Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp

CALIFORNIA FORM **460**

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2020
through 9/19/2020

Date of election if applicable: (Month, Day, Year)
11/3/20

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: 1420087

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Re-elect Davina Hurt for Belmont City Council 2020

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

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

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

Treasurer(s)

NAME OF TREASURER
John Violet

MAILING ADDRESS
[redacted]

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

[redacted]

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the [redacted] the [redacted] certify under penalty of perjury under the laws of the State of California that the foregoing is true a[redacted]rect.

[redacted]/4/2020

[redacted]/24/[redacted]

Signature of Controlling Officeholder, Candidate, State Measure Proponent, [redacted] Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Davina Hurt

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

Belmont City Council

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 7/1/2020
through 9/19/2020

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Davina Hurt

I.D. NUMBER
1420087

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 7494.00	$ 8994.00
2. Loans Received	*Schedule B, Line 3*	0.00	500.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 7494.00	$ 9494.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 7494.00	$ 9494.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 1718.14	$ 1718.14
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 1718.14	$ 1718.14
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 1718.14	$ 1718.14

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 2000.00
13. Cash Receipts	*Column A, Line 3 above*	7494.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	1718.14
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 7775.86

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

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 7/1/2020
through 9/19/2020

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Davina Hurt

I.D. NUMBER
1420087

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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/7/2020	Adele Della Santina [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed	500.00	500.00	
7/10/2020	Patricia Seith [redacted] Redwood City, CA 94063	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed	250.00	250.00	
7/13/2020	Josh Powell [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Software Engineer Roblox	100.00	100.00	
7/14/2020	Jason Born [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Property Manager Born Real Estate, Inc	500.00	500.00	
7/15/2020	Don Cecil [redacted] San Francisco, CA 94158	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Self Employed	500.00	500.00	
			SUBTOTAL $	1850.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 6900.00

2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 594.00

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 7494.00

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/2020
through 9/19/2020

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NAME OF FILER
Davina Hurt

I.D. NUMBER
1420087

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/21/2020	Marni Rubin [redacted] San Carlos, CA 94070	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed	100.00	100.00	
7/27/2020	Marlyn Bussey [redacted] San Francisco, CA 94124	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Pastor AME Zion Church	100.00	100.00	
7/28/2020	Candra Williams [redacted] Foster City, CA 94404	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Regulatory Affairs Gilead Sciences Inc	100.00	100.00	
7/28/2020	Jerry Hill [redacted] San Mateo, CA 94402	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	State Senator Calif State Senate	200.00	200.00	
7/31/2020	Jay Strauss [redacted] San Carlos, CA 94070	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed	100.00	100.00	
			SUBTOTAL $	600.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/2020
through 9/19/2020

CALIFORNIA FORM 460

NAME OF FILER
Davina Hurt

I.D. NUMBER
1420087

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/3/2020	Linda Gentry [redacted] Oakely, CA 94561	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Office Manager Trans Bay Cable	100.00	100.00	
8/3/2020	Lenore Griffin [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Belmont Motel	150.00	150.00	
8/4/2020	Olivier Y Flewellen [redacted] San Francisco, CA 94124	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed	100.00	100.00	
8/4/2020	St James AME Zion Church 825 Monte Diablo Ave San Mateo, CA 94401	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		300.00	300.00	
8/6/2020	Adam Rak [redacted] San Carlos, CA 94070	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Vatoca Partners	100.00	100.00	
			SUBTOTAL $	750.00		

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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 7/1/2020
through 9/19/2020

CALIFORNIA FORM 460

NAME OF FILER
Davina Hurt

I.D. NUMBER
1420087

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/10/2020	Nancy Yum [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed	250.00	250.00	
8/11/2020	Deborah Sanchez [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sales Access Partners	100.00	100.00	
8/17/2020	International Brotherhood of Electrical Workers 1701 Leslie St San Mateo, CA 94402	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	Political Action Comm Local Union No. 617 ID#1420087	500.00	500.00	
8/18/2020	Sara McDowell [redacted] San Carlos, CA 94070	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Councilmember City of San Carlos	100.00	100.00	
8/19/2020	William Aydelott [redacted] San Carlos, CA 94070	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Self Employed	250.00	250.00	
			SUBTOTAL $	1200.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/2020
through 9/19/2020

CALIFORNIA FORM 460

NAME OF FILER
Davina Hurt

I.D. NUMBER
1420087

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2020	Adam Wantz [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consulting Economist Wantz Economics LLC	250.00	250.00	
8/19/2020	Patricia Leggett-Wantz [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed	250.00	250.00	
8/19/2020	Stephen Hayes [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed	100.00	100.00	
8/20/2020	Winifred Kwofie [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Civil Engineer Cal State Univ - East Bay	100.00	100.00	
8/21/2020	Lindsay Bussey [redacted] San Francisco, CA 94124	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher SMUHSD	100.00	100.00	
			SUBTOTAL $	800.00		

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/2020
through 9/19/2020

CALIFORNIA FORM 460

NAME OF FILER
Davina Hurt

I.D. NUMBER
1420087

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/24/2020	Joel Hurt [redacted] Blackhawk, CA 94506	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President Leica Geosystems	250.00	250.00	
8/27/2020	Matt Kerby [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Scientist x-37 Service Co. Inc	100.00	100.00	
8/27/2020	California Apartment Assoc. PAC 980 Ninth St Suite 1430 Sacramento, CA 95814	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	ID # 745208	500.00	500.00	
8/30/2020	Karl Mittelstadt [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed	100.00	100.00	
8/31/2020	Julia Mates [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Councilmember City of Belmont	250.00	250.00	
			SUBTOTAL $	1200.00		

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/2020
through 9/19/2020

CALIFORNIA FORM 460

NAME OF FILER
Davina Hurt

I.D. NUMBER
1420087

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2020	Haifa Khoury [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor Sotheby's Int'l Realty	200.00	200.00	
9/3/2020	Andrew Byrnes [redacted] Redwood City, CA 94061	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Getaround	100.00	100.00	
9/11/2020	Laurent Gharda [redacted] Belmont, CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO LinMin Corp.	100.00	100.00	
9/16/2020	David Canepa For Supervisor 2024 20 Park Road, Suite E Burlingame, CA 94010	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	County Supervisor San Mateo County FPPC ID# 1399463	100.00	100.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $ 500.00			

*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 B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/2020
through 9/19/2020

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Davina Hurt

I.D. NUMBER
1420087

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
Davina Hurt [redacted] Belmont, CA 94002 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Self Employed	$ 500.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 500.00 DATE DUE	0.0 % RATE $ 0.00	$ 500.00 6/30/2020 DATE INCURRED	CALENDAR YEAR $ 500.00 PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
	SUBTOTALS	$ 0.00	$ 0.00		$ 500.00	$ 0.00		

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

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (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 $ 0.00
   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

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/2020
through 9/19/2020

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Davina Hurt

I.D. NUMBER
1420087

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Secretary of State - Political Reform Division 1500 11th Street, Rm 495 - Sacramento, CA 95814	FIL	Campaign committee formation fee	50.00
San Mateo County Democratic Central Committee FPPC #882509 c/o CJ & Associates, Inc - 7909 Walerga Rd, Ste 112-1121 - Antelope, CA 95843	LIT	Slate card mailing	350.00
Cal Sal Voter Guides - FPPC #1368249 22410 Hawthorne Blvd, Ste 5 - Torrance, CA 90505	LIT	Voter guides	339.00

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

SUBTOTAL $ 739.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1718.14
2. Unitemized payments made this period of under $100 ..... $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 1718.14

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 7/1/2020
through 9/19/2020

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Davina Hurt

I.D. NUMBER
1420087

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
Election Digest - FPPC #1345303 22410 Hawthorne Blvd, Suite 5 - Torrance, CA 90505	LIT	Election digest	657.00
Squarespace www.squarespace.com	WEB	Website hosting fee	115.20
Vantiv eCommerce www.vantiv.com	WEB	Payment processing fees	124.14
ActBlue www.actblue.com	WEB	Payment processing fees	82.80

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

SUBTOTAL $ 979.14