Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 07/01/2016
through 12/31/2016

Date of election if applicable:
(Month, Day, Year)

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)

☐ 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:
☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 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 2016

STREET ADDRESS (NO P.O. BOX)
Daly City
CA 94015-1215 650-

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

CITY STATE ZIP CODE AREA CODE/PHONE
Daly City CA 94015-1215

Treasurer(s)

NAME OF TREASURER
Denise A. Kelly

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

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 01/12/2017
Date

Executed on 01/12/2017
Date

Executed on
Date

Executed on
Date

Executed on
Date

By
Signature of Treasurer or Assistant Treasurer

By
Signature of Controlling Officer/candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officer/candidate, State Measure Proponent

By
Signature of Controlling Officer/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 OFFICERHOLDER OR CANDIDATE

Thomas P. Ledda

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

Daly City City Council

RESIDENTIAL 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?

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 OFFICERHOLDER, 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 OFFICERHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

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SUPPORT OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

Address continuation sheets if necessary

FFPC Form 460 (Jan/2016)
FFPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Contributions Received

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A (Total for Period)</th>
<th>Column B (Calendar Year Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>2.</td>
<td>Loans Received</td>
<td>$1200.00</td>
<td>$1200.00</td>
</tr>
<tr>
<td>3.</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$1200.00</td>
<td>$1200.00</td>
</tr>
<tr>
<td>4.</td>
<td>Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5.</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$1200.00</td>
<td>$1200.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A (Total)</th>
<th>Column B (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Payments Made</td>
<td>$72.00</td>
<td>$194.00</td>
</tr>
<tr>
<td>7.</td>
<td>Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8.</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$72.00</td>
<td>$194.00</td>
</tr>
<tr>
<td>9.</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10.</td>
<td>Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11.</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>$72.00</td>
<td>$194.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Beginning Cash Balance</td>
<td>246.83</td>
</tr>
<tr>
<td>13.</td>
<td>Cash Receipts</td>
<td>1200.00</td>
</tr>
<tr>
<td>14.</td>
<td>Miscellaneous Increases to Cash</td>
<td>0.00</td>
</tr>
<tr>
<td>15.</td>
<td>Cash Payments</td>
<td>72.00</td>
</tr>
<tr>
<td>16.</td>
<td>ENDING CASH BALANCE</td>
<td>1374.83</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>LOAN GUARANTEES RECEIVED</td>
<td>0.00</td>
</tr>
<tr>
<td>18.</td>
<td>Cash Equivalents</td>
<td>0.00</td>
</tr>
<tr>
<td>19.</td>
<td>Outstanding Debts</td>
<td>2200.00</td>
</tr>
</tbody>
</table>
# Schedule B - Part 1
## Loans Received

**Statement covers period from 07/01/2016 through 12/31/2016**

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Lender</th>
<th>Occupation and Employer (if self-employed, enter name of business)</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amount Received 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>
<tbody>
<tr>
<td>Thomas P. Ledda</td>
<td>Manager, San Mateo County Schools Insurance Group</td>
<td>$1000.00</td>
<td>$1200.00</td>
<td>$2200.00</td>
<td>$2200.00</td>
<td>0%</td>
<td>$1500.00</td>
<td>CALENDAR YEAR PER ELECTION**</td>
</tr>
<tr>
<td>Daly City CA 94014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CALAEBR YEAR PER ELECTION**</td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period ................................................................. $1200.00
   (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 $1000.00
   (May be a negative number)

*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: 07/01/2016
through: 12/31/2016
```

**NAME OF FILER**

Elect Tom Ledda Daly City City Council 2016

**I.D. NUMBER**

1367980

### 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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER (I.D. NUMBER))</th>
<th>CODE</th>
<th>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.

### Schedule E Summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itemized payments made this period. (Include all Schedule E subtotals.)</td>
<td>$0.00</td>
</tr>
<tr>
<td>Unitemized payments made this period of under $100</td>
<td>$72.00</td>
</tr>
<tr>
<td>Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (d).)</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)</td>
<td>TOTAL $72.00</td>
</tr>
</tbody>
</table>