# Recipient Committee Campaign Statement Cover Page

Date Stamp

CITY OF DALY CITY
CITY CLERK

OCT -3 P 3: 19

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CALIFORNIA FORM **460**

Page __1__ of __13__

For Official Use Only

| Statement covers period | |
|---|---|
| from | 08/17/2016 |
| through | 09/30/2016 |

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

11/08/2016

SEE INSTRUCTIONS ON REVERSE

## 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

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

COMMITTEE SUPPORTING FIRE & POLICE PARCEL TAX FOR DALY CITY - YES ON MEASURE V

STREET

CITY

DALY CITY    CA    94015   (C5

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) LILY C. LOUIE

NAME OF

MAILING

DALY CITY    CA    94015

CITY    STATE    ZIP CODE    AREA CODE/PHONE

MARIE BRIZUELA

NAME OF ASSISTANT TREASURER, IF ANY

LE

MAILING ADDRESS

BROADMOOR VILLAGE, CA 94015

CITY    STATE    ZIP CODE

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 __10/02/2016__ Date    By _____ Signature of Treasurer

Executed on __10/02/2016__ Date    By _____ Signature ... Officeholder, Candidate, State M

Executed on __10/2/16__ Date    By _____ Signature of Controlling Officeholder, Candidate,    Proponent

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

I.D. # 1390907

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

COMMITTEE SUPPORTING FIRE & POLICE PARCEL TAX
FOR DALY CITY - YES ON MEASURE V

CALIFORNIA FORM **460**

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

**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 |
|---|---|
| ~~CLAYTON KOO~~ JJ | ~~1390907~~ JJ |

| NAME OF TREASURER | CONTROLLED COMMITTEE? |
|---|---|
| ~~LILY C. LOUIE~~ JJ | ☐ YES  ☒ NO  JJ |

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<br>☐ 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 | |
|---|---|---|
| LILY C. LOUIE | YES ON MEASURE V | ☒ SUPPORT<br>☐ OPPOSE |
| MARIE BRIZUELA | YES ON MEASURE V | ☒ SUPPORT<br>☐ OPPOSE |
| CLAYTON KOO | YES ON MEASURE V | ☒ SUPPORT<br>☐ OPPOSE |
|  |  | ☐ SUPPORT<br>☐ OPPOSE |

*Attach continuation sheets if necessary*

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

# Campaign Disclosure Statement
## Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

from 08/17/2016

through 09/30/2016

CALIFORNIA FORM **460**

Page 3 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE SUPPORTING FIRE & POLICE PARCEL TAX FOR DALY CITY - YES ON MEASURE V

I.D. NUMBER
1390907

| Contributions Received | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | $ 2,800.00 | $ 2,800.00 |
| 2. Loans Received | Schedule B, Line 3 | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $ 2,800.00 | $ 2,800.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $ 2,800.00 | $ 2,800.00 |

## 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 | $ | $ 2,800.00 |
| 21. Expenditures Made | $ | $ <2,018.62> |

| Expenditures Made | | | |
|---|---|---|---|
| 6. Payments Made | Schedule E, Line 4 | $ <2,018.62> | $ <2,018.62> |
| 7. Loans Made | Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ <2,018.62> | $ <2,018.62> |
| 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 | $ <2,018.62> | $ <2,018.62> |

## 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 |
|---|---|
| ___/___/___ | $ |
| ___/___/___ | $ |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ .00 |
| 13. Cash Receipts | Column A, Line 3 above | 2,800.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | .00 |
| 15. Cash Payments | Column A, Line 8 above | <2,018.62> |
| 16. **ENDING CASH BALANCE** | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 781.38 |

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

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.

| 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 |

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www.fppc.ca.gov

**Schedule A (Continuation Sheet)**
**Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period

from _08/17/2016_

through _09/30/2016_

SCHEDULE A (CONT.)

CALIFORNIA
FORM **460**

Page _4_ of _13_

NAME OF FILER

COMMITTEE SUPPORTING FIRE & POLICE PARCEL TAX FOR DALY CITY - YES ON MEASURE V

I.D. NUMBER

1390907

| 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) |
|---|---|---|---|---|---|---|
| 08/16/16 | LILY LOUIE <br><br> DALY CITY, CA 94015 | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | RETIREE CALPERS | $ 150.00 | $ 150.00 | |
| 09/02/16 | DUGGAN'S SERRA MORTUARY <br><br> DALY CITY, CA 94014 | ☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC | | $ 1,000.00 | $ 1,000.00 | |
| 09/16/16 | REPUBLIC SERVICES, INC. C/O AWIN MGMT & ALLIED WASTE PHOENIX, AZ 85054 | ☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC | | $ 1,500.00 | $ 1,500.00 | |
| 09/16/16 | JULIE UNDERWOOD <br><br> CUPERTINO, CA 95014 | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | ASST. CITY MANAGER CITY OF DALY CITY | $ 150.00 | $ 150.00 | |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | |

SUBTOTAL $ $ 2,800.00

*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 B – Part 1
## Loans Received

Amounts may be rounded to whole dollars.

| Statement covers period | CALIFORNIA FORM **460** |
|---|---|
| from 08/17/2016 | |
| through 09/30/2016 | Page **5** of **13** |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: COMMITTEE SUPPORTING FIRE & POLICE PARCEL TAX FOR DALY CITY - YES ON MEASURE V

I.D. NUMBER: 1390907

| 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 |
|---|---|---|---|---|---|---|---|---|
| N/A <br><br> †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $_____ | $_____ | ☐ PAID <br> $_____ <br> ☐ FORGIVEN <br> $_____ <br> DATE DUE | $_____ | _____% RATE <br> $_____ | $_____ <br> DATE INCURRED | CALENDAR YEAR <br> $_____ <br> PER ELECTION** <br> $_____ |
| <br><br> †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $_____ | $_____ | ☐ PAID <br> $_____ <br> ☐ FORGIVEN <br> $_____ <br> DATE DUE | $_____ | _____% RATE <br> $_____ | $_____ <br> DATE INCURRED | CALENDAR YEAR <br> $_____ <br> PER ELECTION** <br> $_____ |
| <br><br> †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $_____ | $_____ | ☐ PAID <br> $_____ <br> ☐ FORGIVEN <br> $_____ <br> DATE DUE | $_____ | _____% RATE <br> $_____ | $_____ <br> DATE INCURRED | CALENDAR YEAR <br> $_____ <br> PER ELECTION** <br> $_____ |
| **SUBTOTALS** | | $ | $ | $ | $ | | | |

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

## Schedule B Summary

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

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

†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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## Schedule B – Part 2
## Loan Guarantors

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE SUPPORTING FIRE & POLICE PARCEL TAX FOR DALY CITY - YES ON MEASURE V

I.D. NUMBER

1390901

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|---|---|---|---|---|---|---|
| N/A | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | LENDER<br><br>DATE | | CALENDAR YEAR<br>$ _____<br>PER ELECTION (IF REQUIRED)<br><br>$ _____ | |
| | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | LENDER<br><br>DATE | | CALENDAR YEAR<br>$ _____<br>PER ELECTION (IF REQUIRED)<br><br>$ _____ | |
| | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | LENDER<br><br>DATE | | CALENDAR YEAR<br>$ _____<br>PER ELECTION (IF REQUIRED)<br><br>$ _____ | |
| | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | LENDER<br><br>DATE | | CALENDAR YEAR<br>$ _____<br>PER ELECTION (IF REQUIRED)<br><br>$ _____ | |

SUBTOTAL $ Ø

Enter on Summary Page, Line 17 only.

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**Schedule C**
**Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

| Statement covers period | |
|---|---|
| from 08/17/2016 | |
| through 09/30/2016 | Page 7 of 13 |

NAME OF FILER

COMMITTEE SUPPORTING FIRE & POLICE PARCEL TAX FOR DALY CITY - YES ON MEASURE V

I.D. NUMBER 1390907

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|---|
| | N/A | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | | |

*Attach additional information on appropriately labeled continuation sheets.*

SUBTOTAL $

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.)......................................................................................$ ___∅___

2. Amount received this period – unitemized nonmonetary contributions of less than $100 ................................$ ___∅___

3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....................**TOTAL** $ ___∅___

*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 D
## Summary of Expenditures
## Supporting/Opposing Other
## Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE SUPPORTING FIRE & POLICE PARCEL TAX FOR DALY CITY - YES ON MEASURE V

I.D. NUMBER
1390907

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| | N/A  ☐ Support  ☐ Oppose | ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure | | | | |
| | ☐ Support  ☐ Oppose | ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure | | | | |
| | ☐ Support  ☐ Oppose | ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure | | | | |

SUBTOTAL $

## Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)................................................... $ __Ø__

2. Unitemized contributions and independent expenditures made this period of under $100................................................................................. $ __Ø__

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).......... TOTAL.. $ __Ø__

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# Schedule E
# Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE SUPPORTING FIRE & POLICE PARCEL TAX FOR DALY CITY - YES ON MEASURE V

I.D. NUMBER

1390907

**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 |
|---|---|---|---|
| SECRETARY OF STATE - ALEX PADILLA STATE OF CALIFORNIA SACRAMENTO, CA 95814 | FIL | QUALIFIED - PRIMARILY FORMED COMMITTEE FILING FEE | $< 50.00> |
| SAN MATEO COUNTY DEMOCRATIC CENTRAL SAN CARLOS, CA 94070 | LIT | SLATE CARD MAILINGS | $< 450.00> |
| KIRK BRIGGS SIGNS OAKDALE, CA 95361 | PRT | PRINTED WINDOW SIGNS, COROPLAST SIGNS & COROPLAST YARD SIGNS | $<1,518.62> |

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

SUBTOTAL $< 2,018.62>

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ............................................................................ $< 2,018.62>

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

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ........................................... $ _____

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ............................ TOTAL $< 2,018.62>

FPPC Form 460 (Jan/2016)
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# Schedule F
## Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE SUPPORTING FIRE & POLICE PARCEL TAX FOR DALY CITY - YES ON MEASURE V

I.D. NUMBER
1390907

**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 |
| CNS | campaign consultants | MTG | meetings and appearances |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses |
| CVC | civic donations | PET | petition circulating |
| FIL | candidate filing/ballot fees | PHO | phone banks |
| FND | fundraising events | POL | polling and survey research |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services |
| LEG | legal defense | PRO | professional services (legal, accounting) |
| LIT | campaign literature and mailings | 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|---|---|---|---|---|
| N/A | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

SUBTOTALS $    $ 0    $ 0    $ 0

## Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ........................................... **INCURRED TOTALS $** ___0___

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) .............................. **PAID TOTALS $** ___0___

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .................................................................................................... **NET $** ___0___

May be a negative number

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www.fppc.ca.gov

## Schedule G
## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period
from __08/17/2016__
through __09/30/2016__

SCHEDULE G
CALIFORNIA FORM **460**

Page __11__ of __13__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE SUPPORTING FIRE & POLICE PARCEL TAX FOR DALY CITY - YES ON MEASURE V

I.D. NUMBER
__1390907__

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**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) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |
| | | | |

*Attach additional information on appropriately labeled continuation sheets.*

TOTAL* $ __0__

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

# Schedule H
# Loans Made to Others*

Amounts may be rounded
to whole dollars.

| Statement covers period | |
|---|---|
| from 08/17/2016 | CALIFORNIA FORM **460** |
| through 09/30/2016 | Page 12 of 13 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE SUPPORTING FIRE & POLICE PARCEL TAX FOR DALY CITY - YES ON MEASURE V

I.D. NUMBER

1390907

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|---|---|---|---|---|---|---|---|---|
| N/A | | $_____ | $_____ | ☐ PAID $_____ ☐ FORGIVEN $_____ | $_____ $_____ DATE DUE | _____% RATE $_____ | $_____ DATE INCURRED | CALENDAR YEAR $_____ PER ELECTION** $_____ |
| | | $_____ | $_____ | ☐ PAID $_____ ☐ FORGIVEN $_____ | $_____ $_____ DATE DUE | _____% RATE $_____ | $_____ DATE INCURRED | CALENDAR YEAR $_____ PER ELECTION** $_____ |

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

| | | | | |
|---|---|---|---|---|
| **SUBTOTALS** | $ | $ | $ | $ |

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

## Schedule H Summary

1. Loans made this period .................................................................................................$  Ø
   (Total Column (b) plus unitemized loans of less than $100.)

2. Payments received on loans ...........................................................................................$  Ø
   (Total Column (c) plus unitemized payments of less than $100.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) .............................................**NET** $  Ø
   (Enter the net here and on the Summary Page, Column A, Line 7.)  (May be a negative number)

**If Required

**Schedule I**
**Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

Statement covers period

from 08/17/2016

through 09/30/2016

SCHEDULE I

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE SUPPORTING FIRE & POLICE PARCEL TAX FOR DALY CITY - YES ON MEASURE V

I.D. NUMBER

1390907

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---|---|---|---|
| | N/A | | |
| | | | |
| | | | |
| | | | |
| | | | |

*Attach additional information on appropriately labeled continuation sheets.*

SUBTOTAL $

## Schedule I Summary

1. Itemized increases to cash this period. .................................................................................$ 0

2. Unitemized increases to cash of under $100 this period. ...........................................................$ 0

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ...............$ 0

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..................................................... TOTAL $ 0