

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in Ink.

Date Stamp RECEIVED SEP 24 2015 BELMONT CITY CLERK	CALIFORNIA FORM 460
	Page <u>1</u> of <u>9</u>
	For Official Use Only

Statement covers period
from Jan 1 2015
through Sept 24 2015

Date of election if applicable:
(Month, Day, Year)
Nov 3 2015

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1378948

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

Davina Hurt for Belmont City Council 2015

STREET ADDRESS (NO P.O. BOX)

1512 Harbor Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Belmont	CA	94002	650 575 0656

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

Treasurer(s)

NAME OF TREASURER
Matthias Hausner

MAILING ADDRESS

1512 Harbor Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Belmont	CA	94002	650 575 0656

NAME OF ASSISTANT TREASURER, IF ANY

Davina Hurt

MAILING ADDRESS

1512 Harbor Blvd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Belmont	CA	94002	408 802 0001

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 9/29/2015
Date

Executed on 9/24/2015
Date

Executed on _____
Date

Executed on _____
Date

By *Matthias Hausner*
Signature of Treasurer or Assistant Treasurer

By *Davina Hurt*
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**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		460
Page	2	of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Davina Hurt

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council member, City of Belmont, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1512 Harbor Blvd Belmont, CA 94002

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<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
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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from <u>Jan 1 2015</u> through <u>Sept 24 2015</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>4</u>	I.D. NUMBER 1378948

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Davina Hurt for Belmont City Council 2015

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>5646.00</u>	\$ <u>5646.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	\$ <u>2000.00</u>	\$ <u>2000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>7646.00</u>	\$ <u>7646.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	\$ _____	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>7646.00</u>	\$ <u>7646.00</u>

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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>2943.90</u>	\$ <u>2943.90</u>
7. Loans Made <i>Schedule H, Line 3</i>	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>2943.90</u>	\$ <u>2943.90</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	\$ _____	\$ _____
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>2943.90</u>	\$ <u>2943.90</u>

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 <i>Previous Summary Page, Line 16</i>	\$ <u>0</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	\$ <u>7646.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	\$ _____
15. Cash Payments <i>Column A, Line 8 above</i>	\$ <u>2943.90</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>4702.10</u>

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 <i>Schedule B, Part 2</i>	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ _____

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>Jan 1 2015</u> through <u>Sept 24 2015</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Davina Hurt for Belmont City Council 2015	I.D. NUMBER 1378948
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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)
	See "Schedule A" attachment for itemized contributors	<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				
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>4,800.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>846.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>5,646.00</u>

***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: Monetary Contributions received Jan 1 2015 - Sept 24 2015
 Davina Hurt for Belmont City Council 2015 -- FPPC ID 1378948

Date received	Name	Address	Amount received this period	Cumulative amount received	Code	Occupation	Employer
7/27/2015	Jeffrey Selman	[REDACTED] Belmont, CA 94002	\$100.00	\$100.00	IND	Attorney	Crowell Moring
7/27/2015	Charles Stone	[REDACTED] Belmont, CA 94002	\$250.00	\$250.00	IND	Attorney	Self-employed
7/27/2015	Barry Rowland	[REDACTED] Belmont, CA 94002-1448	\$100.00	\$100.00	IND	Operations Project Lead	Novartis
7/29/2015	Alyce Tognotti	[REDACTED] Belmont, CA 94002	\$100.00	\$100.00	IND	Consultant	Self-employed
8/2/2015	Kenneth Dauber	[REDACTED] Palo Alto, CA 94306	\$150.00	\$150.00	IND	Software Engineer	Google
8/3/2015	Tim Hoffman	[REDACTED] Belmont, CA 94002	\$100.00	\$100.00	IND	Member/VP	Crossfield Associates LLC
8/6/2015	Warren Gibson	[REDACTED] Belmont, CA 94002	\$100.00	\$100.00	IND	Lecturer	San Jose State Univ.
8/6/2015	Matthew B Kerby	[REDACTED] Belmont, CA 94002	\$500.00	\$500.00	IND	CEO	CytoMag
8/8/2015	Karen Shane	[REDACTED] San Mateo, CA 94402	\$100.00	\$100.00	IND	Project Manager	Hewlet Packard
8/10/2015	Robert Tashjian	[REDACTED] Belmont, CA 94002	\$250.00	\$250.00	IND	Attorney	U.S. Securities and Exchange Commission
8/11/2015	Kevin Sullivan	[REDACTED] Belmont, CA 94002	\$100.00	\$100.00	IND	Stagehand	IATSE Local 16
8/13/2015	Craig Howard	[REDACTED] Belmont, CA 94002	\$100.00	\$100.00	IND	Developer	Lynx Software
8/14/2015	Thomas McCune	[REDACTED] Belmont, CA 94002	\$150.00	\$150.00	IND	Architect	Kobalt Brands, Inc.
8/14/2015	Mary Morrissey Parden	[REDACTED] Belmont, CA 94002	\$100.00	\$100.00	IND	Insurance Agent	The Parden Agency
8/14/2015	Lenore Griffin	[REDACTED] Belmont, CA 94002	\$100.00	\$100.00	IND	Retired	
8/15/2015	Chris Keller	[REDACTED] Belmont, CA 94002	\$100.00	\$100.00	IND	Retired	

Schedule A: Monetary Contributions received Jan 1 2015 - Sept 24 2015
 Davina Hurt for Belmont City Council 2015 -- FPPC ID 1378948

Date received	Name	Address	Amount received this period	Cumulative amount received	Code	Occupation	Employer
8/15/2015	Cameron Johnson	[REDACTED] San Carlos, CA 94070	\$100.00	\$100.00	IND	Product Manager	Netflix
8/17/2015	Tooleman Enterprises LLC DBA Toole's Garage	1065 Washington Street San Carlos, Ca. 94070	\$200.00	\$200.00	OTH		
8/18/2015	AFSCME AFL-CIO Local 829 PAC ID 841864	1301 Soreway Rd Suite 155 Belmont, Ca. 94002	\$500.00	\$500.00	OTH		
8/20/2015	Stephen Gross	[REDACTED] Belmont, CA 94002	\$100.00	\$100.00	IND	Retailer	self-employed
8/22/2015	Emy and Jim Thurber	[REDACTED] Los Altos, CA 94024	\$100.00	\$100.00	IND	Retired	
8/25/2015	Pamela Clarke	[REDACTED] Belmont, CA 94002	\$250.00	\$250.00	IND	Owner	Merry Moppet Nursery School, Inc.
9/7/2015	Claus Wallacher	[REDACTED] Belmont, Ca. 94002	\$100.00	\$100.00	IND	Software Engineer	SAP Labs
9/7/2015	Nancy Yum	[REDACTED] Belmont, Ca. 94002	\$100.00	\$100.00	IND	Homemaker	self-employed
8/27/2015	Kerry MacDonald	[REDACTED] Belmont, CA 94002	\$100.00	\$100.00	IND	Structural Engineer	Hohbach-Lewin
9/15/2015	American Federation of State, County & Municipal Employees PAC ID 1313474	555 Capitol Mall #1425 Sacramento, CA 95814	\$500.00	\$500.00	OTH		
9/15/2015	Merry Moppet Preschool	2200 Carlmont Drive Belmont, CA 94002	\$250.00	\$250.00	OTH		
9/19/2015	Nicole Fernandez	[REDACTED] San Mateo, CA 94401	\$100.00	\$100.00	IND	Field representative	Senator Jerry Hill

**Schedule B – Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>Jan 1 2015</u> through <u>Sept 24¹⁹ 2015</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Davina Hurt for Belmont City Council 2015

I.D. NUMBER

1378948

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
Matthias Hausner and Davina Hurt 1512 Harbor Blvd Belmont, CA 94002	Software Engineer Google, Inc.	\$ 0	\$ 2000	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 2000 DATE DUE _____	0 % RATE \$ 0	\$ 2000 8/7/2015 DATE INCURRED	CALENDAR YEAR 2050 PER ELECTION** \$ _____
† <input checked="" 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** \$ _____
† <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** \$ _____
SUBTOTALS		\$	\$	\$	\$			

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 2000
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$ 2000**
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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	Jan 1 2015	
through	Sept 24 2015	Page 8 of 9
NAME OF FILER		I.D. NUMBER
Davina Hurt for Belmont City Council 2015		1378948

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Davina Hurt for Belmont City Council 2015

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 |
| CNS campaign consultants | MTG meetings and appearances | RFD 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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paypal 2211 N 1st St San Jose, CA 95131	FND	Fundraising fees	103.35
Trader Joe's 1482 El Camino Real San Carlos, CA 94070	FND	Campaign kick-off	121.23
City of Belmont 1 Twin Pines Ln Belmont, CA 94002	FND	Twin pines manor rent	400

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2,792.15
2. Unitemized payments made this period of under \$100	\$	151.75
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	2,943.90

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	Jan 1 2015	
through	Sept 24 2015	Page <u>9</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Davina Hurt for Belmont City Council 2015		1378948

SEE INSTRUCTIONS ON REVERSE

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 |
| CNS campaign consultants | MTG meetings and appearances | RFD 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 |
| FL 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 |
| ND 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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Service Press 935 Tanklage Rd San Carlos CA 94070	CMP	Lawn signs	1,741.82
Political Data Inc PO Box 90652 Norwalk, CA 90652	CMP	Walk list	179.10
San Mateo County Democratic Party 751 Laurel Street, San Carlos, CA 94070 FPPC# 882509 FEC ID# C00409359	LIT	Slate mailer fee	350

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

SUBTOTAL \$ 2270.92