**Recipient Committee**
**Campaign Statement**
**Cover Page**

**Statement covers period**
from 10/23/2016
to 12/31/2016

**Date of election if applicable:**
(Month, Day, Year)
11/08/2016

**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 6)
- [ ] 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)
- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [x] Termination Statement
  (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)

**3. Committee Information**

**COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):**
Braxton Lethco for Daly City Council 2016

**I.D. NUMBER:**
13902043

**STREET ADDRESS (NO P.O. BOX):**
Braxton Lethco
1
Daly City, CA 94014

**MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:**
Daly City
CA 94014

**NAME OF TREASURER:**
Braxton Lethco

**MAILING ADDRESS:**
Daly City
CA 94014

**NAME OF ASSISTANT TREASURER, IF ANY:**

**MAILING ADDRESS:**

**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:**
1-31-2017

**By:**
Signature of Treasurer

**Executed on:**
1-31-2017

**By:**
Signature of Controlling Officholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

**Executed on:**

**By:**
Signature of Controlling Officholder, Candidate, State Measure Proponent

**Executed on:**

**By:**
Signature of Controlling Officholder, Candidate, State Measure Proponent

**FPPC Form 460 (Jan/2016)**
**FPPC Advice: advice@fppc.ca.gov (866/275-3772)**
**www.fppc.ca.gov**
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Braxton Lethco

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

Daly City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   CITY   STATE   ZIP

Daly City   CA   94014

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

---

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 PROPOSER

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
## Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>244</td>
<td>2424</td>
</tr>
<tr>
<td>Loans Received</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>244</td>
<td>2424</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>244</td>
<td>2424</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>249.63</td>
<td>2424</td>
</tr>
<tr>
<td>Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>249.63</td>
<td>2424</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>249.63</td>
<td>2424</td>
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</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>5.63</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>244</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>249.63</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>0.00</td>
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</tbody>
</table>

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

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
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</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>0</td>
</tr>
<tr>
<td>Outstanding Debts</td>
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</tbody>
</table>

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions Received</td>
<td>0</td>
<td>2424</td>
</tr>
<tr>
<td>Expenditures Made</td>
<td>0</td>
<td>2424</td>
</tr>
</tbody>
</table>
## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .......................................................... $ 209

2. Amount received this period – unitemized monetary contributions of less than $100 .......................................................... $ 35

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).................. TOTAL $ 244

*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

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www.fppc.ca.gov
Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/2016 through 12/31/2016

NAME OF FILER
Braxton Lethco

I.D. NUMBER
13902043

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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 249.63
2. Unitemized payments made this period of under $100. $ 0
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 $ 249.63

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