1. **Type of Recipient Committee:**
   - All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
   - (Also Complete Part 5)
   - [□] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored
   - (Also Complete Part 5)
   - [□] General Purpose Committee
   - [ ] Sponsored
   - [□] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [□] Primarily Formed Candidate/Officeholder Committee
   - (Also Complete Part 5)

2. **Type of Statement:**
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
   - (Also file a Form 460 Termination)
   - [ ] Amendment (Explain below)

3. **Committee Information**

   **I.D. Number:** 1367980

   **Committee Name:** (Or Candidate's Name If No Committee)
   
   Elect Tom Ledda Daly City City Council 2018

   **Street Address (No P.O. Box):**
   
   Daly City, CA 94015-1215

   **Mailing Address:**
   
   deniseakelly@comcast.net

   **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 information is true and correct.

   - **Executed on:** 07/03/2017
   - **Executed on:** 07/04/2017
   - **Executed on:**
   - **Executed on:**

   By __________________________
   
   Signature of Recipient Committee(s)

   - **Executed on:** 7/9/2017
   - **Executed on:**
   - **Executed on:**
   - **Executed on:**

   By __________________________
   
   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

   **Treasurer(s):**

   **Name of Treasurer:** Denise A. Kelly
   
   **Address:**
   Daly City, CA 94015-1215

   **Name of Assistant Treasurer, If Any:**
   
   **Mailing Address:**
   
   deniseakelly@comcast.net

   **Optional: Fax/E-mail Address:**

   **City:** Daly City
   
   **State:** CA
   
   **Zip Code:** 94015-1215

   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

Thomas P. Ledda

Office Sought or Held (Include Location and District Number if Applicable)

Daly City 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.

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>I.D. Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Treasurer</td>
<td>Controlled Committee? Y/N</td>
</tr>
<tr>
<td>Committee Address</td>
<td>Street Address (No. P.O. Box)</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name of Officeholder or Candidate</th>
<th>Office Sought or Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Support [ ] Oppose</td>
<td></td>
</tr>
<tr>
<td>Name of Officeholder or Candidate</td>
<td>Office Sought or Held</td>
</tr>
<tr>
<td>[ ] Support [ ] Oppose</td>
<td></td>
</tr>
<tr>
<td>Name of Officeholder or Candidate</td>
<td>Office Sought or Held</td>
</tr>
<tr>
<td>[ ] Support [ ] Oppose</td>
<td></td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
## Contributions Received

1. Monetary Contributions ............................................... Schedule A, Line 3 $ 0.00 $ 0.00
2. Loans Received .......................................................... Schedule B, Line 3 $ 0.00 $ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS .................................... Add Lines 1 + 2 $ 0.00 $ 0.00
4. Nonmonetary Contributions ............................................. Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .................................. Add Lines 3 + 4 $ 0.00 $ 0.00

## Expenditures Made

6. Payments Made .......................................................... Schedule E, Line 4 $ 122.00 $ 122.00
7. Loans Made ............................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS ........................................ Add Lines 6 + 7 $ 122.00 $ 122.00
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 $ 122.00 $ 122.00

## Current Cash Statement

12. Beginning Cash Balance .............................................. Previous Summary Page, Line 16 $ 1374.83
13. Cash Receipts ........................................................... Column A, Line 3 above $ 0.00
14. Miscellaneous Increases to Cash ..................................... Schedule I, Line 4 $ 0.00
15. Cash Payments ........................................................... Column A, Line 8 above $ 122.00
16. ENDING CASH BALANCE ............................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 1252.83

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

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*  
(If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

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).
**Schedule B – Part 1**  
**Loans Received**

Elect Tom Ledda Daly City City Council 2018

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>OUTSTANDING BALANCE BEG. THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
</table>
| Thomas P. Ledda  
Daly City CA 94015 | $2200.00 | $0.00 | $2200.00 | 0% | $1500.00 | Calendar Year |
| ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| Subtotals | $0.00 | $2200.00 |

---

**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.  
   Enter the net here and on the Summary Page, Column A, Line 2.  
   (Subtract Line 2 from Line 1.) .............................................. NET $0.00  
   (May be a negative number)

---

*Amounts forgiven or paid by another party also must be reported on Schedule A.  
** If required.

---

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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Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2017 through 06/30/2017

Elect Tom Ledda Daly City City Council 2018

NAME OF FILER
1367980

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

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)</th>
<th>CODE OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</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.) $ 0.00
2. Unitemized payments made this period of under $100 $ 122.00
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 $ 122.00

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