

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

VER PAGE

Date Stamp  
**RECEIVED**

CALIFORNIA  
FORM **460**

JAN 21 2020

City of El Cerrito  
City Clerk

Page 1 of 11

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/2019  
through 12/31/2019

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)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER  
1382665

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

Friends of Fadelli for City Council 2020

STREET ADDRESS (NO P.O. BOX)

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
El Cerrito	CA	94530	(916) 285-5733

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

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95815	

OPTIONAL: FAX / E-MAIL ADDRESS

Fadelli2020@deaneandcompany.com

Treasurer(s)

NAME OF TREASURER

Shawnda Deane

MAILING ADDRESS

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95815	(916) 285-5733

NAME OF ASSISTANT TREASURER, IF ANY

Paul Fadelli

MAILING ADDRESS

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
El Cerrito	CA	94530	(916) 285-5733

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 1/2/2020  
Date

Executed on 1/2/2020  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 11

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Fadelli

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

City Council Member: City of El Cerrito

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

8646 Arbor Drive El Cerrito CA 94530

**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

☐ 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.

SUMMARY PAGE

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>11</u>	I.D. NUMBER <u>1382665</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2020

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received .....	Schedule B, Line 3	\$ <u>0.00</u>	\$ <u>15,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>0.00</u>	\$ <u>15,000.00</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>0.00</u>	\$ <u>15,000.00</u>

## 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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ <u>2,041.99</u>	\$ <u>3,328.51</u>
7. Loans Made .....	Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>2,041.99</u>	\$ <u>3,328.51</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>2,041.99</u>	\$ <u>3,328.51</u>

## Expenditure Limit Summary for State Candidates

<b>22. Cumulative Expenditures Made*</b> (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u>      </u> / <u>      </u> / <u>      </u>	\$ _____
<u>      </u> / <u>      </u> / <u>      </u>	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>3,121.71</u>
13. Cash Receipts .....	Column A, Line 3 above	\$ <u>0.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ <u>0.00</u>
15. Cash Payments .....	Column A, Line 8 above	\$ <u>2,041.99</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1,079.72</u>

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	\$ <u>0.00</u>
------------------------------------	--------------------	----------------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ <u>15,000.00</u>

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 07/01/2019 through 12/31/2019	<b>CALIFORNIA FORM 460</b>
Page 4 of 11	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2020

I.D. NUMBER

1382665

FULL NAME, STREET ADDRESS AND ZIP CODE (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
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2020 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 03/09/2016 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,000.00	\$ 0.00	\$ 0.00				
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2020 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 10/07/2016 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,000.00	\$ 0.00	\$ 0.00				
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2020 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 09/04/2018 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,000.00	\$ 0.00	\$ 0.00				
<b>SUBTOTALS \$</b>		0.00	\$	0.00	\$	15,000.00	\$	0.00

## Schedule B Summary

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

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 0.00  
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.

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

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2019	through 12/31/2019	
Page 5 of 11		I.D. NUMBER
		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2020

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)
09/05/2019	Democractic Party of Contra Costa	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500.00	500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/07/2019	Nancy Skinner State Senator District: 9	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		200.00	200.00	2020 \$450.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				700.00		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 700.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ 700.00**

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>	
from	07/01/2019		
through	12/31/2019		
		Page 6	of 11
NAME OF FILER		I.D. NUMBER	
Friends of Fadelli for City Council 2020		1382665	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2020

**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
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	25.00
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	25.00
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	736.14

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

**SUBTOTAL \$** 786.14

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,041.99
2. Unitemized payments made this period of under \$100	\$ 0.00
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.)	<b>TOTAL \$</b> 2,041.99

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2019	
through	12/31/2019	Page 7 of 11
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2020		1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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
Card Service Center 5055 Norwood Road Dallas, TX 75356			Credit Card Payment	225.00
Card Service Center 5055 Norwood Road Dallas, TX 75356			Credit Card Payment	25.00
Card Service Center 5055 Norwood Road Dallas, TX 75356			Credit Card Payment	25.00
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			234.80
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			192.40

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

**SUBTOTAL \$** 702.20

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

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2019	
through	12/31/2019	Page 8 of 11
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2020		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2020

**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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			158.90
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			234.50
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			160.25

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

**SUBTOTAL \$** 553.65



**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 <u>07/01/2019</u> through <u>12/31/2019</u>	<b>CALIFORNIA FORM 460</b>
Page <u>9</u> of <u>11</u>	I.D. NUMBER <u>1382665</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

**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
Central Labor Council of Contra Costa County, AFL-CIO 1333 Pine Street East Martinez, CA 94553	CVC		211.14
Democractic Party of Contra Costa (ID# 990861) 702 Windmill Court Concord, CA 94518	CTB		500.00
Site District 344 20th Street Oakland, CA 94612	WEB		25.00
Site District 344 20th Street Oakland, CA 94612	WEB		25.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL \* \$** 761.14

\* 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.

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

Amounts may be rounded  
to whole dollars.

SCHEDULE G (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		<b>CALIFORNIA FORM 460</b>
Page <u>10</u> of <u>11</u>		
NAME OF FILER  Friends of Fadelli for City Council 2020		I.D. NUMBER  1382665
NAME OF AGENT OR INDEPENDENT CONTRACTOR  Card Service Center		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

**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
Site District 344 20th Street Oakland, CA 94612	WEB		25.00
Site District 344 20th Street Oakland, CA 94612	WEB		25.00
Site District 344 20th Street Oakland, CA 94612	WEB		25.00
Site District 344 20th Street Oakland, CA 94612	WEB		25.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 100.00**

\* 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.

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

Amounts may be rounded to whole dollars.

SCHEDULE G (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		<b>CALIFORNIA FORM 460</b>
Page <u>11</u> of <u>11</u>		
NAME OF FILER  Friends of Fadelli for City Council 2020		I.D. NUMBER 1382665
NAME OF AGENT OR INDEPENDENT CONTRACTOR  Card Service Center		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

**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
Skinner for Senate 2020 (ID# 1392359) 1787 Tribute Road, Suite K Sacramento, CA 95815	CTB		200.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL \* \$ 200.00**

\* 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.

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp  
**RECEIVED**

JUL 22 2019

City of El Cerrito  
City Clerk

CALIFORNIA  
FORM **460**

Page 1 of 6

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 01/01/2019

through 06/30/2019

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)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER  
1382665

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends of Fadelli for City Council 2016

STREET ADDRESS (NO P.O. BOX)  
8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	

OPTIONAL: FAX / E-MAIL ADDRESS  
Fadelli2016@deaneandcompany.com

Treasurer(s)

NAME OF TREASURER  
Shawnda Deane

MAILING ADDRESS  
1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

NAME OF ASSISTANT TREASURER, IF ANY  
Paul Fadelli

MAILING ADDRESS  
8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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 07/19/2019

Executed on 07/19/2019  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]

By [Signature]  
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

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Fadelli

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

City Council Member: City of El Cerrito

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

8646 Arbor Drive El Cerrito CA 94530

**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

☐ 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.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through		06/30/2019
Page		3 of 6
I.D. NUMBER		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received .....	Schedule B, Line 3	0.00	15,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 0.00	\$ 15,000.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 0.00	\$ 15,000.00

## 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	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 1,286.52	\$ 1,286.52
7. Loans Made .....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 1,286.52	\$ 1,286.52
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	\$ 1,286.52	\$ 1,286.52

## 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	\$ 4,408.23
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	1,286.52
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,121.71

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00
------------------------------------	--------------------	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 15,000.00

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 B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 01/01/2019  
through 06/30/2019

CALIFORNIA  
FORM 460

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2019 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 03/09/2016 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2019 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 10/07/2016 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2019 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 09/04/2018 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$		0.00 \$	0.00 \$	0.00 \$	15,000.00 \$	0.00		

## Schedule B Summary

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

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0.00  
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.

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	06/30/2019	Page 5 of 6
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		235.40
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		183.77
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		183.60

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

**SUBTOTAL \$ 602.77**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,161.52
2. Unitemized payments made this period of under \$100	\$ 125.00
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.)	<b>TOTAL \$ 1,286.52</b>



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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>6</u>	I.D. NUMBER <u>1382665</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		235.55
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		164.00
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		159.20

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

**SUBTOTAL \$** 558.75

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA  
FORM 460

Date Stamp

RECEIVED

JAN 31 2019

City of El Cerrito  
City Clerk

Page 1 of 13

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable:
from 07/01/2018	(Month, Day, Year)
through 12/31/2018	

1. Type of Recipient Committee: All Committees -- Complete Parts 1, 2, 3, and 4.

- |                                                                                                                                                                                                                |                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br>(Also Complete Part 5)   | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br>(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br>(Also Complete Part 7)                                                                      |

2. Type of Statement:

- |                                                                                      |                                                                               |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Preelection Statement                                       | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                            | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)                                   |                                                                               |

3. Committee Information

I.D. NUMBER  
1382665

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

Friends of Fadelli for City Council 2016

STREET ADDRESS (NO P.O. BOX)

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
El Cerrito	CA	94530	(916) 285-5733

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

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95815	

OPTIONAL: FAX / E-MAIL ADDRESS

Fadelli2016@deaneandcompany.com

Treasurer(s)

NAME OF TREASURER

Shawnda Deane

MAILING ADDRESS

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95815	(916) 285-5733

NAME OF ASSISTANT TREASURER, IF ANY

Paul Fadelli

MAILING ADDRESS

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
El Cerrito	CA	94530	(916) 285-5733

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

01/30/2019

Date

Executed on

01/30/2019

Date

Executed on

Date

Executed on

Date

By

By

By

By

Signature of Treasurer or Assistant Treasurer

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

Page 2 of 13

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Fadelli

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

City Council Member: City of El Cerrito

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
8646 Arbor Drive	El Cerrito	CA	94530

**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

☐ 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.

SUMMARY PAGE

Statement covers period from <u>07/01/2018</u> through <u>12/31/2018</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>13</u>	I.D. NUMBER <u>1382665</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>1.00</u>	\$ <u>1.00</u>
2. Loans Received .....	Schedule B, Line 3	<u>5,000.00</u>	<u>15,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>5,001.00</u>	\$ <u>15,001.00</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>5,001.00</u>	\$ <u>15,001.00</u>

## 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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ <u>2,135.13</u>	\$ <u>3,804.93</u>
7. Loans Made .....	Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>2,135.13</u>	\$ <u>3,804.93</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>2,135.13</u>	\$ <u>3,804.93</u>

## 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	\$ <u>1,524.96</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>5,001.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>17.40</u>
15. Cash Payments .....	Column A, Line 8 above	<u>2,135.13</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>4,408.23</u>

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ <u>0.00</u>
------------------------------------	--------------------	----------------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ <u>15,000.00</u>

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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 07/01/2018  
through 12/31/2018

**CALIFORNIA**  
**FORM 460**

Page 4 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				0.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 1.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1.00

### \*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

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>07/01/2018</u> through <u>12/31/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2019 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 03/09/2016 DATE INCURRED	CALENDAR YEAR \$ 5,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2019 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 10/07/2016 DATE INCURRED	CALENDAR YEAR \$ 5,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit	\$ 0.00	\$ 5,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 09/04/2019 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 09/04/2018 DATE INCURRED	CALENDAR YEAR \$ 5,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>SUBTOTALS \$</b>		5,000.00	\$	0.00	\$	15,000.00	\$	0.00

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

## Schedule B Summary

- Loans received this period ..... \$ 5,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 5,000.00  
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.

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

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2018	
through	12/31/2018	Page 6 of 13
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
09/20/2018	Buffy Wicks State Assembly Person District: 15	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	G2018 \$250.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
07/25/2018	Democractic Party of Contra Costa	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		25.00	275.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/18/2018	A charter City and Real Property Transfer Tax for the City of El Cerrito Measure: V City of El Cerrito	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				525.00		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 904.98
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ 904.98**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>07/01/2018</u> through <u>12/31/2018</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>7</u> of <u>13</u>
NAME OF FILER  Friends of Fadelli for City Council 2016		I.D. NUMBER  1382665

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)
09/05/2018	Rita Xavier City Council Member City of San Pablo District: 15	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		129.98	129.98	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/29/2018	Nancy Skinner State Senator District: 9	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		125.00	125.00	P2020 \$125.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/06/2018	Cesar Zepeda City Council Member City of Richmond District: 4	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		125.00	125.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				379.98		



# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2018	
through		12/31/2018
Page 8 of 13		I.D. NUMBER
		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	25.00
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	254.98
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	375.00

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

**SUBTOTAL \$** 654.98

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2,134.79
2. Unitemized payments made this period of under \$100	\$	0.34
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.)	<b>TOTAL \$</b>	<b>2,135.13</b>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2018	
through	12/31/2018	Page 9 of 13
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	100.00
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		235.25
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		165.05
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		171.67
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		237.64

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

**SUBTOTAL \$** 909.61

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2018</u> through <u>12/31/2018</u>	<b>CALIFORNIA FORM 460</b>
Page <u>10</u> of <u>13</u>	I.D. NUMBER <u>1382665</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		160.10
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		160.10
Maintain El Cerrito Services Support Charter City 2018 (ID# 1409524) 10890 San Pablo Avenue El Cerrito, CA 94530	CTB		250.00

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

**SUBTOTAL \$ 570.20**

# 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 07/01/2018

through 12/31/2018

CALIFORNIA FORM

460

Page 11 of 13

I.D. NUMBER

1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

**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)

\* 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
Buffy Wicks for Assembly 2018 (ID# 1396734) 2930 Shattuck Avenue, Suite 306 Berkeley, CA 94705	CTB		250.00
Democratic Party of Contra Costa (ID# 990861) 702 Windmill Court Concord, CA 94518	CTB		25.00
Joel Keller 300 Lakeside Drive, 23rd Floor Oakland, CA 94612	CVC		100.00
Rita Xavier for City Council 2018 (ID# 1413717) 555 Bryant Street, Suite 942 Palo Alto, CA 94301	CTB		129.98

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 504.98

\* 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.

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

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2018	
through	12/31/2018	Page 12 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

I.D. NUMBER

1382665

**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
Skinner for Senate 2020 (ID# 1392359) 1787 Tribute Road, Suite K Sacramento, CA 95815	CTB		125.00
Zepeda for Richmond City Council 2018 (ID# 1405677) 633 23rd Street Richmond, CA 94804	CTB		125.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 250.00**

\* 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.

# Schedule I Miscellaneous Increases to Cash

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2018  
through 12/31/2018

SCHEDULE I  
**CALIFORNIA FORM 460**

Page 13 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

## Schedule I Summary

1. Itemized increases to cash this period. .... \$ 0.00  
 2. Unitemized increases to cash of under \$100 this period. .... \$ 17.40  
 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ 0.00  
 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .... **TOTAL \$** 17.40

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA  
FORM **460**

Date Stamp

**RECEIVED**

JUL 31 2018

Page 1 of 9

For Official Use Only

City of El Cerrito  
City Clerk

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 01/01/2018

through 06/30/2018

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)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER

1382665

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

Friends of Fadelli for City Council 2016

STREET ADDRESS (NO P.O. BOX)

8646 Arbor Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

El Cerrito

CA

94530

(916) 285-5733

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

1787 Tribute Road, Suite K

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Sacramento

CA

95815

OPTIONAL: FAX / E-MAIL ADDRESS

Fadelli2016@deaneandcompany.com

## Treasurer(s)

NAME OF TREASURER

Shawnda Deane

MAILING ADDRESS

1787 Tribute Road, Suite K

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Sacramento

CA

95815

(916) 285-5733

NAME OF ASSISTANT TREASURER, IF ANY

Paul Fadelli

MAILING ADDRESS

8646 Arbor Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

El Cerrito

CA

94530

(916) 285-5733

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 07/30/2018

Date

Executed on 07/30/2018

Date

Executed on \_\_\_\_\_

Date

Executed on \_\_\_\_\_

Date

By \_\_\_\_\_

Signature of Treasurer or Assistant Treasurer

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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Fadelli

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

City Council Member: City of El Cerrito

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
8646 Arbor Drive	El Cerrito	CA	94530

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary



# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2018	
through	06/30/2018	Page 3 of 9
I.D. NUMBER		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received .....	Schedule B, Line 3	0.00	10,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 0.00	\$ 10,000.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 0.00	\$ 10,000.00

## 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	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 1,669.80	\$ 1,669.80
7. Loans Made .....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 1,669.80	\$ 1,669.80
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	\$ 1,669.80	\$ 1,669.80

## Expenditure Limit Summary for State Candidates

<b>22. Cumulative Expenditures Made*</b> (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	\$ 3,194.76
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	1,669.80
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,524.96

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00
------------------------------------	--------------------	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 10,000.00

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 B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 01/01/2018 through 06/30/2018		<b>CALIFORNIA FORM 460</b> Page 4 of 9
I.D. NUMBER 1382665		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

FULL NAME, STREET ADDRESS AND ZIP CODE (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
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2018 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 03/09/2016 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2018 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 10/07/2016 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>SUBTOTALS \$</b>		0.00 \$	0.00 \$	10,000.00 \$	0.00			

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

## Schedule B Summary

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 0.00  
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.

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

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2018	
through	06/30/2018	Page 5 of 9
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
03/28/2018	Democractic Party of Contra Costa	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
01/24/2018	Diana Becton District Attorney Contra Costa County	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				350.00		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 350.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ 350.00**

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2018	
through	06/30/2018	Page <u>6</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	150.00
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	100.00
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	250.00

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

**SUBTOTAL \$** 500.00

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,619.80
2. Unitemized payments made this period of under \$100	\$ 50.00
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.)	<b>TOTAL \$ 1,669.80</b>

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

www.fppc.ca.gov

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2018	
through	06/30/2018	Page 7 of 9
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
LT	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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		234.80
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		168.55
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		161.30
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		237.05
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		158.90

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

**SUBTOTAL \$** 960.60

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2018	
through	06/30/2018	Page <u>8</u> of <u>9</u>
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			159.20

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

**SUBTOTAL \$** 159.20

**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 <u>01/01/2018</u> through <u>06/30/2018</u>	<b>CALIFORNIA FORM 460</b>
Page <u>9</u> of <u>9</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

I.D. NUMBER

1382665

**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
Democractic Party of Contra Costa (ID# 990861) 702 Windmill Court Concord, CA 94518	CTB		250.00
Diana Becton for District Attorney 2018 (ID# 1400551) 1588 Fitzgerald Drive, Suite 249 Pinole, CA 94564	CTB		100.00
Mark DeSaulnier for Congress 2121 Meridian Park Blvd. Concord, CA 94520		Federal Contribution	150.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 500.00

\* 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.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA  
FORM **460**

Date Stamp  
**RECEIVED**

**JAN 31 2018**

City of El Cerrito  
City Clerk

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

<b>Statement covers period</b> from <u>07/01/2017</u>  through <u>12/31/2017</u>	<b>Date of election if applicable:</b> (Month, Day, Year)  
-------------------------------------------------------------------------------------------	----------------------------------------------------------------------

**1. Type of Recipient Committee:** All Committees -- Complete Parts 1, 2, 3, and 4.

- |                                                                                                                                                                                                               |                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><i>(Also Complete Part 6)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee         | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>                                                                |

**2. Type of Statement:**

- |                                                                                             |                                                                               |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Preelection Statement                                              | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)<br><br>                                  |                                                                               |

**3. Committee Information**

I.D. NUMBER  
1382665

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends of Fadelli for City Council 2016

STREET ADDRESS (NO P.O. BOX)

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Fadelli12016@deaneandcompany.com

**Treasurer(s)**

NAME OF TREASURER

Shawnda Deane

MAILING ADDRESS

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

NAME OF ASSISTANT TREASURER, IF ANY

Paul Fadelli

MAILING ADDRESS

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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 01/30/18

Date

Executed on 01/30/18

Date

Executed on \_\_\_\_\_

Date

Executed on \_\_\_\_\_

Date

By [Signature]

Signature of Treasurer or Assistant Treasurer

By [Signature]

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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov



Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 8

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Fadelli

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

City Council Member: City of El Cerrito

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
8646 Arbor Drive	El Cerrito	CA	94530

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through		12/31/2017
Page		3 of 8
I.D. NUMBER		1382665

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received	Schedule B, Line 3	0.00	10,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00	\$ 10,000.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0.00	\$ 10,000.00

## 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	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 1,585.95	\$ 2,902.08
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1,585.95	\$ 2,902.08
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	\$ 1,585.95	\$ 2,902.08

## Expenditure Limit Summary for State Candidates

<b>22. Cumulative Expenditures Made*</b> (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	\$ 4,780.71
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	1,585.95
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,194.76

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
------------------------------	--------------------	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 10,000.00

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 B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>4</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Manager San Francisco Bay Area Rapid Transit	\$ <u>5,000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>5,000.00</u>  12/31/2018 DATE DUE	<u>0.00</u> % RATE  \$ <u>0.00</u>	\$ <u>5,000.00</u>  03/09/2016 DATE INCURRED	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION** \$ _____
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Manager San Francisco Bay Area Rapid Transit	\$ <u>5,000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>5,000.00</u>  12/31/2018 DATE DUE	<u>0.00</u> % RATE  \$ <u>0.00</u>	\$ <u>5,000.00</u>  10/07/2016 DATE INCURRED	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	DATE DUE	% RATE \$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>		<b>0.00 \$</b>	<b>0.00 \$</b>	<b>0.00 \$</b>	<b>10,000.00 \$</b>	<b>0.00</b>		

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

## Schedule B Summary

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0.00  
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.

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

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

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>SCHEDULE D</b> <b>CALIFORNIA FORM 460</b>	
		Page <u>5</u> of <u>8</u>	
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665	

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)
09/05/2017	Sierra Club, San Francisco Bay Chapter Campaigns SMO	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		185.00	185.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
08/21/2017	Nancy Skinner State Senator District: 9	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		125.00	125.00	P2020 \$125.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				310.00		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 310.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 35.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 345.00

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 6 of 8
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	20.00
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	375.00
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		235.70

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

**SUBTOTAL \$** 630.70

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,585.95
2. Unitemized payments made this period of under \$100	\$ 0.00
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.)	<b>TOTAL \$ 1,585.95</b>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>8</u>	I.D. NUMBER <u>1382665</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		178.91
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		182.65
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		234.35
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		159.50
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		199.84

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

**SUBTOTAL \$** 955.25

# 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 07/01/2017  
through 12/31/2017

SCHEDULE G  
CALIFORNIA FORM 460

Page 8 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

**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
Sierra Club, San Francisco Bay Chapter Campaigns SMO (ID# 1306869) 2530 San Pablo Avenue, Suite I Berkeley, CA 94702	CTB		185.00
Skinner for Senate 2020 (ID# 1392359) 1787 Tribute Road, Suite K Sacramento, CA 95815	CTB		125.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 310.00

\* 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.

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>01/01/2017</u> through <u>06/30/2017</u>	Date of election if applicable: (Month, Day, Year) _____	Date Stamp <b>RECEIVED</b>  JUL 31 2017  City of El Cerrito City Clerk	<b>CALIFORNIA FORM 460</b>  Page <u>1</u> of <u>6</u>  For Official Use Only
--------------------------------------------------------------------------------	----------------------------------------------------------------	------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

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  
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER  
1382665

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends of Fadelli for City Council 2016

STREET ADDRESS (NO P.O. BOX)  
8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Fadelli2016@deaneandcompany.com

Treasurer(s)

NAME OF TREASURER

Shawnda Deane

MAILING ADDRESS

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

NAME OF ASSISTANT TREASURER, IF ANY

Paul Fadelli

MAILING ADDRESS

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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 7/28/17

Executed on 7/28/17

Executed on \_\_\_\_\_

Executed on \_\_\_\_\_

By [Signature]

By [Signature]

By \_\_\_\_\_

By \_\_\_\_\_



Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Fadelli

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

City Council Member: City of El Cerrito

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
8646 Arbor Drive	El Cerrito	CA	94530

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2017</u> through <u>06/30/2017</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1382665</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received .....	Schedule B, Line 3	<u>0.00</u>	<u>10,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>0.00</u>	\$ <u>10,000.00</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>0.00</u>	\$ <u>10,000.00</u>

## 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	\$ <u>          </u>	\$ <u>          </u>
21. Expenditures Made	\$ <u>          </u>	\$ <u>          </u>

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ <u>1,316.13</u>	\$ <u>1,316.13</u>
7. Loans Made .....	Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>1,316.13</u>	\$ <u>1,316.13</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>1,316.13</u>	\$ <u>1,316.13</u>

## Expenditure Limit Summary for State Candidates

<b>22. Cumulative Expenditures Made*</b> (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u>      </u> / <u>      </u> / <u>      </u>	\$ <u>          </u>
<u>      </u> / <u>      </u> / <u>      </u>	\$ <u>          </u>

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>6,096.84</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>0.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>0.00</u>
15. Cash Payments .....	Column A, Line 8 above	<u>1,316.13</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>4,780.71</u>

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ <u>0.00</u>
------------------------------------	--------------------	----------------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ <u>10,000.00</u>

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 B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 01/01/2017 through 06/30/2017	<b>CALIFORNIA FORM 460</b>
Page 4 of 6	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2017 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 03/09/2016 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,000.00	\$ 0.00	\$ 0.00				
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 10/07/2017 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 10/07/2016 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,000.00	\$ 0.00	\$ 0.00				
				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$				
<b>SUBTOTALS \$</b>		0.00	\$	0.00	\$	10,000.00	\$	0.00

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

## Schedule B Summary

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0.00  
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.

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

w.fppc.ca.gov

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2017	
through	06/30/2017	Page <u>5</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
LT	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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		336.75
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		193.28
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		182.45

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

**SUBTOTAL \$** 712.48

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	1,266.13
2. Unitemized payments made this period of under \$100	\$	50.00
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.)	<b>TOTAL \$</b>	1,316.13

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2017	
through	06/30/2017	Page 6 of 6
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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	RPD	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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		234.80
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		160.10
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		158.75

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

**SUBTOTAL \$** 553.65

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

<b>Statement covers period</b> from <u>10/23/2016</u> through <u>12/31/2016</u>	<b>Date of election if applicable:</b> (Month, Day, Year) _____	<b>Date Stamp</b> <b>RECEIVED</b> <b>JAN 31 2017</b> <b>City of El Cerrito</b> <b>City Clerk</b>	<b>CALIFORNIA FORM 460</b> Page <u>1</u> of <u>9</u> For Official Use Only
---------------------------------------------------------------------------------------	-----------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

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  
☐ Supplemental Preelection Statement – Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1382665

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends of Fadelli for City Council 2016

STREET ADDRESS (NO P.O. BOX)

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
El Cerrito	CA	94530	(916) 285-5733

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

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95815	

OPTIONAL: FAX / E-MAIL ADDRESS

Fadelli2016@deaneandcompany.com

## Treasurer(s)

NAME OF TREASURER

Shawnda Deane

MAILING ADDRESS

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95815	(916) 285-5733

NAME OF ASSISTANT TREASURER, IF ANY

Paul Fadelli

MAILING ADDRESS

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
El Cerrito	CA	94530	(916) 285-5733

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 01/15/2017  
Date

Executed on 01/15/2017  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

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

FPPC Form 460 (Jan 2016)

FPPC Advice: advice@fppc.ca.gov (916) 75-3772

www.fppc.ca.gov

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

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 9

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Fadelli

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

City Council Member: City of El Cerrito

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
8646 Arbor Drive	El Cerrito	CA	94530

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>9</u>		
I.D. NUMBER <u>1382665</u>		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>2,560.00</u>	\$ <u>21,294.01</u>
2. Loans Received .....	Schedule B, Line 3	<u>0.00</u>	<u>10,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>2,560.00</u>	\$ <u>31,294.01</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	<u>0.00</u>	<u>2,022.84</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>2,560.00</u>	\$ <u>33,316.85</u>

## 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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ <u>1,046.22</u>	\$ <u>25,197.17</u>
7. Loans Made .....	Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>1,046.22</u>	\$ <u>25,197.17</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	<u>0.00</u>	<u>2,022.84</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>1,046.22</u>	\$ <u>27,220.01</u>

## Expenditure Limit Summary for State Candidates

<b>22. Cumulative Expenditures Made*</b> (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u>   </u> / <u>   </u> / <u>   </u>	\$ _____
<u>   </u> / <u>   </u> / <u>   </u>	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>4,583.06</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>2,560.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>0.00</u>
15. Cash Payments .....	Column A, Line 8 above	<u>1,046.22</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6,096.84</u>

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ <u>0.00</u>
------------------------------------	--------------------	----------------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ <u>10,000.00</u>

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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>9</u>	I.D. NUMBER <u>1382665</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
11/08/2016	George Gager 1323 Arlington Blvd. El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant George Gager	150.00	150.00	
11/03/2016	Marlene Keller 8355 Kent Court El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	500.00	500.00	
10/27/2016	Peace Officers Research Association of California PAC (PORAC PAC) Small Contributor Committee (ID# 810830) 4010 Truxel Road Sacramento, CA 95834	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		500.00	500.00	
10/26/2016	Marilym Robrahn 481 Basalt Court Redding, CA 96003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	200.00	
11/09/2016	Anne Schmitz 6105 Hillegass Avenue Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney State of California	250.00	250.00	
<b>SUBTOTAL \$</b>				1,500.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 2,225.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 335.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2,560.00

\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/23/2016	through 12/31/2016	
		Page 5 of 9

NAME OF FILER Friends of Fadelli for City Council 2016	I.D. NUMBER 1382665
-----------------------------------------------------------	------------------------

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)
10/23/2016	Adam Starr 3931 23rd Street San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advertising Uber Technologies	200.00	200.00	
10/27/2016	United Professional Fire Fighters of Contra Costa County I.A.F.F. Local 1230 Candidate PAC (ID# 1347705) 112 Blue Ridge Drive Martinez, CA 94553	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
11/02/2016	Debbie Weeks 1506 Arlington Blvd. El Cerritos, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	25.00	438.71	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				725.00		

**\*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

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period

from 10/23/2016

through 12/31/2016

CALIFORNIA  
FORM 460

Page 6 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 03/09/2017 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 03/09/2016 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 10/07/2017 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 10/07/2016 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>SUBTOTALS \$</b>		0.00 \$	0.00 \$	0.00 \$	10,000.00 \$	0.00		

## Schedule B Summary

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

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0.00  
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.

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	10/23/2016		
through	12/31/2016	Page <u>7</u> of <u>9</u>	
		I.D. NUMBER	
		1382665	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			12.30
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			2.25

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

**SUBTOTAL \$** 18.75

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	1,046.22
2. Unitemized payments made this period of under \$100	\$	0.00
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.)	<b>TOTAL \$</b>	1,046.22

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	<b>CALIFORNIA FORM 460</b>
Page <u>8</u> of <u>9</u>	I.D. NUMBER <u>1382665</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		21.07
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		2.25
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		6.15
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		10.05
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		3.22

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

**SUBTOTAL \$** 42.74

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/23/2016 through 12/31/2016	<b>CALIFORNIA FORM 460</b>
Page 9 of 9	I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends of Fadelli for City Council 2016

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

OMP 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
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	27.19
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	42.85
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		616.55
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		298.14

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

**SUBTOTAL \$** 984.73

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp  
**RECEIVED**

NOV 08 2016

City of El Cerrito  
City Clerk

CALIFORNIA  
FORM

460

Page 1 of 15

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable:
from <u>09/25/2016</u>	(Month, Day, Year)
through <u>10/22/2016</u>	<u>11/08/2016</u>

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- |                                                                                                                                                                                                                |                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br>(Also Complete Part 5)   | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br>(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br>(Also Complete Part 7)                                                                      |

2. Type of Statement:

- |                                                                                                                                                                                                     |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)<br><u>Update Summary Page and Sch C</u>                                                                                               |                                                                                                                                                                                   |

3. Committee Information

I.D. NUMBER  
1392665

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

Friends of Padelli for City Council 2016

STREET ADDRESS (NO P.O. BOX)

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Padelli2016@deaneandcompany.com

Treasurer(s)

NAME OF TREASURER

Shawnda Deane

MAILING ADDRESS

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

NAME OF ASSISTANT TREASURER, IF ANY

Paul Padelli

MAILING ADDRESS

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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 11/06/2016  
Date

Executed on 11/06/2016  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 15

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Fadelli

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

City Council Member: City of El Cerrito

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
8646 Arbor Drive	El Cerrito	CA	94530

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*



# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 09/25/2016 through 10/22/2016	<b>CALIFORNIA FORM 460</b>
Page 3 of 15	I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 4,175.00	\$ 18,734.01
2. Loans Received .....	Schedule B, Line 3	5,000.00	10,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 9,175.00	\$ 28,734.01
4. Nonmonetary Contributions .....	Schedule C, Line 3	738.13	2,022.84
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 9,913.13	\$ 30,756.85

## 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	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 10,477.23	\$ 24,150.95
7. Loans Made .....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 10,477.23	\$ 24,150.95
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	738.13	2,022.84
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 11,215.36	\$ 26,173.79

## 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	\$ 5,885.29
13. Cash Receipts .....	Column A, Line 3 above	9,175.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
15. Cash Payments .....	Column A, Line 8 above	10,477.23
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,583.06

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00
------------------------------------	--------------------	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 10,000.00

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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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)
09/26/2016	Kurt Bondelie 7075 Royal Ridge Drive San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Management Coherent	200.00	200.00	
10/11/2016	Marta Dragos 1352 Rifle Range Road El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
10/13/2016	Richard W. Ghilotti 296 Margarita Drive San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Ghilotti Construction	500.00	500.00	
09/25/2016	Don Hayashida 8401 Mondavi Court Sacramento, CA 95828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
10/08/2016	Deidre Heitman 339 Marlow Drive Oakland, CA 94605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, Special Projects Bay Area Rapid Transit	75.00	150.00	
<b>SUBTOTAL \$</b>				975.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3,925.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 250.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 4,175.00

\*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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 09/25/2016 through 10/22/2016		<b>CALIFORNIA FORM 460</b>
Page 5 of 15		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

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)
10/02/2016	Kirsten MacPhee 10 Upper Via Casitas Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Companion Care Kirsten MacPhee	100.00	100.00	
09/27/2016	Letitia Moore 761 Norvell Street El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney United States Environmental Protection Agency	100.00	100.00	
10/21/2016	Seamus Murphy 245 10th Avenue San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Communications Officer San Mateo County Transit District	100.00	100.00	
09/30/2016	Nancy Fujita Nakayama 8724 Don Carol Drive El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
09/26/2016	Amy Ongaro 39 Kinross Drive San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Amy Ongaro	200.00	200.00	
<b>SUBTOTAL \$</b>				600.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 09/25/2016 through 10/22/2016		<b>CALIFORNIA FORM 460</b>
Page 6 of 15		
NAME OF FILER Friends of Padelli for City Council 2016		I.D. NUMBER 1382665

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)
09/26/2016	Diane Ongaro 21 Culloeden Park Road San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	500.00	600.00	
09/28/2016	James P. Perero 8613 Don Carol Drive El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
09/30/2016	Peter Peyser 250 West 93rd Street New York, NY 10025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Peyser Associates LLC	100.00	100.00	
09/28/2016	Sandi Potter 12 Mission Drive Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planning Manager County of Sonoma	100.00	100.00	
09/30/2016	Dan Richard 2 Highland Avenue Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chair, High Speed Rail Authority State of California	250.00	250.00	
<b>SUBTOTAL \$</b>				1,050.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through		10/22/2016
Page		7 of 15
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

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)
10/01/2016	Steve Schnaidt 2817 Land Park Drive Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
10/05/2016	Service Employees International Union Local 1021 PAC Small Contributor Committee (ID# 1296948) 555 Capital Mall, Suite 1425 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000.00	1,000.00	
10/07/2016	Michael Sherman 5372 Hilltop Crescent Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
10/05/2016	Christopher Starr 732 Westmount Drive West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Christopher Starr	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,300.00		

**\*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

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

Statement covers period

from 09/25/2016

through 10/22/2016

CALIFORNIA  
FORM 460

Page 8 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1382665

Friends of Fadelli for City Council 2016

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
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00	0.00 % RATE	\$ 5,000.00	CALENDAR YEAR \$ 10,000.00 PER ELECTION **
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,000.00	\$ 0.00	\$ 0.00	03/09/2017 DATE DUE	\$ 0.00	03/09/2016 DATE INCURRED	\$
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530 Loan Recieved, 0% Interest	Program Manager San Francisco Bay Area Rapid Transit			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00	0.00 % RATE	\$ 5,000.00	CALENDAR YEAR \$ 10,000.00 PER ELECTION **
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 5,000.00	\$ 0.00	10/07/2017 DATE DUE	\$ 0.00	10/07/2016 DATE INCURRED	\$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION **
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
SUBTOTALS \$		5,000.00 \$	0.00 \$	0.00 \$	10,000.00 \$	0.00		

## Schedule B Summary

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

- Loans received this period ..... \$ 5,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 5,000.00  
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.

# Schedule C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 09/25/2016 through 10/22/2016		<b>CALIFORNIA FORM 460</b>
Page 9 of 15		
NAME OF FILER  Friends of Fadelli for City Council 2016		I.D. NUMBER  1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
09/27/2016	Lyman for El Cerrito 2016 (ID# 1378538) 10890 San Pablo Avenue El Cerrito, CA 94530	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Food & Beverages	37.30	738.13	
09/28/2016	Lyman for El Cerrito 2016 (ID# 1378538) 10890 San Pablo Avenue El Cerrito, CA 94530	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Food & Beverages	700.83	738.13	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 738.13

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) ..... \$ 738.13

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

\$ 0.00

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 \$** 738.13

\*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 E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through	10/22/2016	Page 10 of 15
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		40.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		6.45
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20

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

**SUBTOTAL \$** 50.85

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 10,477.23
2. Unitemized payments made this period of under \$100	\$ 0.00
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.)	<b>TOTAL \$</b> 10,477.23



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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through		10/22/2016
Page 11 of 15		
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			24.90
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			6.45
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			9.67
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Budget Watchdogs Newsletter (ID# 1345115) 1954 West Carson Street, Suite B Torrance, CA 90501		Slate Mailer		100.00

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

**SUBTOTAL \$ 145.22**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through	10/22/2016	Page 12 of 15
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
CalSal Voter Guide (ID# 1368249) 1954 West Carson Street, Suite B Torrance, CA 90501			Slate Mailer	100.00
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			652.85
Democractic Party of Contra Costa (ID# 990861) 702 Windmill Court Concord, CA 94518			Slate Mailer	130.00
Election Digest (ID# 1345303) 1954 West Carson Street, Suite B Torrance, CA 90501			Slate Mailer	100.00
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	OFC			300.00

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

**SUBTOTAL \$** 1,282.85

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through		10/22/2016
Page 13 of 15		I.D. NUMBER
		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	LIT			246.38
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	CNS			1,000.00
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	POS			1,882.68
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	OFC			453.00
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	LIT			4,716.25

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

**SUBTOTAL \$** 8,298.31

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through 10/22/2016		Page 14 of 15
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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
Sierra Club, San Francisco Bay Chapter Campaigns SMO (ID# 1306869) 2530 San Pablo Avenue, Suite I Berkeley, CA 94702			Slate Mailer	700.00

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

**SUBTOTAL \$ 700.00**

**Schedule G****Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>15</u> of <u>15</u>		
NAME OF FILER  <u>Friends of Fadelli for City Council 2016</u>		I.D. NUMBER  <u>1382665</u>
NAME OF AGENT OR INDEPENDENT CONTRACTOR  <u>Lisa Tucker dba The Tucker Group</u>		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Lisa Tucker dba The Tucker Group**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP 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
Madison Street Press 614 Madison Street Oakland, CA 94607	LIT		3,404.50
Mary Szczepanik 1483 Guerrero Street San Francisco, CA 94110	LIT		637.50
US Postmaster 300 East Bonita Avenue San Dimas, CA 91773	POS		1,882.68

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 5,924.68

\* 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.

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/2016</u>	Date Stamp <b>RECEIVED</b> NOV 08 2016 City of El Cerrito City Clerk	CALIFORNIA FORM 460 Page <u>1</u> of <u>28</u> For Official Use Only
--------------------------------------------------------------------------------	----------------------------------------------------------------------------	----------------------------------------------------------------------------------	----------------------------------------------------------------------------

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)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495
- ☒ Amendment (Explain below)

Update Summary Page and Sch. C

3. Committee Information

I.D. NUMBER

1382665

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

Friends of Fadelli for City Council 2016

STREET ADDRESS (NO P.O. BOX)

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Fadelli2016@deaneandcompany.com

Treasurer(s)

NAME OF TREASURER

Shawnda Deane

MAILING ADDRESS

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

NAME OF ASSISTANT TREASURER, IF ANY

Paul Fadelli

MAILING ADDRESS

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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 11/08/2016  
Date

Executed on 11/08/2016  
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) 3772

www.fppc.ca.gov

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 28

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Fadelli

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

City Council Member: City of El Cerrito

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

8646 Arbor Drive El Cerrito CA 94530

**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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---------------------------------------------------------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---------------------------------------------------------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---------------------------------------------------------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---------------------------------------------------------------------

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2016 through 09/24/2016		<b>CALIFORNIA FORM 460</b>
Page 3 of 28		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 8,786.77	\$ 14,559.01
2. Loans Received .....	Schedule B, Line 3	0.00	5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 8,786.77	\$ 19,559.01
4. Nonmonetary Contributions .....	Schedule C, Line 3	1,284.71	1,284.71
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 10,071.48	\$ 20,843.72

## 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	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 10,511.33	\$ 13,673.72
7. Loans Made .....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 10,511.33	\$ 13,673.72
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	-434.45	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	1,284.71	1,284.71
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 11,361.59	\$ 14,958.43

## 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	\$ 7,609.85
13. Cash Receipts .....	Column A, Line 3 above	8,786.77
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
15. Cash Payments .....	Column A, Line 8 above	10,511.33
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5,885.29

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	\$ 0.00
------------------------------------	--------------------	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 5,000.00



# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>4</u> of <u>28</u>
NAME OF FILER  Friends of Fadelli for City Council 2016		I.D. NUMBER  1382665

SEE INSTRUCTIONS ON REVERSE

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)
09/23/2016	Maya E. Archiga 2363 Alva Avenue El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Marvin Gardens	100.00	100.00	
09/06/2016	Jane A. Bartke 1315 Devonshire Court El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
08/12/2016	Ellen Berman 921 Paulsboro Drive Rockville, MD 20850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/08/2016	Ernest Beyard 330 A Street Northeast Washington, DC 20002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	250.00	250.00	
09/11/2016	Jane Breyer 6767 Cutting Blvd. El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Energy Foundation	100.00	100.00	
<b>SUBTOTAL \$</b>				650.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 7,850.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 936.77
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 8,786.77

\*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.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016	through 09/24/2016	
		Page 5 of 28

NAME OF FILER	I.D. NUMBER
Friends of Fadelli for City Council 2016	1382665

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)
08/30/2016	Joe Camicia 200 P Street Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Advocacy Marketing, LLC.	100.00	100.00	
08/22/2016	Denis Carrade 2099 Vineyard Road Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	250.00	250.00	
09/14/2016	Phyllis Chow 658 Cutting Way Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scheduler/Legislative California State Assembly	100.00	100.00	
09/06/2016	Gussie Curran 3414 Topsail Place Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/12/2016	Paul E. Donahue 2200 2nd Avenue Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	250.00	250.00	
<b>SUBTOTAL \$</b>				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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>28</u>		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

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)
09/12/2016	Manish Doshi 1720 Julian Court El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Meeta Doshi DDS, PDC	250.00	250.00	
09/03/2016	Frank O. Fadelli 5049 Wittenmeyer Court Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	200.00	
08/22/2016	Jeanne Fadelli 2099 Vineyard Road Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Research Analyst Santa Rosa Junior College	100.00	100.00	
09/23/2016	Kenneth B. Finney 230 Amherst Avenue Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Beverage LLC	200.00	200.00	
09/06/2016	Connie J. Frank 1800 Third Avenue Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
<b>SUBTOTAL \$</b>				850.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>28</u>		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

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)
07/12/2016	Rebecca F. Franzoia 5662 Delcliff Circle Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	200.00	
07/12/2016	Karen K. French 6621 Longridge Way Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Nielsen Merksamer Parrinello Gross & Leoni, LLP	100.00	100.00	
07/20/2016	Michael Gersick 28 Kerr Avenue Kensington, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/08/2016	Linda L. Ghilotti 119 Highland Lane Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	300.00	
08/22/2016	Linda L. Ghilotti 119 Highland Lane Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	300.00	
<b>SUBTOTAL \$</b>				700.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 8 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

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)
09/24/2016	Kim Gillan 1200 Humboldt Street Denver, CO 80218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Director United States Department of Health Human Services	100.00	175.00	
07/12/2016	John Hancock 912 South Beach Drive Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Application Operations University of California, Davis Health System	100.00	100.00	
07/12/2016	Judith Inglehart 311 2nd Street, #815 Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
08/05/2016	Linton Johnson 4100 Redwood Road Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Strategist BART	100.00	175.00	
07/14/2016	Thomas J. Kerbs 625 Santa Ynez Way Sacramento, CA 95816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Legislature	100.00	100.00	
SUBTOTAL \$				500.00		

**\*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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016	through 09/24/2016	
Page 9 of 28		I.D. NUMBER 1382665

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
08/12/2016	Mark Krausse 49669 Hamilton Road Clarksburg, CA 95612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Pacific Gas & Electric	100.00	100.00	
07/12/2016	Stephen Jon Larson 504 Belvedere Street San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant California Strategies	125.00	125.00	
08/31/2016	Rodd Lee 311 Oak Street, Unit 703 Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager of Government Affairs and Community Relations San Francisco Bay Area Rapid Transit District (BART)	100.00	100.00	
07/12/2016	Patrick J. Lenz 9440 Richford Lane Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/28/2016	Steven Lewis 5224 Yorkville Place Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Steven Lewis	100.00	100.00	
<b>SUBTOTAL \$</b>				525.00		

\*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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 10 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

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)
07/12/2016	Dennis H. Mangers 1017 Harrington Way Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Advisor California State Senate	100.00	100.00	
07/12/2016	Jill M. Matranga 2367 39th Street Sacramento, CA 95817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	125.00	125.00	
08/22/2016	Deborah McFarland 241 Vista Verde Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	200.00	
09/20/2016	Bart Mehlhop 1330 21st Street Sacramento, CA 95811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Mehlhop and Vogt	100.00	100.00	
09/20/2016	Marcella Moberly 19364 Hollow Lane Redding, CA 96003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	500.00	500.00	
<b>SUBTOTAL \$</b>				1,025.00		

\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>11</u> of <u>28</u>		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

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)
07/20/2016	Cindy R. Morse 304 West 23rd Street Merced, CA 95340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Morse and Pfeiff	500.00	500.00	
09/06/2016	Jerri Ollett 313 Hash Court Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Care Consultant Jerri Ollett, MPA, Consulting & Training	500.00	500.00	
08/30/2016	Daniel Purnell 110 Solano Avenue La Selva Beach, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
09/23/2016	Amy L. Reisch 917 San Anselmo Avenue, Apt. 4 San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director First 5 Marin	100.00	100.00	
07/25/2016	Marilyn Robrahn 481 Basalt Court Redding, CA 96003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
<b>SUBTOTAL \$</b>				1,300.00		

**\*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



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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016	through 09/24/2016	
Page 12 of 28		I.D. NUMBER 1382665

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
07/20/2016	Antoinette M. Sabelhaus 1121 3rd Avenue Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant California State Senate	100.00	100.00	
08/04/2016	Samuel J. Salkin 8715 Don Carol Drive El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Chevra Kadisha-Sinai Memorial Chapel	100.00	100.00	
09/07/2016	Timothy Schott 4755 Brand Way Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Association Management and Advocacy Schott & Associates	100.00	200.00	
09/22/2016	Timothy Schott 4755 Brand Way Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Association Management and Advocacy Schott & Associates	100.00	200.00	
08/20/2016	William Schulte 849 Vista Drive Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer William Schulte	100.00	100.00	
<b>SUBTOTAL \$</b>				500.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 13 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

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)
09/07/2016	Janice Simoni 1064 Wilhagin Park Lane Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/12/2016	Camillis Slater 1999 13th Avenue Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychotherapist Yolo Family Services Agency	150.00	200.00	
07/06/2016	Judith Lee Stone 15 2nd Street Northeast Washington, DC 20002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
08/23/2016	Peter Tannenbaum 5912 Jordan Avenue El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
08/16/2016	Bob Van Heuvelen 500 New Jersey Avenue NW, Suite #800 Washington, DC 20001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Executive Officer/Founder VH Strategies	250.00	250.00	
SUBTOTAL \$				700.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>14</u> of <u>28</u>		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

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)
08/22/2016	Kathleen Waters 11260 Donner Pass Road, #205 Truckee, CA 96161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investment Kathleen Waters	100.00	100.00	
07/10/2016	Jill Wilson 103 Arthrop Place Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Jill Wilson	100.00	100.00	
08/10/2016	Kari Yasuda 8712 Don Carol Drive El Cerritos, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Berkeley Bowl	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				300.00		

**\*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

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 07/01/2016 through 09/24/2016		<b>CALIFORNIA FORM 460</b>
Page 15 of 28		I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

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
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00	0.00 % RATE	\$ 5,000.00	CALENDAR YEAR \$ 5,000.00 PER ELECTION **
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,000.00	\$ 0.00	\$ 0.00	03/09/2017 DATE DUE	\$ 0.00	03/09/2016 DATE INCURRED	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
<b>SUBTOTALS \$</b>		0.00	\$	0.00	\$	5,000.00	\$	0.00

## Schedule B Summary

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

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0.00  
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.

# Schedule C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>16</u> of <u>28</u>		
NAME OF FILER  Friends of Fadelli for City Council 2016		I.D. NUMBER  1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
07/09/2016	Joan Hendricks 6472 South Land Park Drive Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	Fundraising Event	435.50	435.50	
07/09/2016	John Hendricks 6472 South Land Park Drive Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	Fundraising Event	435.50	435.50	
09/17/2016	Debbie Weeks 1506 Arlington Blvd. El Cerritos, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Graphic Artist/Web Designer Debbie Weeks	Fundraising Supplies	413.71	413.71	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,284.71

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 1,284.71

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00

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 \$ 1,284.71

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

Amounts may be rounded  
to whole dollars.

Statement covers period		SCHEDULE D	
from	07/01/2016	CALIFORNIA FORM <b>460</b>	
through	09/24/2016	Page 17 of 28	
NAME OF FILER		I.D. NUMBER	
Friends of Fadelli for City Council 2016		1382665	

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)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				0.00		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 0.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 25.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ 25.00**

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 18 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			5.47
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			16.50
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.49

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

**SUBTOTAL \$ 26.46**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 10,511.33
2. Unitemized payments made this period of under \$100	\$ 0.00
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.)	<b>TOTAL \$ 10,511.33</b>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 19 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		2.25
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20

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

**SUBTOTAL \$** 19.05



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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 20 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			8.40
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			10.05
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			7.53
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			37.20

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

**SUBTOTAL \$ 67.38**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 21 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			5.47
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			10.65
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			6.45
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			10.05

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

**SUBTOTAL \$ 36.82**

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

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	07/01/2016	
through	09/24/2016	Page 22 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			8.40
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20

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

**SUBTOTAL \$** 25.20

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through		09/24/2016
Page		23 of 28
I.D. NUMBER		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Card Service Center 5055 Norwood Road Dallas, TX 75356			Credit Card Payment	434.45
Card Service Center 5055 Norwood Road Dallas, TX 75356			Credit Card Payment	175.00
Card Service Center 5055 Norwood Road Dallas, TX 75356			Credit Card Payment	260.00
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			343.85

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

**SUBTOTAL \$** 1,217.50

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

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 24 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			301.01
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			535.50
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	CMP			3,068.80
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	CMP			3,214.61
Voter Guide Slate Cards (ID# 1319578) 6285 East Spring Street, Suite 202 Long Beach, CA 90808			Slate Mailer	474.00

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

**SUBTOTAL \$ 7,593.92**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 25 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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
Debbie Weeks 1506 Arlington Blvd. El Cerritos, CA 94530	CMP			625.00
Debbie Weeks 1506 Arlington Blvd. El Cerritos, CA 94530	WEB			900.00

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

**SUBTOTAL \$** 1,525.00

# Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>26</u> of <u>28</u>
	I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends of Fadelli for City Council 2016

**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 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
Card Service Center 5055 Norwood Road Dallas, TX 75356	Credit Card Payment	434.45	0.00	434.45	0.00
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>		<b>SUBTOTALS \$</b>	434.45\$	0.00\$	434.45\$
					0.00

## Schedule F Summary

- 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 \$** 0.00
- 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 \$** 434.45
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -434.45  
May be a negative number

# 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 07/01/2016 through 09/24/2016	<b>CALIFORNIA FORM 460</b>
Page 27 of 28	I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

**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
City of El Cerrito 10890 San Pablo Avenue El Cerrito, CA 94530	FIL		225.00
John Garamendi for Congress 1315 10th Street Sacramento, CA 95814		To Be Refunded	150.00
John Garamendi for Congress 1315 10th Street Sacramento, CA 95814		Contribution Refunded	-150.00
Sierra Club San Francisco 2530 San Pablo Avenue # I Berkeley, CA 94702	CVC		185.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 410.00**

\* 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.



**Schedule G****Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period

from 07/01/2016

through 09/24/2016

**CALIFORNIA  
FORM****460**

Page 28 of 28

I.D. NUMBER

1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Lisa Tucker dba The Tucker Group

**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
H&S Signs 418 Neal Street Grass Valley, CA 95945	CMP			1,983.80
Madison Street Press 614 Madison Street Oakland, CA 94607	CMP			1,628.25
Mary Szczepanik 1483 Guerrero Street San Francisco, CA 94110	CMP			297.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 3,909.55

\* 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.

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp <b>RECEIVED</b> OCT 27 2016 City of El Cerrito City Clerk	<b>CALIFORNIA FORM 460</b> Page <u>1</u> of <u>15</u> For Official Use Only
----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/2016</u>
--------------------------------------------------------------------------------	----------------------------------------------------------------------------

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- |                                                                                                                                                                                                                     |                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>                                                                      |

2. Type of Statement:

- |                                                                                                                                                                                                                                                           |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination)<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

3. Committee Information

I.D. NUMBER  
1382665

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends of Fadelli for City Council 2016

STREET ADDRESS (NO P.O. BOX)

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Fadelli2016@deaneandcompany.com

Treasurer(s)

NAME OF TREASURER

Shawnda Deane

MAILING ADDRESS

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

NAME OF ASSISTANT TREASURER, IF ANY

Paul Fadelli

MAILING ADDRESS

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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 10/23/2016  
Date

Executed on 10/23/2016  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/272)  
www.fppc.gov

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

Page 2 of 15

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Fadelli

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

City Council Member: City of El Cerrito

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

8646 Arbor Drive El Cerrito CA 94530

**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 ☐ 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.

SUMMARY PAGE

Statement covers period from 09/25/2016 through 10/22/2016		<b>CALIFORNIA FORM 460</b>
Page 3 of 15		I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 4,175.00	\$ 18,734.01
2. Loans Received .....	Schedule B, Line 3	5,000.00	10,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 9,175.00	\$ 28,734.01
4. Nonmonetary Contributions .....	Schedule C, Line 3	37.30	451.01
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 9,212.30	\$ 29,185.02

## 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	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 10,477.23	\$ 24,150.95
7. Loans Made .....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 10,477.23	\$ 24,150.95
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	37.30	451.01
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 10,514.53	\$ 24,601.96

## 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	\$ 5,885.29
13. Cash Receipts .....	Column A, Line 3 above	9,175.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
15. Cash Payments .....	Column A, Line 8 above	10,477.23
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,583.06

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00
------------------------------------	--------------------	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 10,000.00

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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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)
09/26/2016	Kurt Bondellie 7075 Royal Ridge Drive San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Management Coherent	200.00	200.00	
10/11/2016	Marta Dragos 1352 Rifle Range Road El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
10/13/2016	Richard W. Ghilotti 296 Margarita Drive San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Ghilotti Construction	500.00	500.00	
09/25/2016	Don Hayashida 8401 Mondavi Court Sacramento, CA 95828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
10/08/2016	Deidre Heitman 339 Marlow Drive Oakland, CA 94605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, Special Projects Bay Area Rapid Transit	75.00	150.00	
<b>SUBTOTAL \$</b>				975.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3,925.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 250.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 4,175.00

\*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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>15</u>		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

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)
10/02/2016	Kirsten MacPhee 10 Upper Via Casitas Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Companion Care Kirsten MacPhee	100.00	100.00	
09/27/2016	Letitia Moore 761 Norvell Street El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney United States Environmental Protection Agency	100.00	100.00	
10/21/2016	Seamus Murphy 245 10th Avenue San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Communications Officer San Mateo County Transit District	100.00	100.00	
09/30/2016	Nancy Fujita Nakayama 8724 Don Carol Drive El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
09/26/2016	Amy Ongaro 39 Kinross Drive San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Amy Ongaro	200.00	200.00	
<b>SUBTOTAL \$</b>				600.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>15</u>		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

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)
09/26/2016	Diane Ongaro 21 Culloden Park Road San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	500.00	600.00	
09/28/2016	James P. Perero 8613 Don Carol Drive El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
09/30/2016	Peter Peyser 250 West 93rd Street New York, NY 10025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Peyser Associates LLC	100.00	100.00	
09/28/2016	Sandi Potter 12 Mission Drive Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planning Manager County of Sonoma	100.00	100.00	
09/30/2016	Dan Richard 2 Highland Avenue Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chair, High Speed Rail Authority State of California	250.00	250.00	
<b>SUBTOTAL \$</b>				1,050.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 09/25/2016 through 10/22/2016		<b>CALIFORNIA FORM 460</b>
Page 7 of 15		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

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)
10/01/2016	Steve Schnaidt 2817 Land Park Drive Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
10/05/2016	Service Employees International Union Local 1021 PAC Small Contributor Committee (ID# 1296948) 555 Capital Mall, Suite 1425 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000.00	1,000.00	
10/07/2016	Michael Sherman 5372 Hilltop Crescent Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
10/05/2016	Christopher Starr 732 Westmount Drive West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Christopher Starr	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				1,300.00		

**\*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



# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Friends of Fadelli for City Council 2016

1382665

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
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit			<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>5,000.00</u>	<u>0.00</u> % RATE	\$ <u>5,000.00</u>	CALENDAR YEAR \$ <u>10,000.00</u> PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>5,000.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	<u>03/09/2017</u> DATE DUE	\$ <u>0.00</u>	<u>03/09/2016</u> DATE INCURRED	\$ _____
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530 Loan Recieved, 0% Interest	Program Manager San Francisco Bay Area Rapid Transit			<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>5,000.00</u>	<u>0.00</u> % RATE	\$ <u>5,000.00</u>	CALENDAR YEAR \$ <u>10,000.00</u> PER ELECTION**
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>0.00</u>	\$ <u>5,000.00</u>	\$ <u>0.00</u>	<u>10/07/2017</u> DATE DUE	\$ <u>0.00</u>	<u>10/07/2016</u> DATE INCURRED	\$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____ <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	\$ _____ RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
<b>SUBTOTALS</b>		\$	\$ <u>5,000.00</u>	\$ <u>0.00</u>	\$ <u>10,000.00</u>	\$ <u>0.00</u>		

## Schedule B Summary

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

- Loans received this period ..... \$ 5,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 5,000.00  
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.

# Schedule C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 09/25/2016 through 10/22/2016		<b>CALIFORNIA FORM 460</b>
Page 9 of 15		
NAME OF FILER  Friends of Fadelli for City Council 2016		I.D. NUMBER  1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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.) \$ 0.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 37.30

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 \$ 37.30

### \*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 E Payments Made

Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	09/25/2016	Page	10 of 15
through	10/22/2016	I.D. NUMBER	1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		40.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		6.45
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20

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

**SUBTOTAL \$** 50.85

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 10,477.23
2. Unitemized payments made this period of under \$100	\$ 0.00
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.)	<b>TOTAL \$</b> 10,477.23

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through	10/22/2016	Page 11 of 15
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			24.90
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			6.45
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			9.67
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Budget Watchdogs Newsletter (ID# 1345115) 1954 West Carson Street, Suite B Torrance, CA 90501			Slate Mailer	100.00

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

**SUBTOTAL \$** 145.22

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

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	09/25/2016	
through	10/22/2016	Page <u>12</u> of <u>15</u>
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
CalSal Voter Guide (ID# 1368249) 1954 West Carson Street, Suite B Torrance, CA 90501			Slate Mailer	100.00
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			652.85
Democractic Party of Contra Costa (ID# 990861) 702 Windmill Court Concord, CA 94518			Slate Mailer	130.00
Election Digest (ID# 1345303) 1954 West Carson Street, Suite B Torrance, CA 90501			Slate Mailer	100.00
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	OFC			300.00

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

**SUBTOTAL \$** 1,282.85

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through	10/22/2016	Page 13 of 15
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	LIT		246.38
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	CNS		1,000.00
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	POS		1,882.68
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	OFC		453.00
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	LIT		4,716.25

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

**SUBTOTAL \$** 8,298.31

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

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through	10/22/2016	Page 14 of 15
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Sierra Club, San Francisco Bay Chapter Campaigns SMO (ID# 1306869) 2530 San Pablo Avenue, Suite I Berkeley, CA 94702			Slate Mailer	700.00

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

**SUBTOTAL \$** 700.00

# Schedule G

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

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from 09/25/2016 through 10/22/2016	<b>CALIFORNIA FORM 460</b>
Page 15 of 15	I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Lisa Tucker dba The Tucker Group

**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
Madison Street Press 614 Madison Street Oakland, CA 94607	LIT		3,404.50
Mary Szczepanik 1483 Guerrero Street San Francisco, CA 94110	LIT		637.50
US Postmaster 300 East Bonita Avenue San Dimas, CA 91773	POS		1,882.68

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 5,924.68

\* 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.



**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

<b>Statement covers period</b> from <u>07/01/2016</u>  through <u>09/24/2016</u>	<b>Date of election if applicable:</b> (Month, Day, Year)  <u>11/08/2016</u>	<b>Date Stamp</b> <b>RECEIVED</b>  <b>OCT 25 2016</b>  <b>City of El Cerrito</b> <b>City Clerk</b>	<b>CALIFORNIA FORM 460</b>  Page <u>1</u> of <u>28</u>  For Official Use Only
-------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |                                                                                                                                                                                                                             |                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>                                                                      |

**2. Type of Statement:**

- |                                                                                                                                                                                                     |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

☒ Amendment (Explain below)

Update Summary Page 1 Sch. C

**3. Committee Information**

I.D. NUMBER  
1382665

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends of Fadelli for City Council 2016

STREET ADDRESS (NO P.O. BOX)  
8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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

<u>1787 Tribute Road, Suite K</u>			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Fadelli2016@deaneandcompany.com

**Treasurer(s)**

NAME OF TREASURER

Shawnda Deane

MAILING ADDRESS

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

NAME OF ASSISTANT TREASURER, IF ANY

Paul Fadelli

MAILING ADDRESS

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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 10/22/2016  
Date

Executed on 10/22/2016  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

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

FPPC Form 460 (Jan/2016)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (877) 3-3772

[www.fppc.ca.gov](http://www.fppc.ca.gov)

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

Page 2 of 28

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Fadelli

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

City Council Member: City of El Cerrito

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

8646 Arbor Drive El Cerrito CA 94530

**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

☐ 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.

SUMMARY PAGE

Statement covers period from 07/01/2016 through 09/24/2016	<b>CALIFORNIA FORM 460</b>
Page 3 of 28	I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 8,786.77	\$ 14,559.01
2. Loans Received .....	Schedule B, Line 3	0.00	5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 8,786.77	\$ 19,559.01
4. Nonmonetary Contributions .....	Schedule C, Line 3	413.71	413.71
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 9,200.48	\$ 19,972.72

## 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	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 10,511.33	\$ 13,673.72
7. Loans Made .....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 10,511.33	\$ 13,673.72
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	-434.45	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	413.71	413.71
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 10,490.59	\$ 14,087.43

## Expenditure Limit Summary for State Candidates

<b>22. Cumulative Expenditures Made*</b> (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	\$ 7,609.85
13. Cash Receipts .....	Column A, Line 3 above	8,786.77
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
15. Cash Payments .....	Column A, Line 8 above	10,511.33
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5,885.29

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00
------------------------------------	--------------------	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 5,000.00

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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>28</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Padelli for City Council 2016

I.D. NUMBER

1382665

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)
09/23/2016	Maya E. Archiga 2363 Alva Avenue El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Marvin Gardens	100.00	100.00	
09/06/2016	Jane A. Bartke 1315 Devonshire Court El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
08/12/2016	Ellen Berman 921 Paulsboro Drive Rockville, MD 20850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/08/2016	Ernest Beyard 330 A Street Northeast Washington, DC 20002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	250.00	250.00	
09/11/2016	Jane Breyer 6767 Cutting Blvd. El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Energy Foundation	100.00	100.00	
<b>SUBTOTAL \$</b>				650.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 7,850.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 936.77
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 8,786.77

**\*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.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016		
through 09/24/2016		Page 5 of 28

NAME OF FILER Friends of Fadelli for City Council 2016	I.D. NUMBER 1382665
-----------------------------------------------------------	------------------------

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)
08/30/2016	Joe Camicia 200 P Street Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Advocacy Marketing, LLC.	100.00	100.00	
08/22/2016	Denis Carrade 2099 Vineyard Road Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	250.00	250.00	
09/14/2016	Phyllis Chow 658 Cutting Way Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scheduler/Legislative California State Assembly	100.00	100.00	
09/06/2016	Gussie Curran 3414 Topsail Place Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/12/2016	Paul E. Donahue 2200 2nd Avenue Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	250.00	250.00	
<b>SUBTOTAL \$</b>				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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>28</u>		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

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)
09/12/2016	Manish Doshi 1720 Julian Court El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Meeta Doshi DDS, PDC	250.00	250.00	
09/03/2016	Frank O. Fadelli 5049 Wittenmeyer Court Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	200.00	
08/22/2016	Jeanne Fadelli 2099 Vineyard Road Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Research Analyst Santa Rosa Junior College	100.00	100.00	
09/23/2016	Kenneth B. Finney 230 Amherst Avenue Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Beverage LLC	200.00	200.00	
09/06/2016	Connie J. Frank 1800 Third Avenue Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
<b>SUBTOTAL \$</b>				<b>850.00</b>		

**\*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.)

Statement covers period

from 07/01/2016

through 09/24/2016

**CALIFORNIA**  
**FORM 460**

Page 7 of 28

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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)
07/12/2016	Rebecca F. Franzoia 5662 Delcliff Circle Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	200.00	
07/12/2016	Karen K. French 6621 Longridge Way Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Nielsen Merksamer Parrinello Gross & Leoni, LLP	100.00	100.00	
07/20/2016	Michael Gersick 28 Kerr Avenue Kensington, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/08/2016	Linda L. Ghilotti 119 Highland Lane Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	300.00	
08/22/2016	Linda L. Ghilotti 119 Highland Lane Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	300.00	
<b>SUBTOTAL \$</b>				700.00		

**\*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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov 6/275-3772)

fppc.ca.gov

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016	through 09/24/2016	
Page 8 of 28		I.D. NUMBER 1382665

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
09/24/2016	Kim Gillan 1200 Humboldt Street Denver, CO 80218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Director United States Department of Health Human Services	100.00	175.00	
07/12/2016	John Hancock 912 South Beach Drive Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Application Operations University of California, Davis Health System	100.00	100.00	
07/12/2016	Judith Inglehart 311 2nd Street, #815 Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
08/05/2016	Linton Johnson 4100 Redwood Road Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Strategist BART	100.00	175.00	
07/14/2016	Thomas J. Kerbs 625 Santa Ynez Way Sacramento, CA 95816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Legislature	100.00	100.00	
<b>SUBTOTAL \$</b>				500.00		

**\*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



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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016	through 09/24/2016	
Page 9 of 28		I.D. NUMBER 1382665

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
08/12/2016	Mark Krausse 49669 Hamilton Road Clarksburg, CA 95612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Pacific Gas & Electric	100.00	100.00	
07/12/2016	Stephen Jon Larson 504 Belvedere Street San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant California Strategies	125.00	125.00	
08/31/2016	Rodd Lee 311 Oak Street, Unit 703 Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager of Government Affairs and Community Relations San Francisco Bay Area Rapid Transit District (BART)	100.00	100.00	
07/12/2016	Patrick J. Lenz 9440 Richford Lane Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/28/2016	Steven Lewis 5224 Yorkville Place Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Steven Lewis	100.00	100.00	
<b>SUBTOTAL \$</b>				525.00		

**\*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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016	through 09/24/2016	
Page 10 of 28		I.D. NUMBER 1382665

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
07/12/2016	Dennis H. Mangers 1017 Harrington Way Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Advisor California State Senate	100.00	100.00	
07/12/2016	Jill M. Matranga 2367 39th Street Sacramento, CA 95817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	125.00	125.00	
08/22/2016	Deborah McFarland 241 Vista Verde Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	200.00	
09/20/2016	Bart Mehlhop 1330 21st Street Sacramento, CA 95811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Mehlhop and Vogt	100.00	100.00	
09/20/2016	Marcella Moberly 19364 Hollow Lane Redding, CA 96003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	500.00	500.00	
<b>SUBTOTAL \$</b>				1,025.00		

\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2016 through 09/24/2016		<b>CALIFORNIA FORM 460</b>
Page 11 of 28		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

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)
07/20/2016	Cindy R. Morse 304 West 23rd Street Merced, CA 95340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Morse and Pfeiff	500.00	500.00	
09/06/2016	Jerri Ollett 313 Hash Court Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Care Consultant Jerri Ollett, MPA, Consulting & Training	500.00	500.00	
08/30/2016	Daniel Purnell 110 Solano Avenue La Selva Beach, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
09/23/2016	Amy L. Reisch 917 San Anselmo Avenue, Apt. 4 San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director First 5 Marin	100.00	100.00	
07/25/2016	Marilyn Robrahn 481 Basalt Court Redding, CA 96003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
<b>SUBTOTAL \$</b>				1,300.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 12 of 28

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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)
07/20/2016	Antoinette M. Sabelhaus 1121 3rd Avenue Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant California State Senate	100.00	100.00	
08/04/2016	Samuel J. Salkin 8715 Don Carol Drive El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Chevra Kadisha-Sinai Memorial Chapel	100.00	100.00	
09/07/2016	Timothy Schott 4755 Brand Way Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Association Management and Advocacy Schott & Associates	100.00	200.00	
09/22/2016	Timothy Schott 4755 Brand Way Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Association Management and Advocacy Schott & Associates	100.00	200.00	
08/20/2016	William Schulte 849 Vista Drive Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer William Schulte	100.00	100.00	
<b>SUBTOTAL \$</b>				500.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>13</u> of <u>28</u>		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

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)
09/07/2016	Janice Simoni 1064 Wilhagin Park Lane Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/12/2016	Camillis Slater 1999 13th Avenue Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychotherapist Yolo Family Services Agency	150.00	200.00	
07/06/2016	Judith Lee Stone 15 2nd Street Northeast Washington, DC 20002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
08/23/2016	Peter Tannenbaum 5912 Jordan Avenue El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
08/16/2016	Bob Van Heuvelen 500 New Jersey Avenue NW, Suite #800 Washington, DC 20001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Executive Officer/Founder VH Strategies	250.00	250.00	
SUBTOTAL \$				700.00		

**\*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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>14</u> of <u>28</u>		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

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)
08/22/2016	Kathleen Waters 11260 Donner Pass Road, #205 Truckee, CA 96161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investment Kathleen Waters	100.00	100.00	
07/10/2016	Jill Wilson 103 Arthrop Place Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Jill Wilson	100.00	100.00	
08/10/2016	Kari Yasuda 8712 Don Carol Drive El Cerritos, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Berkeley Bowl	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				300.00		

**\*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

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period

from 07/01/2016

through 09/24/2016

CALIFORNIA  
FORM 460

Page 15 of 28

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00	0.00% RATE	\$ 5,000.00	CALENDAR YEAR \$ 5,000.00 PER ELECTION **
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,000.00	\$ 0.00	\$ 0.00	03/09/2017 DATE DUE	\$ 0.00	03/09/2016 DATE INCURRED	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION **
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION **
SUBTOTALS \$		0.00	\$	0.00	\$	5,000.00	\$	0.00

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

## Schedule B Summary

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0.00  
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.

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov 6/275-3772)

www.fppc.ca.gov

# Schedule C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2016 through 09/24/2016		<b>CALIFORNIA FORM 460</b>
Page 16 of 28		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
09/17/2016	Debbie Weeks 1506 Arlington Blvd. El Cerritos, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Graphic Artist/Web Designer Debbie Weeks	Fundraising Supplies	413.71	413.71	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 413.71

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 413.71

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00

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 \$** 413.71

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

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>17</u> of <u>28</u>		I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				0.00		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 0.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 25.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 25.00

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>	
from	07/01/2016		
through	09/24/2016		
		Page 18	of 28
NAME OF FILER		I.D. NUMBER	
Friends of Fadelli for City Council 2016		1382665	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		5.47
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		16.50
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.49

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

**SUBTOTAL \$** 26.46

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 10,511.33
2. Unitemized payments made this period of under \$100	\$ 0.00
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.)	<b>TOTAL \$ 10,511.33</b>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 19 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		2.25
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20

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

**SUBTOTAL \$** 19.05

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016	through 09/24/2016	
Page 20 of 28		I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		8.40
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		10.05
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		7.53
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		37.20

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

**SUBTOTAL \$ 67.38**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 21 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			5.47
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			10.65
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			6.45
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			10.05

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

**SUBTOTAL \$** 36.82

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 22 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			8.40
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20

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

**SUBTOTAL \$** 25.20

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 23 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot, Inc. 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	434.45
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	175.00
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	260.00
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		343.85

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

**SUBTOTAL \$** 1,217.50

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016	through 09/24/2016	
Page 24 of 28		I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		301.01
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		535.50
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	CMP		3,068.80
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	CMP		3,214.61
Voter Guide Slate Cards (ID# 1319578) 6285 East Spring Street, Suite 202 Long Beach, CA 90808		Slate Mailer	474.00

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

**SUBTOTAL \$ 7,593.92**



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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 25 of 28
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Debbie Weeks 1506 Arlington Blvd. El Cerritos, CA 94530	CMP			625.00
Debbie Weeks 1506 Arlington Blvd. El Cerritos, CA 94530	WEB			900.00

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

**SUBTOTAL \$** 1,525.00

# Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>26</u> of <u>28</u>		
NAME OF FILER  Friends of Fadelli for City Council 2016		I.D. NUMBER  1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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 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
Card Service Center 5055 Norwood Road Dallas, TX 75356	Credit Card Payment	434.45	0.00	434.45	0.00
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>		<b>SUBTOTALS \$</b>	<b>434.45\$</b>	<b>0.00\$</b>	<b>434.45\$</b>
					<b>0.00</b>

## Schedule F Summary

- 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 \$** 0.00
- 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 \$** 434.45
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -434.45  
May be a negative number

# 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		<b>CALIFORNIA FORM 460</b>
from 07/01/2016	through 09/24/2016	
Page 27 of 28		I.D. NUMBER
		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

**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
City of El Cerrito 10890 San Pablo Avenue El Cerrito, CA 94530	FIL		225.00
John Garamendi for Congress 1315 10th Street Sacramento, CA 95814		To Be Refunded	150.00
John Garamendi for Congress 1315 10th Street Sacramento, CA 95814		Contribution Refunded	-150.00
Sierra Club San Francisco 2530 San Pablo Avenue # I Berkeley, CA 94702	CVC		185.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 410.00**

\* 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.

# 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 <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b> Page <u>28</u> of <u>28</u> I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Lisa Tucker dba The Tucker Group

**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
H&S Signs 418 Neal Street Grass Valley, CA 95945	CMP		1,983.80
Madison Street Press 614 Madison Street Oakland, CA 94607	CMP		1,628.25
Mary Szczepanik 1483 Guerrero Street San Francisco, CA 94110	CMP		297.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 3,909.55

\* 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.

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Friends of Fadelli for City Council 2016		Date of This Filing 10/06/2016	Date Stamp <b>RECEIVED</b> 10/10/2016	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if applicable) 1382665	Report No. 644752-KC		
STREET ADDRESS 8646 Arbor Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY El Cerrito	STATE CA	ZIP CODE 94530	No. of Pages 1	

## 1. Contribution(s) Received

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
10/05/2016	Service Employees International Union Local 1021 PAC Small Contributor Committee 555 Capital Mall, Suite 1425 Sacramento, CA 95814 Committee ID # 1296948	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

### \*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

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Friends of Fadelli for City Council 2016		Date of This Filing 10/07/2016	Date Stamp <b>RECEIVED</b> 10/10/16	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if applicable) 1382665	Report No. 644836-KC		
STREET ADDRESS 8646 Arbor Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY El Cerrito	STATE CA			

## 1. Contribution(s) Received

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
10/07/2016	Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530  Loan Received 0 %	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Manager San Francisco Bay Area Rapid Transit	5,000.00  <input type="checkbox"/> Check If Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\*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

F. UUI  
 FAX NO. 15103331344  
 OCT/07/2016/FRI 06:03 PM Deane & Company

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp <b>RECEIVED</b>  SEP 29 2016  City of El Cerrito City Clerk	<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
	Page <u>1</u> of <u>27</u>
	For Official Use Only

Statement covers period from <u>07/01/2016</u>  through <u>09/24/2016</u>	Date of election if applicable: (Month, Day, Year)  <u>11/08/2016</u>
------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- |                                                                                                                                                                                                                             |                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>                                                                      |

2. Type of Statement:

- |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small><br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

3. Committee Information

I.D. NUMBER  
1382665

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends of Fadelli for City Council 2016

STREET ADDRESS (NO P.O. BOX)

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Fadelli2016@deaneandcompany.com

Treasurer(s)

NAME OF TREASURER

Shawnda Deane

MAILING ADDRESS

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

NAME OF ASSISTANT TREASURER, IF ANY

Paul Fadelli

MAILING ADDRESS

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cerrito</u>	<u>CA</u>	<u>94530</u>	<u>(916) 285-5733</u>

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 09/25/2016  
Date

Executed on 09/25/2016  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866) 275-3772

www.fppc.ca.gov

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 27

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Fadelli

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

City Council Member: City of El Cerrito

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

8546 Arbor Drive El Cerrito CA 94530

**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

☐ 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.

SUMMARY PAGE

Statement covers period from 07/01/2016 through 09/24/2016		<b>CALIFORNIA FORM 460</b>
Page 3 of 27		I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 8,786.77	\$ 14,559.01
2. Loans Received ..... Schedule B, Line 3	0.00	5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 8,786.77	\$ 19,559.01
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 8,786.77	\$ 19,559.01

## 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	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ 10,511.33	\$ 13,673.72
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 10,511.33	\$ 13,673.72
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	-434.45	0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 10,076.88	\$ 13,673.72

## 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	\$ 7,609.85
13. Cash Receipts ..... Column A, Line 3 above	8,786.77
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	10,511.33
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5,885.29

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00
-------------------------------------------------------	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 5,000.00

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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>27</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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)
09/23/2016	Maya E. Archiga 2363 Alva Avenue El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Marvin Gardens	100.00	100.00	
09/06/2016	Jane A. Bartke 1315 Devonshire Court El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
08/12/2016	Ellen Berman 921 Paulsboro Drive Rockville, MD 20850	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/08/2016	Ernest Beyard 330 A Street Northeast Washington, DC 20002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	250.00	250.00	
09/11/2016	Jane Breyer 6767 Cutting Blvd. El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Energy Foundation	100.00	100.00	
<b>SUBTOTAL \$</b>				650.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 7,850.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 936.77
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 8,786.77

\*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.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 5 of 27
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

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)
08/30/2016	Joe Camicia 200 P Street Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Advocacy Marketing, LLC.	100.00	100.00	
08/22/2016	Denis Carrade 2099 Vineyard Road Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	250.00	250.00	
09/14/2016	Phyllis Chow 658 Cutting Way Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scheduler/Legislative California State Assembly	100.00	100.00	
09/06/2016	Gussie Curran 3414 Topsail Place Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/12/2016	Paul E. Donahue 2200 2nd Avenue Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	250.00	250.00	
<b>SUBTOTAL \$</b>				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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016		
through 09/24/2016		Page 6 of 27
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

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)
09/12/2016	Manish Doshi 1720 Julian Court El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Meeta Doshi DDS, PDC	250.00	250.00	
09/03/2016	Frank O. Fadelli 5049 Wittenmeyer Court Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	200.00	
08/22/2016	Jeanne Fadelli 2099 Vineyard Road Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Research Analyst Santa Rosa Junior College	100.00	100.00	
09/23/2016	Kenneth B. Finney 230 Amherst Avenue Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Beverage LLC	200.00	200.00	
09/06/2016	Connie J. Frank 1800 Third Avenue Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
<b>SUBTOTAL \$</b>				850.00		

**\*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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016	through 09/24/2016	
Page 7 of 27		I.D. NUMBER 1382665

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
07/12/2016	Rebecca F. Franzoia 5662 Delcliff Circle Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	200.00	
07/12/2016	Karen K. French 6621 Longridge Way Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Nielsen Merksamer Parrinello Gross & Leoni, LLP	100.00	100.00	
07/20/2016	Michael Gersick 28 Kerr Avenue Kensington, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/08/2016	Linda L. Ghilotti 119 Highland Lane Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	300.00	
08/22/2016	Linda L. Ghilotti 119 Highland Lane Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	300.00	
<b>SUBTOTAL \$</b>				700.00		

**\*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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2016	through 09/24/2016	
Page 8 of 27		I.D. NUMBER
		1382665

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
09/24/2016	Kim Gillan 1200 Humboldt Street Denver, CO 80218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Director United States Department of Health Human Services	100.00	175.00	
07/12/2016	John Hancock 912 South Beach Drive Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Application Operations University of California, Davis Health System	100.00	100.00	
07/12/2016	Judith Inglehart 311 2nd Street, #815 Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
08/05/2016	Linton Johnson 4100 Redwood Road Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Strategist BART	100.00	175.00	
07/14/2016	Thomas J. Kerbs 625 Santa Ynez Way Sacramento, CA 95816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney California Legislature	100.00	100.00	
<b>SUBTOTAL \$</b>				500.00		

\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>9</u> of <u>27</u>		
NAME OF FILER  Friends of Fadelli for City Council 2016		I.D. NUMBER  1382665

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)
08/12/2016	Mark Krausse 49669 Hamilton Road Clarksburg, CA 95612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Pacific Gas & Electric	100.00	100.00	
07/12/2016	Stephen Jon Larson 504 Belvedere Street San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant California Strategies	125.00	125.00	
08/31/2016	Rodd Lee 311 Oak Street, Unit 703 Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager of Government Affairs and Community Relations San Francisco Bay Area Rapid Transit District (BART)	100.00	100.00	
07/12/2016	Patrick J. Lenz 9440 Richford Lane Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/28/2016	Steven Lewis 5224 Yorkville Place Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Steven Lewis	100.00	100.00	
<b>SUBTOTAL \$</b>				525.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>10</u> of <u>27</u>		
NAME OF FILER Friends of Fadelli for City Council 2016		I.D. NUMBER 1382665

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)
07/12/2016	Dennis H. Mangers 1017 Harrington Way Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Advisor California State Senate	100.00	100.00	
07/12/2016	Jill M. Matranga 2367 39th Street Sacramento, CA 95817	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	125.00	125.00	
08/22/2016	Deborah McFarland 241 Vista Verde Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	200.00	
09/20/2016	Bart Mehlhop 1330 21st Street Sacramento, CA 95811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Mehlhop and Vogt	100.00	100.00	
09/20/2016	Marcella Moberly 19364 Hollow Lane Redding, CA 96003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	500.00	500.00	
<b>SUBTOTAL \$</b>				1,025.00		

**\*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



# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>07/01/2016</u>		
through <u>09/24/2016</u>		Page <u>11</u> of <u>27</u>
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

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)
07/20/2016	Cindy R. Morse 304 West 23rd Street Merced, CA 95340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Morse and Pfeiff	500.00	500.00	
09/06/2016	Jerri Ollett 313 Hash Court Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Care Consultant Jerri Ollett, MPA, Consulting & Training	500.00	500.00	
08/30/2016	Daniel Purnell 110 Solano Avenue La Selva Beach, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
09/23/2016	Amy L. Reisch 917 San Anselmo Avenue, Apt. 4 San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director First 5 Marin	100.00	100.00	
07/25/2016	Marilyn Robrahn 481 Basalt Court Redding, CA 96003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
<b>SUBTOTAL \$</b>				1,300.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 12 of 27
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

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)
07/20/2016	Antoinette M. Sabelhaus 1121 3rd Avenue Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant California State Senate	100.00	100.00	
08/04/2016	Samuel J. Salkin 8715 Don Carol Drive El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Chevra Kadisha-Sinai Memorial Chapel	100.00	100.00	
09/07/2016	Timothy Schott 4755 Brand Way Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Association Management and Advocacy Schott & Associates	100.00	200.00	
09/22/2016	Timothy Schott 4755 Brand Way Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Association Management and Advocacy Schott & Associates	100.00	200.00	
08/20/2016	William Schulte 849 Vista Drive Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer William Schulte	100.00	100.00	
<b>SUBTOTAL \$</b>				500.00		

**\*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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 13 of 27
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

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)
09/07/2016	Janice Simoni 1064 Wilhagin Park Lane Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
07/12/2016	Camillis Slater 1999 13th Avenue Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychotherapist Yolo Family Services Agency	150.00	200.00	
07/06/2016	Judith Lee Stone 15 2nd Street Northeast Washington, DC 20002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
08/23/2016	Peter Tannenbaum 5912 Jordan Avenue El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
08/16/2016	Bob Van Heuvelen 500 New Jersey Avenue NW, Suite #800 Washington, DC 20001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Executive Officer/Founder VH Strategies	250.00	250.00	
<b>SUBTOTAL \$</b>				700.00		

**\*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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>07/01/2016</u>		
through <u>09/24/2016</u>		Page <u>14</u> of <u>27</u>
NAME OF FILER  Friends of Fadelli for City Council 2016		I.D. NUMBER  1382665

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)
08/22/2016	Kathleen Waters 11260 Donner Pass Road, #205 Truckee, CA 96161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investment Kathleen Waters	100.00	100.00	
07/10/2016	Jill Wilson 103 Arthrop Place Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Jill Wilson	100.00	100.00	
08/10/2016	Kari Yasuda 8712 Don Carol Drive El Cerritos, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Berkeley Bowl	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				300.00		

**\*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

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 07/01/2016 through 09/24/2016	<b>CALIFORNIA FORM 460</b>
Page 15 of 27	I.D. NUMBER 1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

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
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit			<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 03/09/2017 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 03/09/2016 DATE INCURRED	CALENDAR YEAR \$ 5,000.00 PER ELECTION ** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,000.00	\$ 0.00					
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
SUBTOTALS \$		0.00	\$	0.00	\$	5,000.00	\$	0.00

## Schedule B Summary

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 0.00  
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.

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

Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through		09/24/2016
Page		16 of 27
I.D. NUMBER		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$</b>				0.00		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 0.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 25.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ 25.00**

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 17 of 27
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		5.47
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		16.50
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.49

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

**SUBTOTAL \$** 26.46

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 10,511.33
2. Unitemized payments made this period of under \$100	\$ 0.00
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.)	<b>TOTAL \$</b> 10,511.33

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

fppc.ca.gov

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 18 of 27

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

**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
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			2.25
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20

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

**SUBTOTAL \$**

19.05



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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 19 of 27
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			8.40
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			10.05
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			7.53
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			37.20

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

**SUBTOTAL \$** 67.38

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 20 of 27
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			5.47
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			10.65
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			6.45
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			10.05

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

**SUBTOTAL \$** 36.82

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 21 of 27
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			8.40
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20

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

**SUBTOTAL \$** 25.20

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 22 of 27
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	434.45
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	175.00
Card Service Center 5055 Norwood Road Dallas, TX 75356		Credit Card Payment	260.00
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO		343.85

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

**SUBTOTAL \$** 1,217.50

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 23 of 27
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			301.01
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			535.50
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	CMP			3,068.80
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	CMP			3,214.61
Voter Guide Slate Cards (ID# 1319578) 6285 East Spring Street, Suite 202 Long Beach, CA 90808			Slate Mailer	474.00

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

**SUBTOTAL \$** 7,593.92

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 24 of 27
NAME OF FILER		I.D. NUMBER
Friends of Padelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Padelli for City Council 2016

**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
Debbie Weeks 1506 Arlington Blvd. El Cerritos, CA 94530	CMP			625.00
Debbie Weeks 1506 Arlington Blvd. El Cerritos, CA 94530	WEB			900.00

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

**SUBTOTAL \$** 1,525.00

# Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>25</u> of <u>27</u>		
NAME OF FILER  Friends of Fadelli for City Council 2016		I.D. NUMBER  1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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 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
Card Service Center 5055 Norwood Road Dallas, TX 75356	Credit Card Payment	434.45	0.00	434.45	0.00
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>		<b>SUBTOTALS \$</b>	<b>434.45\$</b>	<b>0.00\$</b>	<b>434.45\$</b>
					<b>0.00</b>

## Schedule F Summary

- 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 \$** 0.00
- 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 \$** 434.45
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -434.45  
May be a negative number

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

Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>	<b>CALIFORNIA FORM 460</b>
Page <u>26</u> of <u>27</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

I.D. NUMBER

1382665

**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
City of El Cerrito 10890 San Pablo Avenue El Cerrito, CA 94530	FIL		225.00
John Garamendi for Congress 1315 10th Street Sacramento, CA 95814		To Be Refunded	150.00
John Garamendi for Congress 1315 10th Street Sacramento, CA 95814		Contribution Refunded	-150.00
Sierra Club San Francisco 2530 San Pablo Avenue # I Berkeley, CA 94702	CVC		185.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL \* \$** 410.00

\* 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.



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

Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from <u>07/01/2016</u> * through <u>09/24/2016</u>	<b>CALIFORNIA FORM 460</b>
Page <u>27</u> of <u>27</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Lisa Tucker dba The Tucker Group

I.D. NUMBER

1382665

**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
H&S Signs 418 Neal Street Grass Valley, CA 95945	CMP		1,983.80
Madison Street Press 614 Madison Street Oakland, CA 94607	CMP		1,628.25
Mary Szczepanik 1483 Guerrero Street San Francisco, CA 94110	CMP		297.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 3,909.55

\* 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.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp <b>RECEIVED</b> AUG 01 2016 City of El Cerrito City Clerk	<b>CALIFORNIA FORM 460</b> Page <u>1</u> of <u>20</u> For Official Use Only
----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	Date of election if applicable: (Month, Day, Year) _____
--------------------------------------------------------------------------------	----------------------------------------------------------------

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |                                                                                                                                                                                                     |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="radio"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br>(Also Complete Part 5) | <input type="radio"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br>(Also Complete Part 6) |
| <input type="radio"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee  | <input type="radio"/> Primarily Formed Candidate/Officeholder Committee<br>(Also Complete Part 7)                                                                |

**2. Type of Statement:**

- |                                                                                      |                                                                               |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Preelection Statement                                       | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                            | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)<br>_____<br>_____                 |                                                                               |

**3. Committee Information**

I.D. NUMBER  
1382665

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends of Fadelli for City Council 2016

STREET ADDRESS (NO P.O. BOX)  
8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
El Cerrito	CA	94530	(916) 285-5733

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95815	

OPTIONAL: FAX / E-MAIL ADDRESS  
Fadelli12016@deaneandcompany.com

**Treasurer(s)**

NAME OF TREASURER

Shawnda Deane

MAILING ADDRESS

1787 Tribute Road, Suite K

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95815	(916) 285-5733

NAME OF ASSISTANT TREASURER, IF ANY

Paul Fadelli

MAILING ADDRESS

8646 Arbor Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
El Cerrito	CA	94530	(916) 285-5733

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 07/01/2016  
Date

Executed on 07/01/2016  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
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

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 20

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Paul Fadelli

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

City Council Member: City of El Cerrito

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
8646 Arbor Drive	El Cerrito	CA	94530

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2016	
through	06/30/2016	Page <u>3</u> of <u>20</u>
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 5,772.24	\$ 5,772.24
2. Loans Received .....	Schedule B, Line 3	5,000.00	5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 10,772.24	\$ 10,772.24
4. Nonmonetary Contributions .....	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 10,772.24	\$ 10,772.24

## 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	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 3,162.39	\$ 3,162.39
7. Loans Made .....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 3,162.39	\$ 3,162.39
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	434.45	434.45
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 3,596.84	\$ 3,596.84

## Expenditure Limit Summary for State Candidates

<b>22. Cumulative Expenditures Made*</b> (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	\$ 0.00
13. Cash Receipts .....	Column A, Line 3 above	10,772.24
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
15. Cash Payments .....	Column A, Line 8 above	3,162.39
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 7,609.85

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00
------------------------------------	--------------------	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 5,434.45

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 A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>20</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  Friends of Fadelli for City Council 2016	I.D. NUMBER  1382665
---------------------------------------------------------------	----------------------------

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)
05/01/2016	Janet Abelson 7 Pomona Avenue El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember City of El Cerrito	125.00	125.00	
06/02/2016	Leon Billings 20 Addy Road Bethany Beach, DE 19930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
05/01/2016	Judith Christiansen 1400 Pinnacle Court, #404 Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
05/01/2016	Linda A. Della 984 Santa Barbara Road Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	300.00	300.00	
05/01/2016	Cindy Dummiry 3360 Adams Road Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Social Services Sutter Health	100.00	100.00	
<b>SUBTOTAL \$</b>				725.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 4,531.24
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 1,241.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 5,772.24

\*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.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2016	
through	06/30/2016	Page <u>5</u> of <u>20</u>

NAME OF FILER	I.D. NUMBER
Friends of Fadelli for City Council 2016	1382665

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)
04/23/2016	Robert Feraru 1801 Butte Street Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	200.00	
04/18/2016	Kristen Franklin 2290 Eagle Bend Court Reno, NV 89523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
04/20/2016	Ann Gressani 3428 Jordan Road Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Energy Efficiency Consultant Ann Gressani	100.00	100.00	
05/01/2016	Brian Griedel 2224 Pinehurst Court El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney View, Inc.	200.00	200.00	
05/01/2016	Jan Bridges for City Council 2012 (ID# 1350798) 8628 Edgehill Court El Cerrito, CA 94530	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		154.24	154.24	
<b>SUBTOTAL \$</b>				754.24		

**\*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.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2016	
through	06/30/2016	Page 6 of 20

NAME OF FILER	I.D. NUMBER
Friends of Padelli for City Council 2016	1382665

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)
05/01/2016	Monica Rae Kortz 1506 Arlington Blvd. El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	200.00	
05/19/2016	Judy Lewis 5224 Yorkville Place Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Steven A. Lewis	100.00	100.00	
06/02/2016	Sandi McCubbin 323 Mason Healdsburg, CA 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Lobbyist Lhom	100.00	100.00	
05/01/2016	Alan C. Miller 625 Ashbury Avenue El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	125.00	125.00	
06/06/2016	Bielle Moore 350 North Civic Drive, Suite 501 Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Municipal Relations Republic Services	100.00	100.00	
<b>SUBTOTAL \$</b>				625.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2016	through 06/30/2016	
Page 7 of 20		I.D. NUMBER 1382665

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
05/01/2016	Neighbors for Supervisor John Gioia 2014 (ID# 1337585) 2 Seabreeze Drive Richmond, CA 94804	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
04/17/2016	Scott Nichols 531 Thornley Way Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Certified Public Accountant KKN, Inc.	500.00	500.00	
04/27/2016	Diane Ongaro 21 Cullogen Park Road San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	100.00	100.00	
04/11/2016	Thomas Milton Panas 7345 Fairmount Avenue El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	500.00	500.00	
05/31/2016	Cathy Parshley 9 Wellington Street Boston, MA 02118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed n/a	125.00	125.00	
SUBTOTAL \$				1,475.00		

**\*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



# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2016	
through	06/30/2016	Page 8 of 20

NAME OF FILER	I.D. NUMBER
Friends of Fadelli for City Council 2016	1382665

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)
05/31/2016	Paul Parshley 9 Wellington Street Boston, MA 02118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Services Energy Capital Partners	125.00	125.00	
05/01/2016	Stephen L. Purser 6166 Park Avenue Richmond, CA 94805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	200.00	200.00	
05/01/2016	Alan Resnik 1707 Grant Avenue San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	277.00	277.00	
05/19/2016	Joan M. Russo 1869 Holland Drive Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent Blue Shield of California	100.00	100.00	
05/03/2016	Jim Starr 966 Chumley Drive Fallon, NV 89406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	150.00	150.00	
<b>SUBTOTAL \$</b>				852.00		

**\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2016	
through	06/30/2016	Page 9 of 20
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

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)
03/31/2016	Zell & Associates 125 Park Place, Suite 200 Point Richmond, CA 94801	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				100.00		

**\*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

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 01/01/2016 through 06/30/2016	<b>CALIFORNIA FORM 460</b>
	Page 10 of 20

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

I.D. NUMBER

1382665

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
Paul L. Fadelli 8646 Arbor Drive El Cerrito, CA 94530	Program Manager San Francisco Bay Area Rapid Transit	\$ 0.00	\$ 5,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 03/09/2017 DATE DUE	0.00% RATE \$ 0.00	\$ 5,000.00 03/09/2016 DATE INCURRED	CALENDAR YEAR \$ 5,000.00 PER ELECTION ** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION ** \$
<b>SUBTOTALS</b>		\$ 5,000.00	\$ 0.00	\$ 5,000.00	0.00			

## Schedule B Summary

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

- Loans received this period ..... \$ 5,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 5,000.00**  
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.

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

Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA <b>460</b>	
from	01/01/2016	Page 11 of 20	
through	06/30/2016	I.D. NUMBER	
		1382665	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

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)
06/09/2016	Nancy Skinner State Senator District: 9	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	G2016 \$250.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				250.00		

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)..... \$ 250.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ 250.00**

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2016	
through	06/30/2016	Page 12 of 20
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		23.96
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		4.20

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

**SUBTOTAL \$** 32.36

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3,112.39
2. Unitemized payments made this period of under \$100	\$ 50.00
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.)	<b>TOTAL \$</b> 3,162.39



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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2016	
through	06/30/2016	Page 13 of 20
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		8.10
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		2.25
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		8.10
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		2.25
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC		11.62

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

**SUBTOTAL \$ 32.32**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2016	
through	06/30/2016	Page 14 of 20
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			12.59
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			4.20
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			3.22
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			10.05

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

**SUBTOTAL \$** 34.26

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

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2016	
through	06/30/2016	Page <u>15</u> of <u>20</u>
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			8.40
Anedot 5555 Hilton Avenue, #106 Baton Rouge, LA 70808	OFC			2.25
Card Service Center P.O. Box 569100 5055 Norwood Road Dallas, TX 75356			Credit Card Payment	398.00
Card Service Center P.O. Box 569100 5055 Norwood Road Dallas, TX 75356			Credit Card Payment	252.00
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			626.91

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

**SUBTOTAL \$** 1,287.56



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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2016	through 06/30/2016	
Page 16 of 20		I.D. NUMBER
		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			406.13
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			271.20
Deane & Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO			272.47
Michelle Fadelli 8646 Arbor Drive El Cerrito, CA 94530	OFC		Appetizers Only	112.78
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	LIT			495.45

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

**SUBTOTAL \$** 1,558.03

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2016	
through	06/30/2016	Page 17 of 20
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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
Lisa Tucker dba The Tucker Group 1981 North Broadway, Suite 225 Walnut Creek, CA 94596	LIT			167.86

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

**SUBTOTAL \$** 167.86

# Schedule F

## Accrued Expenses (Unpaid Bills)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2016	
through	06/30/2016	Page 18 of 20
NAME OF FILER		I.D. NUMBER
Friends of Fadelli for City Council 2016		1382665

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

**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 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
Card Service Center P.O. Box 569100 5055 Norwood Road Dallas, TX 75356	Credit Card Payment	0.00	434.45	0.00	434.45
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>		<b>SUBTOTALS \$</b>	0.00\$	434.45\$	0.00\$ 434.45

## Schedule F Summary

- 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 \$** 434.45
- 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 \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 434.45  
May be a negative number

# Schedule G

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

Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>19</u> of <u>20</u>		
NAME OF FILER  Friends of Fadelli for City Council 2016		I.D. NUMBER  1382665
NAME OF AGENT OR INDEPENDENT CONTRACTOR  Card Service Center		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

**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
City of El Cerrito 10890 San Pablo Avenue El Cerrito, CA 94530	OFC		398.00
City of El Cerrito 10890 San Pablo Avenue El Cerrito, CA 94530	OFC		-173.00
John Garamendi for Congress 1315 10th Street Sacramento, CA 95814		Federal Contribution	150.00
John Garamendi for Congress 1315 10th Street Sacramento, CA 95814		Federal Contribution	150.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL \* \$** 525.00

\* 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.

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

Amounts may be rounded  
to whole dollars.

SCHEDULE G (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>20</u> of <u>20</u>		
NAME OF FILER  Friends of Fadelli for City Council 2016		I.D. NUMBER  1382665
NAME OF AGENT OR INDEPENDENT CONTRACTOR  Card Service Center		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Fadelli for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Card Service Center

**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
Mark DeSaulnier For Congress 2425 Bisso Lane, Suite 110 Concord, CA 94520		Federal Contribution	125.00
Skinner for Senate 2016 (ID# 1354462) 1787 Tribute Road, Suite K Sacramento, CA 95815	CTB		250.00
Swalwell For Congress 6689 Owens Drive Pleasanton, CA 94588		Federal Contribution	150.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 525.00**

\* 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.