# Recipient Committee Campaign Statement Cover Page

| | Date Stamp | CALIFORNIA FORM **460** |
|---|---|---|

Page ___1___ of ___8___

For Official Use Only

**Statement covers period**

from __July 1, 2016__

through __9/23/16__

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

__11/8/16__

CITY OF DALY CITY
CITY CLERK

2016 SEP 29 P 3:36

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## 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)

☒ Quarterly Statement
☐ Special Odd-Year Report

## 3. Committee Information

I.D. NUMBER __1390282__

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Gabriella Makstman for Daly City Council 2016

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Daly City | CA | 94014 | 4157?2265 |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Gabriella Makstman

MAILING ADDRESS

CITY __† Daly City CA__    AREA CODE/PHONE

NAME O

MAILING ADDRESS

| 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 __9/28/16__ Date    By _____ Signature of Treasurer or Assistant Treasurer

Executed on __9/28/16__ Date    By _____ Signature of Controlling Officeholder, Candidate, Responsible Officer of Sponsor

Executed on _____ Date    By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date    By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Recipient Committee
## Campaign Statement
## Cover Page — Part 2

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

*Gabriella Matsman*

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 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 | |

| 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 | |
|---|---|---|
| *Gabriella Matsman* | *Daly City Coun.* | ☐ 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.

| Statement covers period | |
|---|---|
| from | 7/1/16 |
| through | 9/23/16 |

**CALIFORNIA FORM 460**

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Gabriella Makstman for Daly City Council 2016

I.D. NUMBER: 1390282

| Contributions Received | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | $ 3,266 | $ 3,266 |
| 2. Loans Received | Schedule B, Line 3 | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $ 3,266 | $ 3,266 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $ 3,266 | $ 3,266 |

### 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 | $ | | $ 3,266 |
| 21. Expenditures Made | $ | | $ 2810.80 |

| Expenditures Made | | Column A | Column B |
|---|---|---|---|
| 6. Payments Made | Schedule E, Line 4 | $ 2,810.8 | $ 2,810.8 |
| 7. Loans Made | Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ 2810.80 | $ 2810.80 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $ 2810.80 | $ 2810.80 |

### 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 |
|---|---|
| 11/8/16 | $ 2810.80 |
| / / | $ |

### Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ 0 |
| 13. Cash Receipts | Column A, Line 3 above | 3,266 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0 |
| 15. Cash Payments | Column A, Line 8 above | 2810.80 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 455.20 |

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

| | | |
|---|---|---|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | $ 0 |

### Cash Equivalents and Outstanding Debts

| | | |
|---|---|---|
| 18. Cash Equivalents | See instructions on reverse | $ 0 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $ 0 |

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).

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

# Schedule E
## Payments Made

Amounts may be rounded
to whole dollars.

**CALIFORNIA FORM 460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gabriella Makstman for Daly City Council 2016

I.D. NUMBER
1390282

**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 |
|---|---|---|---|
| Graphtech 212 School St Daly City CA 94014 | CMP | | 546.95 |
| Daly City City Clerk 883 90th St Daly City 94014 | FIL | | 1000 |
| Esigns.com PO Box 38205 Houston Tx 77238 | CMP | | 723.85 |

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

**SUBTOTAL $**

## Schedule E Summary

2510.80

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................................................ $ _____

2. Unitemized payments made this period of under $100 ............................................................................................................. $ 300

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 $ 2810.80

# Schedule E
## (Continuation Sheet)
## Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period

from _2/1/16_

through _9/23/16_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER _Gabriella Maksutman_

I.D. NUMBER
_1390292_

**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 |
|---|---|---|---|---|
| MailChimp 675 Ponce de Leon Ave NE Ste 500 Atlanta 30384 | Cmp | | | 240 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL $ _240_

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

**Schedule A**
**Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period

from _____ 7/1/16

through _____ 9/23/16

CALIFORNIA
FORM **460**

Page __6__ of __8__

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER   Gabriella Makstman

I.D. NUMBER
139 0282

| 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 OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| 8/1 | Gabriella Makstman | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | FP$A manages Opera Media Works | 1,000 | 1,000 | 1,000 |
| 8/20/206 | Alexey Mikhov | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Morgan Hill 9037 Seagate Technolg | 250 | 250 | ~~250~~ 250 |
| 9/23/206 | Stan Rabinovich | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Edgewater, NJ 07020 Value Technolgies | 150 | 150 | 100 |
| 9/23/206 | Oto Ilya Rubinovich | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Aurora, CO 80013 Auto Exchange | 100 | 100 | 100 |
| 9/23/2016 | Alex Rayter | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Daly City CA 94015 Phoenix 2.0 | 125 | 125 | 125 |

SUBTOTAL $

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ......................................................... $ 2,175

2. Amount received this period – unitemized monetary contributions of less than $100 ..................... $ 1,091

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)................TOTAL $ 3266

*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.)

CALIFORNIA
FORM 460

Statement covers period

from 7/1/16

through 9/23/16

Page 7 of _____

NAME OF FILER Gabriella Maksman

I.D. NUMBER
139282

| 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 OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| 8/28/2016 | Vladmir Risman | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | 6 Emily Ct Nd Local 26 worker | 100 | 100 | 100 |
| 8/20/16 | Rudolf Pasman | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Hly business. analyst | 100 | 600 | 600 |
| 8/20/2016 | Leonid Neys | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | Sunnyvale 74086 Self employed woodworker | 100 | 100 | 100 |
| 8/24/16 | Boris Amchislavsky | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | Financial analyst Apt 'cy San Jose CA 95125 | 100 | 1000 | 100 |
| 9/5/16 | Natalie Savan Ct SSF, CA 94080 | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | Information Genentech manage | 100 | 100 | 100 |

SUBTOTAL $

*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

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

# Schedule B – Part 1
## Loans Received

Amounts may be rounded to whole dollars.

| Statement covers period | | CALIFORNIA FORM **460** |
|---|---|---|
| from _7/1/16_ | | |
| through _9/23/16_ | Page _8_ of _8_ | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  **Gabriella Makstman**

I.D. NUMBER **1390282**

| 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 |
|---|---|---|---|---|---|---|---|---|
| †☐ 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** $_____ |
| †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $_____ | $_____ | ☐ PAID $_____ ☐ FORGIVEN $_____ | $_____ DATE DUE | ____% RATE $_____ | $_____ DATE INCURRED | CALENDAR YEAR $_____ PER ELECTION** $_____ |
| | SUBTOTALS $ | | $ | $ | $ | $ | | |

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

## Schedule B Summary

1. Loans received this period ..........................................................................$ **0**
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ............................................................$ **0**
   (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**
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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.

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www.fppc.ca.gov