CALIFORNIA | 460 | FORM | CALIFORNIA | FORM | CALIFORNIA | FORM | CALIFORNI

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CLINT CARLTON FOR COUNTY SUPERVISOR 2024

I.D. NUMBER 1463469

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NAMEER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF GOLFEMPLOYED, BATTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)			
1/21/24	DANIEL MCGUANE	DIND COM OTH PTY SCC	CHICK-FIL-A TEAM MEMBER	50	50				
1/23/24	MARSHA HUDSON		CARETAKER	50	50				
1/26/24	DOUGLAS KASAI	DIND COM OTH PTY SCC	REQUESTED	50	50				
1/26/24	MATTHEW BARNETT	DIND COM	FOUNDER AND CEO OF DREAM CENTER	100	100				
02/04/24	DOUGLAS KASAI	DIND COM OTH PTY SCC	REQUESTED	50	100				
			SUBTOTAL	300					
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtots is.) 100 Contributor Codes IND—Individual COM—Recipient Committee (other then PTY or SCC) COTH—Other (a.g., business and						lent Committee r than PTY or SCC)			
3. Total monet	. Amount received this period – unitemized monetary contributions of less than \$100								

Clear Sch. A

Print Form

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (868/276-3772)

Schedule B - Part 1 Loans Received	s Received to whole dollars.			Militalità lilly de l'unided				Statement covers of the statem		CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE					through 02/17/	24	Page	of			
NAME OF FILER							I.D. NUMBER				
CLINT CARLTON FOR COUNTY S	SUPERVISOR 2024						1463469				
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IN COMMUTTEE, ALSO ENTER LC; NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FSELF-GRPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL, AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE			
				PAID # FORGIVEN	1	RATE %	\$	CALENDAR YEAR \$ PER ELECTION ***			
† IND COM OTH PTY SCC			1	1	DATE DUE		DATE INCURRED				
†_ IND _ COM _ OTH _ PTY _ SCC		·		PAID PORGIVEN 8.	\$	RATE %	8 DATE INCURRED	CALENDAR YEAR \$ PERELECTION ***			
↑□IND □COM □OTH □PTY □SCC		1		\$ FORGIVEN	8	RATE %	8	CALENDAR YEAR			
		SUBTOTALS \$			\$	\$	J. F. F.				
Schedule B Summary						(Enter (e) on Schedule E, Line 3)					
1. Loans received this period	peid or forgiven.) are also itemized on Scheo	dule A.)		\$	lay ba a Nagashin mumbag '''	U C	Contributor Codes ND - Individual COM - Redpient Co (other than i DTH - Other (e.g., TY - Political Party ICC - Smell Contrib	PTY or SCC) business entity)			
*Amounts forgiven or paid by another party also no set if required.	nust be reported on Schedule A.	Clear St	h B.1	Drint Form	FPPC FPPC	Toll-Free He ^l pi	FPPC Form Ine: 866/ASK-FPP	460 (January/05) C (866/275-3772)			

Clear Sch. B-1

Print Form

Type or print in ink.

SCHEDULE B - PART 1

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 01/21/24 CALIFORNIA FORM 460

I.D. NUMBER

1463469

NAME OF FILER
CLINT CARLTON FOR COUNTY SUPERVISOR 2024

AMOUNT RECEIVED THIS PERIOD PER ELECTION TO DATE (IF REQUIRED) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERLD, NUMBER) CONTRIBUTOR DATE CALENDAR YEAR RECEIVED CODE * (JAN. 1 - DEC. 31) ☑IND □COM □OTH DANIEL MCGUANE **TEAM MEMBER - CHICK** 02/07/24 100 \$150 FIL-A □ PTY □]IND **AMERICA UPHELD** 02/09/24 1500 1500 □OTH □PTY □SCC #1455281 **MIND** DOUGLAS KASAI REQUESTED СОМ 2/12/24 50 200 OTH □scc | IND | COM | OTH | PTY | SCC | IND | COM | OTH | PTY SCC 1950 SUBTOTAL\$

*Con	tributor	Cortes
*Can		CUGE

IND-Individual

COM - Recipient Committee

(other then PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

Clear Sch. A Con.

Print Form

FPPC Form 480 (January/05) FPPC Toil-Free Helpline: 868/ASK-FPPC (868/275-3772)

Schedule B – Part 2 Loan Guarantors

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDU	LCO-PARI 2
Statement covera period from 01/21/24	CALIFORNIA FORM	460
through 02/17/24	Page c	of
	I.D. NUMBER	

NAME OF FILER **CLINT CARLTON FOR COUNTY SUPERVISOR 2024** 1463469 BALANCE OUTSTANDING TO DATE IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER AMOUNT GUARANTEED THIS PERIOD FULL NAME, STREET ADDRESS AND CONTRIBUTOR CUMULATIVE LOAN ZIP CODE OF GUARANTOR TO DATE (IF GELF-EMPLOYED, ENTER NAME OF BUSINESS) CALENDAR YEAR LENDER □сом PERELECTION (IF REQUIRED) □отн DATE □ PTY SCC CALENDAR YEAR LENDER □сом PERELECTION (IF REQUIRED) □отн DATE □ PTY SCC CALENDAR YEAR LENDER COM PERELECTION (IF REQUIRED) □отн DATE □ PTY □scc CALBOAR YEAR LENDER □IND □сом PERELECTION (IF REQUIRED) □отн DATE □ PTY □scc Enteron Surrousry Page, Line 17 only. SUBTOTAL \$

Clear Sch. B-2

Print Form

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

Schedule Nonmone	C tary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers p	erlod	CALIF(
NAME OF FILER	ARLTON FOR COUNTY SUPERVI	SOR 2024			thre	02/17/24		Page	of
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE #	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-BAFD YED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC							
		□ ND							

□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.

□отн □PTY □scc □сом □отн □PTY **□8**∞ □!ND □COM □COM **□PTY**

*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

Clear Sch. C

Print Form

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

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE		Type or print Amounts may b to whole do	e rounded	Statement cover from 01/21/24 through 02/17/24		CALIFORNIA 460 FORM of	
CLINT C	ARLTON FOR COUNTY SUPERVISOR	2024				1.D. NUM 14634	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DI	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	Support Oppose	Monetary Contribution Nonvinonitary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	. \$			
Itemized c Unitemize	D Summary contributions and independent expenditures made ad contributions and independent expenditures made abutions and independent expenditures made this	de this period of und	ler \$100			\$ _	

Clear Sch. D

Print Form

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 666/ASK-FPPC (666/275-3772)

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollare.	Statement covers period from 01/21/24	CALIFORNIA 46(
SEE INSTRUCTIONS ON REVERSE		through 02/17/24	Pege of
NAME OF FILER CLINT CARLTON FOR COUNTY SUPERVISOR	3 2024		1.D. NUMBER 1463469
CODES: If one of the following codes accurately described compalgn paraphernalla/misc. CNS campaign consultants CTB contribution (explain normonetary)* CVC chic donations FIL candidate filing/beliot fees flundraleing events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature end mellings	MBR member communications MTG meetings and eppearances OFC office expenses PET petition direction PHO phone benks PCL polling and survey research POS postage, delivery and messenger services PFO professional services (legal, accounting) PRT pint eds	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or ceble sirtime and pro TRC candidate travel, lodging, en TRS staff/spouse travel, lodging,	duction coets of meale and meals is of the seme candidata/apone

NAME AND ADDRESS OF PAYEE OF COMMITTER, ALSO EXITER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
ANGEL DESIGNS	WEB	WEBSITE DEVEL	1000
CLINT CARLTON PLAYA VISTA CA 90094	CMP	CAMPAIGN MARKETING MATER, FLYERS	1082.65
LETTY DIAZ LONG BEACH, CA 90801	FND	BALLOONS FOR EVENT	435.00
Payments that are contributions of Independent expenditures must a	also be summerized on t	Schedule D. SUBTOTAL:	2517.65
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule E sul	btotals.)	s _	
2. Unitemized payments made this period of under \$100			
3. Total interest paid this period on loans. (Enter amount from Sche	dule B, Part 1, Column	(e).)\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter h			2517.65

Clear Sch. E

Print Form

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 666/ASK-FPPC (866/275-3772)

Schedule E (Continuation Sheet) **Payments Made**

SCHEDULE E (CONT.) Type or print in ink. Statement covers period Amounts may be rounded CALIFORNIA from 01/21/24 to whole dollars. through 02/17/24 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. HUMBER **CLINT CARLTON FOR COUNTY SUPERVISOR 2024** 1463469 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. CNS campaign consultants MBR member communications RAD radio sirtime and production costs MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)° OFC office expenses SAL campaign workers' salaries CVC civic donations PΕT petition drauleting TEL t.v. or cable sirtime and production costs FIL candidate filing/ballot fees FND fundralsing events PHO phone banks TRC candidate travel, lodging, and meets POL polling and survey research staff/spouse travel, lodging, and masis TRS TSF transfer between committees of the same candidate/sponsor IND Independent expenditure supporting/opposing others (explain)* postage, delivery and messanger services VOT voter registration
Will Information technology costs (internet, e-mail) LEG legal defense professional services (legal, accounting) print eda LIT campaign literature and mailings **!** नरा NAME AND ADDRESS OF PAYEE OF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summari zedon Schedule D.

Clear Sch. E-Con.

Print Form

FPPC Form 480 (January/05) FPPC Toll-Free Helpline: 868/ASK-FPPC (866/275-3772)

					SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.	Statement coverage of the from 01/21/24	ers period C/	FORM 460	
SEE INSTRUCTIONS ON REVERSE			through 02/17/2	24 P	'aga of
NAME OF FILER CLINT CARLTON FOR COUNTY SUPERVISOR	2024				NUMBER 163469
CODEs: If one of the following codes accurately describe CMP cempelgn paraphemetia/misc. CNS cempelgn consultants CTB contribution (explain nonmonetary)* CVC obt donations FiL candidate filing/beliot fees fundrateling events ND lace independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campelgn fiterature and mellings	se the payment, you may MBR member communication MTG meetings and appears OFC office expenses PET petition direuteting PHO phone benks POL polling and survey res PRO portessional services PRT print ade	ns nces eerch messenger services	RAD radio elettime a RFD returned contr SAL campaign wor TEL t.v. or cable al TRC candidate trav TRS staff/spouse tr	and production costs (buttons kers' selarles ritme and production el, lodging, and meal avel, lodging, end men committees of the	s esis e same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. MUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALBO REPORT ON E	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS				\$
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a	accrued expenses under	\$100.)		IRRED TOTALS	\$
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized 	payments on accrued exp	enses under \$100.)		PAID TOTALS	1
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and			NET	\$ May be a negative number

Clear Sch. F

Print Form

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

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amou	pe or print in ink nts may be roun o whole dollars.		Statement covers period 01/21/24 from 02/17/24	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE				through	Page of
NAME OFFILER CLINT CARLTON FOR COUNTY SUPERVISOR	2024				1.D, NUMBER 1463469
NAME OF AGENT OR INDEPENDENT CONTRACTOR					
CODES: If one of the following codes accurately describe	es the payment,	you may en	ter the code. O	therwise, describe the payme	nt.
CMP campaign paraphemalia/misc. CMB compaign consultants CTB contribution (explain nonmonatary)* CVC chro donations FL candidate filing/beliot fees RND fundraleing events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings * Payments that are contributions or independent expenditures must als	MTG meetings a OFC office expr PET petition cirr PHO phone bein POL polling and POS postage, d PRO profession PRT print ade	culating iks I survey research felivery and mes al services (lega	h senger services	RAD radio sintime and production RFD raturned contributions SAL campaign workers' saleries TEL t.v. or cable airdime and production TRC candidate traval, lodging, at staff/apouse traval, lodging transfer between committee voter registration WEB information technology cost	s oduction costs nd meels , end meels es of the same candidats/aponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR OF COMMITTEE, AUGO INTER LD. NUMBER!		CODE OR	DE	SCRIPTION OF PAYMENT	AMOUNT PAID
ht. Armed Limit Verso an Life Try Monthly					

 	TOTAL	•
		TOTAL*

^{*} 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.

Clear Sch. G

Print Form

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

Schedule H Loans Made to Others*		Amounts n	print in ink. nay be rounded ble dollars.		Statement con 01/21/24		CALIFORN FORM	IA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through 02/17/	24	Page	of
CLINT CARLTON FOR COUNTY	SUPERVISOR 2024						1463469	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-SAFLOYED, ENTER NAME OF BUSINESS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	(e) REPAYMENT (FORGIVENES THIS PERIO	BB CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNTOF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID PORGIVEN	DATE DUE	RATE %	\$DATE INCURRED	CALENDAR YEAR \$ PERELECTION®®
				PAID FORGIVEN	DATE DUE	PATE %	\$	CALENDAR YEAR 8 PERELECTION***
*Loans that are contributions to another candid must also be summarized on Schedule D. Loen also be reported on Schedule E.		SUBTOTALS	\$	\$	8	•	DATE POOR DE	
Schedule H Summary			4			(Enter (e) on Schedule I, Line 3)	_	
Loans made this period (Total Column (b) plus unitemized loans					\$	<u> </u>	-	**If Required
Payments received on loans (Total Column (c) plus unitemized paym					\$		-	
Net change this period. (Subtract Line (Enter the net here and on the Summar	2 from Line 1.)y Page, Column A, Line 7.)			***************************************	NET \$	be a negative number	3 -	
Clear Sch. H	Print Form				FPPC	Toll-Free Helpili	FPPC Form ne: 666/ASK-FPP	460 (January/05) C (866/275-3772)

Schedule I Miscellaneous Ind BEE INSTRUCTIONS ON REVER		Type or print in Amounts may be r to whole dolls	ounded	Statement covers period 01/21/24 through 02/17/24	CALIFORNIA 460 FORM
	FOR COUNTY SUPERVISOR 2024				1.D. NUMBER 1463469
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IP COMMITTEE, ALSO ENTER LD. NUMBER)		DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional inform	L \$				
2. Unitemized increase	to cash this periodes to cash of under \$100 this periodes			\$	_
4. Total miscellaneous	increases to cash this period. (Add Lines 1, 2, an e 14.)	d 3. Enter here and	on the		_
. 5-,	Clear Sch. I Print Form				FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)