Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp: RECEIVED SEP 25 2018 BELMONT CITY CLERK

CALIFORNIA FORM 460

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1/1/2018 through 9/22/2018

Date of election if applicable: (Month, Day, Year) 11/6/2018

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

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
  - *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
  - *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1409848

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Warren Lieberman for Belmont City Council 2018

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Belmont	CA	94002	[redacted]

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
Robert Ledoux

MAILING ADDRESS
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Belmont	CA	94002	[redacted]

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 9/22/18 (Date) By Robert Ledoux (Signature of Treasurer or Assistant Treasurer)

Executed on 9/22/18 (Date) By Warren Lieberm (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Warren Lieberman

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP
[redacted] | 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? ☐ YES ☐ 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? ☐ YES ☐ 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	☐ SUPPORT ☐ 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1/1/2018 through 9/22/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Warren Lieberman

I.D. NUMBER
1409848

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 2,435	$ 2,435
2. Loans Received	*Schedule B, Line 3*		
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 2,435	$ 2,435
4. Nonmonetary Contributions	*Schedule C, Line 3*		
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 2,435	$ 2,435

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 2,232.36	$ 2,232.36
7. Loans Made	*Schedule H, Line 3*		
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 2.232.36	$ 2.232.36
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*		
10. Nonmonetary Adjustment	*Schedule C, Line 3*		
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 2,232.36	$ 2,232.36

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0
13. Cash Receipts	*Column A, Line 3 above*	2,435.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	
15. Cash Payments	*Column A, Line 8 above*	2,232.36
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 202.64

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — *See instructions on reverse* — $

19. Outstanding Debts — *Add Line 2 + Line 9 in Column B above* — $

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).

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	$	$

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
___/___/___	$
___/___/___	$

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 1/1/18
through 9/22/18

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Warren Lieberman

I.D. NUMBER: 140 9848

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)
8/27/18	Charles Stone For Belmont City Council 2018 FPPC 1358123 [redacted] Belmont, CA 94002	☐IND ☒COM ☐OTH ☐PTY ☐SCC		250.00	250.00	
8/27/18	Kevin Mullin For Assembly 2018 FPPC 1392828 400 CAPITAL MALL STE 1545 SACRAMENTO, CA 95814	☐IND ☒COM ☐OTH ☐PTY ☐SCC		250.00	250.00	
8/30/18	LAURA Reed [redacted] Belmont, CA 94002	☒IND ☐COM ☐OTH ☐PTY ☐SCC	None	100.00	100.00	
9/1/18	Douglas Kim [redacted] Belmont CA 94002	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Doug Kim Transportation/Environmental Planner Impact Sciences	250.00	250.00	
9/1/18	Katherine Kim [redacted] Los Altos, CA 94022	☒IND ☐COM ☐OTH ☐PTY ☐SCC	None	150.00	150.00	
			SUBTOTAL $	1,000.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 2,225
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 210
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2,435

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 1/1/18 through 9/22/18

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NAME OF FILER: Warren Lieberman

I.D. NUMBER: 1409848

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)
8/13	Robert Ledoux [redacted] Belmont, CA 94002	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investment Consultant; self employed Robert Ledoux	25.00	25.00	25.00
8/16	Lenore Griffin [redacted] Ave Belmont, CA 94002	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	150.00	150.00	150.00
9/1	Michael Davies [redacted] Belmont, CA 94002	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO, TopDown Consulting, Inc	100.00	100.00	100.00
9/4	John [redacted] Violet [redacted] Dr Belmont, CA 94002	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Treasurer, City of Belmont	250.00	250.00	250.00
9/6	American Federation of State, County & Municipal Employees - Council 57 ID 1313474 555 Capitol Mall, Suite 400 Sacramento CA 95814	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		250.00	250.00	250.00
			SUBTOTAL $	775.00		

*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
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 1/1/18
through 9/22/18

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NAME OF FILER Warren Lieberman

I.D. NUMBER 1409848

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)
9/7/2018	Mary Morrissey Parden and John Parden [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Farmers Insurance Group Insurance Agents (a Belmont business)	250.00	250.00	250.00
9/17/18	Adele Della-SANTINA [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Coldwell Banker Realtor	$200	$200	$200.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	450		

Schedule A Summary

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

*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 E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2018
through 9/22/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Warren Lieberman

I.D. NUMBER
1409848

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
Secretary of State 1500 11th St, RM 495 Sacramento, CA 95814	FIL		$50.00
Warren Lieberman [redacted] Belmont, CA 94002	WEB	For Website, Namecheap; wwwnamecheap.com	$11.16
Warren Lieberman [redacted] Belmont, CA 94002	WEB	For WordPress; www.wordpress.com	$300.00

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

SUBTOTAL $ $361.16

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$	$2,104.48
2. Unitemized payments made this period of under $100	$	127.88
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	**TOTAL $**	2,232.36

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 1/1/2018 through 9/22/2018

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NAME OF FILER
Warren Lieberman

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1409848

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
Warren Lieberman [redacted] Belmont, CA 94002	FND	For San Mateo County Democratic Party 751 Laurel St San Carlos, CA 94070 FPPC 882509 FEC ID C00409359	$250.00
San Mateo County Elections Office 40 Tower Rd San Mateo, CA	VOT		$125.00
San Mateo County Democratic Party 751 Laurel St San Carlos, CA 94070 FPPC 882509 FEC ID C00409359	LIT		$450.00
Warren Lieberman [redacted] Belmont, CA 94002	CMP	For Fast Signs 2130 S El Camino Real San Mateo, CA 94403	$918.32

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

SUBTOTAL $ 1,743.32