

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED stamp: OCT 19 2009, BELMONT CITY CLERK. CALIFORNIA FORM 460, Page 1 of 7.

Statement covers period from 9-20-2009 through 10-17-2009

Date of election if applicable: 11-3-2009

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee (checked)
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement (checked)
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement

3. Committee Information

I.D. NUMBER FPPC 1321063

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) LIEBERMAN FOR BELMONT CITY COUNCIL, 2009

STREET ADDRESS (NO P.O. BOX) 824 MIRAMAR TERRACE

CITY STATE ZIP CODE AREA CODE/PHONE BELMONT CA 94002 650 620-0000

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER HAROLD E. MARSH, JR

MAILING ADDRESS 5 DEBBIE LANE

CITY STATE ZIP CODE AREA CODE/PHONE BELMONT CA 94002 650-593-6733

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 10-18-2009 Date

Executed on 10/18/09 Date

Executed on Date

Executed on Date

Signature of Harold E. Marsh, Jr. Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

|                    |   |            |
|--------------------|---|------------|
| CALIFORNIA<br>FORM |   | <b>460</b> |
| Page               | 2 | of 7       |

**5. Officeholder or Candidate Controlled Committee** *FPE 1321063*

NAME OF OFFICEHOLDER OR CANDIDATE  
WARREN LIEBERMAN

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
824 MIRAMAR TERRACE, 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?<br><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?<br><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<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from <u>9-20-2009</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>10-17-2009</u>                        |                                |
| Page <u>3</u> of <u>7</u>                        | I.D. NUMBER<br><u>1321063</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WARREN LIEBERMAN

| Contributions Received                                | Column A                                       | Column B                       | Calendar Year Summary for Candidates<br>Running in Both the State Primary and<br>General Elections |                   |
|---|--|--------------------------------|--|-------------------|
|   | TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | CALENDAR YEAR<br>TOTAL TO DATE | 1/1 through 6/30   | 7/1 to Date       |
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>1,435.00</u>                             | \$ <u>1,535.00</u>             |  |                   |
| 2. Loans Received ..... Schedule B, Line 3            | <u>1,500.00</u>                                | <u>1,500.00</u>                |  |                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>2,935.00</u>                             | \$ <u>3,035.00</u>             |  |                   |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>-0-</u>                                     | <u>-0-</u>                     |  |                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>2,935.00</u>                             | \$ <u>3,035.00</u>             | 20. Contributions Received   | \$ _____ \$ _____ |
|   |  |                                | 21. Expenditures Made  | \$ _____ \$ _____ |

| Expenditures Made   | Column A           | Column B           | Expenditure Limit Summary for State<br>Candidates                                |               |
|---|--------------------|--------------------|--|---------------|
|   |                    |                    | Date of Election<br>(mm/dd/yy)   | Total to Date |
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>1,550.52</u> | \$ <u>1,550.52</u> |  |               |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>-0-</u>         | <u>-0-</u>         |  |               |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>1,550.52</u> | \$ <u>1,550.52</u> |  |               |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>-0-</u>         | <u>-0-</u>         |  |               |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>-0-</u>         | <u>-0-</u>         |  |               |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>1,550.52</u> | \$ <u>1,550.52</u> |  |               |
|   |                    |                    | 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
|   |                    |                    | <u>1</u> / <u>1</u> / _____  | \$ _____      |
|   |                    |                    | <u>1</u> / <u>1</u> / _____  | \$ _____      |

| Current Cash Statement  |                    |
|---|--------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>100.00</u>   |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>2,935.00</u>    |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>-0-</u>         |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>1,550.52</u>    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>1,484.48</u> |
| <i>If this is a termination statement, Line 16 must be zero.</i>            |                    |

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).

|   |               |
|---|---------------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ <u>-0-</u> |
|---|---------------|

| Cash Equivalents and Outstanding Debts                            |               |
|---|---------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>-0-</u> |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>-0-</u> |

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>9-20-09</u><br>through <u>10-17-09</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>4</u> of <u>7</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WARREN LIEBERMAN

I.D. NUMBER

1321063

| 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) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 9-27-09       | ROBERT W. LEDOOK -   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | INVESTMENT CONSULTANT<br>ROBERT LEDOOK CONSULTING  | \$100.00                    | \$100.00  |                                    |
| 10-4-09       | JAMES SCHEINMAN  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | PRINCIPAL<br>MAVEN VENTURES  | \$125.00                    | \$125.00  |                                    |
| 10-4-09       | EMILY SCHEINMAN  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | PRINCIPAL<br>BARBARA SEED BOOK FAIRS   | \$125.00                    | \$125.00  |                                    |
| 10-17-09      | RUSSELL J. ELLIS   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | LECTURER<br>STANFORD UNIVERSITY  | \$125.00                    | \$195.00  |                                    |
| 10-17-09      | JENNIFER M. ELLIS  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | HOMEMAKER  | \$125.00                    | \$125.00  |                                    |
| SUBTOTAL \$   |  |   |  | <u>600.00</u>               | <u>600.00</u>                                       |                                    |

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,350.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 85.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,435.00

\*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 (Continuation Sheet)  
 Monetary Contributions Received

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

SCHEDULE A (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>9-20-2009</u><br>through <u>10-17-2009</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>5</u> of <u>7</u>  |

NAME OF FILER: WARREN LIEBERMAN I.D. NUMBER: 1321063

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID 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) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 10-15-09      | AARON HELLER  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | COMPUTER SCIENTIST<br>SRI INTERNATIONAL  | \$250.00                    | \$250.00  |                                    |
| 10-17-09      | CHARLENE MERCADANTE   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | HOME MAKER   | \$250.00                    | \$250.00  |                                    |
| 10-17-09      | PAUL MERCADANTE   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | MANAGING DIRECTOR<br>SILVERHAWK PARTNERS   | \$250.00                    | \$250.00  |                                    |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
| SUBTOTAL \$   |   |   |  |                             | <u>750.00</u>                                       | <u>750.00</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 B - Part 1  
Loans Received**

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

Statement covers period  
from 9-20-2009  
through 10-17-2009

**CALIFORNIA FORM 460**

Page 6 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WARREN LIEBERMAN

I.D. NUMBER

1321063

| 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  |
|--|--|---|---------------------------------|--|--|----------------------------------|--|---|
| <u>WARREN LIEBERMAN<br/>824 MIRAMAR TERRACE<br/>BELMONT, CA 94002</u><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Principal<br/>VERITEC<br/>SOLUTIONS</u>   | <u>\$ -0-</u>                                 | <u>\$ 1,500.<sup>00</sup></u>   | <input type="checkbox"/> PAID<br><u>\$ -0-</u><br><input type="checkbox"/> FORGIVEN<br><u>\$ -0-</u> | <u>\$ 1,500.<sup>00</sup></u><br><u>N.A.</u><br>DATE DUE | <u>-0-</u><br>RATE<br><u>-0-</u> | <u>\$ 1,500.<sup>00</sup></u><br><u>10-1-09</u><br>DATE INCURRED | CALENDAR YEAR<br><u>\$ 1,500.<sup>00</sup></u><br>PER ELECTION**<br><u>\$</u> |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |  | \$ _____                                      | \$ _____                        | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____           | \$ _____<br>DATE DUE                                     | _____%<br>RATE                   | \$ _____<br>DATE INCURRED  | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____                       |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |  | \$ _____                                      | \$ _____                        | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____           | \$ _____<br>DATE DUE                                     | _____%<br>RATE                   | \$ _____<br>DATE INCURRED  | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____                       |
| <b>SUBTOTALS</b>   |  | <u>\$ 1,500.</u>                              | <u>\$ -0-</u>                   | <u>\$ 1,500.</u>   | <u>\$ -0-</u>  |                                  |  |   |

**Schedule B Summary**

1. Loans received this period ..... \$ 1,500.<sup>00</sup>  
(Total Column (b) plus unitemized loans of less than \$100.)
2. 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.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 1,500.<sup>00</sup>  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

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

†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.

SCHEDULE E

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>9-20-2009</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>10-17-2009</u>                        |                                |
| Page <u>7</u> of <u>7</u>                        | I.D. NUMBER<br><u>1321063</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WARREN LIEBERMAN

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | CODE OR    | DESCRIPTION OF PAYMENT | AMOUNT PAID        |
|---|------------|------------------------|--------------------|
| <u>FASTSIGNS - SAN MATEO<br/>2130 SO. EL CAMINO REAL<br/>SAN MATEO, CA 94403</u>                            | <u>CMP</u> |                        | <u>\$ 1,167.34</u> |
| <u>SAN MATEO COUNTY DEMOCRATIC PARTY<br/>FPPC 882509 751 LAUREL STREET BOX 702<br/>SAN CARLOS, CA 94070</u> | <u>LIT</u> |                        | <u>\$ 250.00</u>   |
| <u>SAN MATEO COUNTY ELECTIONS<br/>40 TOWER ROAD<br/>SAN MATEO, CA 94402</u>                                 | <u>CMP</u> |                        | <u>\$ 133.18</u>   |

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

**SUBTOTAL \$** 1,550.52

**Schedule E Summary**

|  |                                 |
|--|---------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$ <u>1,550.52</u>              |
| 2. Unitemized payments made this period of under \$100 .....   | \$ <u>-0-</u>                   |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$ <u>-0-</u>                   |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> <u>1,550.52</u> |