Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		RECE	Date Stamp		FORM 460
	Statement covers period from01/01/2021	Date of election if applicable. (Month, Day, Year)	ELES COUNT 23 PM 12: 58	Fa	ge1 of7 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2021		GN FINANCE		
1. Type of Recipient Committee: All Committees - Committe	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
 State Candidate Election Committee Recall (Also Complete Part 5) ✓ General Purpose Committee Sponsored Small Contributor Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Ten ☐ Amendment (Explain bel	mination)	Suppleme	Statement Id-Year Report ntal Preelection - Attach Form 495
3. Committee information	D. NUMBER 1241920	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION		NAME OF TREASURER THOMAS RETCHLESS MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP C	ODE AREA CODE/PHONE	ARCADIA NAME OF ASSISTANT TREASURE	CA R. IF ANY	91007	
ARCADIA CA 910		David L Gould			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		MAILING ADDRESS			
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Long Beach	CA	90802	(213)489-4792
OPTIONAL: FAX/E-MAIL ADDRESS (213)489-4818 / dlgould@gouldorellana.com		OPTIONAL: FAX / E-MAIL ADDRE	SS		
Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on	ia that the foregoing is true and correct. By	nowledge the information contained here ontrolling Officeholder, Candidate, State Measure Propo	ment or Responsible Officer a	_	true and complete. I certify
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State	e Measure Proponent		FPPC Form 460 (Jan/2016)

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERF	AGI	E-PART 2
	ORNIA ORM	4	60
Page _	2	of _	7

Officeholder or Candidate Control	lled Committee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	N AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or stat	te measure p	roponent, if any.
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PR	ROPONENT	-	
	in this Statement: List any committees olled by you or are primarily formed to receive alf of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s				
COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
CITY STA	TE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
	SS (NO P.O. BOX)						
CITY STA	TE ZIP CODE AREA CODE/PHONE		Atta	ch continuation	on sheets if ne	ecessary	

Campaign Disclosure Statement

SUMMARY PAGE

Summary Page	to whole dollars.	State	ment covers period	CALIFORNIA FORM	460
EE INSTRUCTIONS ON REVERSE		from	01/01/2021		7
AME OF FILER				I.D. NUMBER	
ALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC				1241920	
	Column A	Column B	Calandar Voor Su	mmany for Candid	latoe

Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions Schedule A, Line 3	\$ 0.00	\$	0.00	A CONTRACTOR OF THE CONTRACTOR
2. Loans Received Schedule B, Line 3	0.00		800.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$	800.00	20. Contributions Received \$\$
4. Nonmonetary Contributions	0.00		0.00	24 Evenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$	800.00	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 11,204.00	\$	11,204.00	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 11,204.00	\$	11,204.00	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 11,204.00	\$	11,204.00	/\$
Current Cash Statement		Г		\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 12,544.58	To	calculate Column B. add	
13. Cash Receipts Column A, Line 3 above	0.00		mounts in Column A to the presponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	3.09	fre	om Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	11,204.00		port. Some amounts in olumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,343.67	fig	jures that should be	
If this is a termination statement, Line 16 must be zero.		pe	ubtracted from previous eriod amounts. If this is	1
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	fo	e first report being filed r this calendar year, only arry over the amounts	
Cash Equivalents and Outstanding Debts		fre	om Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$ 0.00			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 800.00			
		1		FPPC Form 460 (Jan FPPC Advice: advice@fppc.ca.gov (866/275

www.fppc.ca.gov

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.			Statement cov	vers period	CALIFORNIA FORM		
SEE INSTRUCTIONS ON REVERSE					through06/3	0/2021	Page 4	of
NAME OF FILER							I.D. NUMBER	
CALIFORNIA THOROUGHBRED BREEDERS ASSOC	IATION LOCAL PAC						1241920	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. 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 PAIL OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
California Thoroughbred Breeders Association		TEMOD		☐ PAID	LINOD			CALENDAR YEA
Arcadia, CA 91066-6018				\$O.OC	\$800.00	0.00% RATE	\$800_00	\$O_O PER ELECTION
† IND COM OTH PTY SCC		\$800_00	\$0.00	\$0.00	01/26/2008 DATE DUE	\$0.00	01/26/2007 DATE INCURRED	s
				PAID \$ FORGIVEN	s	RATE %	s	\$ PER ELECTION
TO IND COM OTH PTY SCC		\$	1	s	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEA
				FORGIVEN	,	RATE	,	PER ELECTION
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	5
		SUBTOTALS S	0.00	\$ 0.0	00\$ 800.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period	***************************************			\$	0.00			
(Total Column (b) plus unitemized loans						to	Contributor Codes	1
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)			\$	0.00	C	D – Individual DM – Recipient Co (other than TH – Other (e.g.,	PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

(May be a negative number)

SCC - Small Contributor Committee

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

Enter the net here and on the Summary Page, Column A, Line 2.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SCHEDULE E
Statement covers period		CALIFORNIA 460
from	01/01/2021	FORM 400
through .	06/30/2021	Page _5 _ of _ 7
		I.D. NUMBER
		1241920

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.

OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants		meetings and appearances		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 LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Secretary of State Sacramento, CA 95814-	CMP	Annual Committee Fee 2021	200.00
California Thoroughbred Breeders Association Arcadia, CA 91066-6018	CMP	Lobbying Expenses	11,004.00

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 01/01/2021	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE		through 06/30/2021	Page6 of7	
NAME OF FILER			I.D. NUMBER	
CALIFORNIA THOROUGHBRED BREEDERS ASSOCIATION LOCAL PAC			1241920	
NAME OF AGENT OR INDEPENDENT CONTRACTOR				

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 RFD returned contributions CNS campaign consultants MTG meetings and appearances 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 TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research

independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor ND POS legal defense professional services (legal, accounting) VOT voter registration LEG LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

California Thoroughbred Breeders Association

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Eclipse Government Affairs LLC	CNS	Lobbying	11,004.0
Sacramento, CA 95833			
ttach additional information on appropriately labeled continuation s	heats		TOTAL* \$ 11,004.0

* 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.

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

Schedule I						SCHEDULE		
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.		Statement co	vers period	CALIFORNIA Z	60	
SEE INSTRUCTIONS ON REVERS	SE			through06/3	0/2021	Page7 of	7	
NAME OF FILER						I.D. NUMBER		
CALIFORNIA THOROUGHBRE	D BREEDERS ASSOCIATION LOCAL PAC					1241920		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF RECEIP	т	AMOUNT OF INCREASE TO CA	SH	
			100					
							-	
Attach additional inform	nation on appropriately labeled continuation sheets.				SUBTOTAL	;	0.00	
Schedule I Summa	rv							
	o cash this period			\$	0.00			
2. Unitemized increase	s to cash of under \$100 this period			\$	3.09			
Total of all interest re	eceived this period on loans made to others. (Sche	edule H, Colur	mn (e).)	\$	0.00			
	increases to cash this period. (Add Lines 1, 2, an			TOTAL \$_	3.09			