Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 9/25/2016
through 10/22/2016

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.
☑ Officeholder, Candidate Controlled Committee
□ General Purpose Committee
□ Sponsored
□ Small Contributor Committee
☑ Primary Formed Ballot Measure Committee
□ Control
□ Sponsored
□ Primarily Formed Candidate/Officeholder Committee
☑ (Also Complete Part 6)

2. Type of Statement:
☑ Preliminary Statement
□ Semi-annual Statement
□ Termination Statement
☑ Amendment (Explain below)
□ Quarterly Statement
□ Special Odd-Year Report

3. Committee Information

COMPANY NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
Braxton Lethco for Daly City Council 2016

Mailing Address

CITY
Daly City

STATE
CA

ZIP CODE
94014

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE
Daly City
CA
94014

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

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
10-27-2016

Date

By
Treasurer

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Official of Sponsor

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent
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

IDENTIFY THE CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT, IF ANY.

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

NAME OF OFFICEHOLDER OR CANDIDATE

NAME OF OFFICEHOLDER OR CANDIDATE

NAME OF OFFICEHOLDER OR CANDIDATE

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$585</td>
<td>$2180</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$585</td>
<td>$2180</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$585</td>
<td>$2180</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$1006.81</td>
<td>$2174.37</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$1006.81</td>
<td>$2174.37</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$1006.81</td>
<td>$2174.37</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$427.44</td>
<td>$</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>$585</td>
<td>$</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>$0</td>
<td>$</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>$1006.81</td>
<td>$</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$5.63</td>
<td>$</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td>$0</td>
<td>$2180</td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td>$0</td>
<td>$2174.37</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Item</th>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)</td>
<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).
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/26</td>
<td>Scott Lethco</td>
<td>IND</td>
<td>Laborer, Irish Communications</td>
<td>300</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>9/26</td>
<td>McCord Lethco</td>
<td>IND</td>
<td>Student, Unemployed</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>10/8</td>
<td>Andrew Loaiza</td>
<td>IND</td>
<td>Assurance Associate, Ernst &amp; Young</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>SUBTOTAL</td>
<td></td>
<td></td>
<td>585</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) $85
2. Amount received this period – unitemized monetary contributions of less than $100 $585
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $585
### Schedule E Payments Made

**Braxton Lethco**

**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
- CTC: contributions (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)**

<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>Vistaprint 95 Hayden Ave Lexington, MA</td>
<td>PRT</td>
<td>Door Flyers &amp; Banners</td>
<td>920.38</td>
</tr>
</tbody>
</table>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).......................... $ 920.38
2. Unitemized payments made this period of under $100..................................................... $ 86.43
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.)................................................................. $ 1006.81

**SUBTOTAL $ 920.38**

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**FFPC Form 460 (Jan/2016)**

**FPCC Advice:** advice@fpcc.ca.gov (866/275-3772)

**www.fpcc.ca.gov**