

**Major Donor and
Independent Expenditure Committee
Campaign Statement**

SEE INSTRUCTIONS ON INVERSE

Statement covers period
from 01/01/2023
through 06/30/2023

Date of election if applicable:
(Month, Day, Year)

Date Stamp

JUL 17 23 PM 5:23
CITY OF MERCED

**CALIFORNIA
FORM 461**

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For Official Use Only

1. Name and Address of Filer

NAME OF FILER

TransCounty Title Company

RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET)

635 West 19th Street

CITY STATE ZIP CODE

Merced, CA 95340

RESPONSIBLE OFFICER
(If filer is other than an individual)

Peg Larson

AREA CODE/DAYTIME PHONE

209-383-4660

2. Nature and Interests of Filer

(Complete each applicable section.)

- A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS

BUSINESS INTERESTS

ADDRESS OF EMPLOYER/BUSINESS

- A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

Title Company

- A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

- A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 25,000.00
2. Unitemized expenditures and contributions (including loans) under \$100 made this period \$ 0.00
3. Total expenditures and contributions made this period. (Add Lines 1 + 2.) \$ 25,000.00
4. Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) \$ 0.00
5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.) \$ 25,000.00

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 07/13/2023

DATE

By

SIGNATURE OF INDIVIDUAL DONOR OR RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL

Amendment (Explain): _____

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

TransCounty Title Company

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (If Other than Monetary Contribution or Loan)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
03/24/2023	Committee for a Safer Merced 9460 Tegner Road Hilmar, CA 95324 1458901	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Merced Vital City Services Protection Measure <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	25,000.00	25,000.00

SUBTOTAL \$ 25,000.00