

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

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CALIFORNIA FORM 460

Page 1 of 15

For Official Use Only

Statement covers period from July 1, 2015 through September 19, 2015

Date of election if applicable: November 3, 2015

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1378474

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Colson for Council Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER Cathy Baylock

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY Mary Hockridge

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/22/15
Executed on 9/22/15
Executed on
Executed on

By [Signature]
By [Signature]
By
By

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460
Page 208 of 15

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Donna Colson

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

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

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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
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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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from July 1, 2015 through September 19, 2015	CALIFORNIA FORM 460
	Page <u>3⁴⁸</u> of <u>15</u>
	I.D. NUMBER 1378474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Colson for Council Committee

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 17,235.00	\$ 17,235.00
2. Loans Received	Schedule B, Line 3	\$ 5,000.00	\$ 5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 22,235.00	\$ 22,235.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 2224.85	\$ 2224.85
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 24,459.85	\$ 24,459.85

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	\$ -0-	\$ 24,459.85
21. Expenditures Made	\$ -0-	\$ 13,123.17

Expenditures Made		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 13,123.17	\$ 13,123.17
7. Loans Made	Schedule H, Line 3	\$ -0-	\$ -0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 13,123.17	\$ 13,123.17
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ -0-	\$ -0-
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ -0-	\$ -0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 13,123.17	\$ 13,123.17

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		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$.00
13. Cash Receipts	Column A, Line 3 above	\$ 22,235.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ -0-
15. Cash Payments	Column A, Line 8 above	\$ 13,123.17
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 911.83
<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ -0-

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

Cash Equivalents and Outstanding Debts		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
18. Cash Equivalents	See instructions on reverse	\$ -0-
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ -0-

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from July 1, 2015
through September 19, 2015

CALIFORNIA FORM 460

Page 4 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Colson for Council Committee

I.D. NUMBER
1378474

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)
	See attached spreadsheet*****	<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				

SUBTOTAL \$

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 17,065.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 170.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 17,235.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

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DATE RECEIVED	FULL NAME AND AMOUNT	CONTRIBUTION CODE	OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE
9/14/15	DT Architecture Inc.	OTH	n/a	\$1,000.00	\$1,000.00
9/17/15	San Mateo County Association of Realtors	OTH	n/a	\$1,000.00	\$1,000.00
8/21/15	Cathy Baylock	IND	Retired City of Burlingame	\$500.00	\$500.00
8/22/15	Jenifer Beswick	IND	Volunteer n/a	\$500.00	\$500.00
8/22/15	Brian Beswick	IND	Real Estate Broker CBRE	\$500.00	\$500.00
8/28/15	Michael Wills	IND	Supervisor Granite Construction	\$500.00	\$500.00
8/28/15	Maria Ribera	IND	Volunteer n/a	\$500.00	\$500.00
8/28/15	Ernie Ribera	IND	MD Self-employed	\$500.00	\$500.00

8/31/15	FashionAdvice LLC	OTH	n/a	\$500.00	\$500.00
9/1/15	Ray Marshall	IND	Retired n/a	\$500.00	\$500.00
9/1/15	Linda Marshal	IND	Retired n/a	\$500.00	\$500.00
9/8/15	Denis O'Brien	IND	Retired	\$500.00	\$500.00
9/8/15	Katie O'Brien	IND	Retired	\$500.00	\$500.00
9/8/15	All American Trucking and Transport	OTH	n/a	\$500.00	\$500.00
9/8/15	Lorin Flynn	IND	Consultant Self-employed	\$500.00	\$500.00
9/8/15	Debbie Hirth	IND	volunteer n/a	\$500.00	\$500.00
9/8/15	Jack Marsal	IND	Director of Solution Marketing ForeScout Technologies	\$500.00	\$500.00

9/8/15	Evolution Capital Corporation	OTH	n/a	\$500.00	\$500.00
9/8/15	Sharon Wills	IND	Retired n/a	\$500.00	\$500.00
9/8/15	Ken Wills	IND	Retired n/a	\$500.00	\$500.00
9/8/15	Lynda Bettencourt	IND	School Teacher Elk Grove Unified School District	\$500.00	\$500.00
9/8/15	Jack Bettencourt	IND	Retired Elk Grove Unified School District	\$500.00	\$500.00
9/11/15	Erika Pianim	IND	Retired	\$500.00	\$500.00
9/16/15	John Schmid	IND	Architect MBH Architects	\$500.00	\$500.00
9/16/15	Greg Land	IND	Principal Los Altos School District	\$500.00	\$500.00
8/21/2015 and 9/17/2015	Mary Hockridge	IND	consultant Self-employed	\$315.00	\$315.00

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8/22/15	Ann Keighran	IND	Vice Mayor City of Burlingame	\$250.00	\$250.00
8/31/15	Marc Friedman	IND	Professor Keller Grad School	\$250.00	\$250.00
8/31/15	Joe Galligan	IND	CPA Self Employed	\$250.00	\$250.00
9/8/15	Jennifer Pfaff	IND	Artist Self Employed	\$250.00	\$250.00
9/8/15	Brent Wickam	IND	Founder InScoop	\$250.00	\$250.00
9/14/15	Stephen Grabianowski	IND	Home Builder Self Employed	\$250.00	\$250.00
9/16/15	Ellen Byrd	IND	Retired	\$250.00	\$250.00
9/2/15	Victoria Peterson	IND	Marketing Consultant Self Employed	\$200.00	200
9/1/15	Joyce Walter	IND	Retired n/a	\$200.00	200
9/8/15	Mary Ellen Kearney	IND	Retired City of Burlingame	\$200.00	\$200.00

9/15

9/15/15	Rob Adams	IND	Director of Compensation NVIDIA Corporation	\$200.00	\$200.00
8/21/15	Elsie Rosenthal	IND	Investment Consultant TGCM	\$150.00	\$150.00
9/8/15	Charles Daley	IND	CFO Artisan Partners	\$150.00	\$150.00
9/8/15	de Lorenzi Properties	OTH	n/a	\$100.00	\$100.00
9/14/15	Joanne Garrison	IND	Retired	\$100.00	\$100.00
9/14/15	Lucia Tapon	IND	Retired	\$100.00	\$100.00
9/14/15	Kimberly Rosales	IND	Community Volunteer	\$100.00	\$100.00

**Schedule B – Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>July 1, 2015</u> through <u>September 19, 2015</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Colson for Council Committee-continuation sheet

I.D. NUMBER

1378474

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
Donna Colson † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	\$ -0-	\$ 5000.00	<input type="checkbox"/> PAID \$ -0- <input type="checkbox"/> FORGIVEN \$ -0-	\$ 5000.00 n/a DATE DUE	0 RATE -0-	\$ 5000.00 7/21/15 DATE INCURRED	CALENDAR YEAR \$ 5000.00 PER ELECTION** \$ 5000.00
† <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** \$ _____
SUBTOTALS \$								

Schedule B Summary

1. Loans received this period \$ 5000.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ -0-
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 5000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

†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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>July 1, 2015</u> through <u>September 19, 2015</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Colson for Council Committee-continuation sheet

I.D. NUMBER

1378474

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)
7/31/15	Nola Marketing	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Marketing consulting	500.00	500.00	500.00
	Donna Colson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	candidate for office	Use of office space 1204 Burlingame Avenue #6	400.00	400.00	400.00
		<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					

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.)	\$	2224.85
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	-0-
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 \$	2224.85

*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 C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>July 1, 2015</u> through <u>September 19, 2015</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Colson for Council Committee

I.D. NUMBER

1378474

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)
8/31/15	Copenhagen Bakery	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		cake for Kick-off party	150.00	150.00	150.00
8/31/15	Jette Williams Photography	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Campaign photos	200.00	200.00	200.00
8/31/15	Mark Hundley	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed	photos for kick-off event	250.00	250.00	250.00
8/31/15	Access Uniforms	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		campaign shirts	724.85	724.85	724.85

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from July 1, 2015		CALIFORNIA FORM 460
through September 19, 2015		
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NAME OF FILER Colson for Council Committee		I.D. NUMBER 1378474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Colson for Council Committee

I.D. NUMBER

1378474

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/bailot 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
see attached spreadsheet****				

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	13,123.17
2. Unitemized payments made this period of under \$100	\$	-0-
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	-0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	13,123.17

140915

Name and Address of Payee	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Burlingame HS Football			
	PRT	Ad space	\$100.00
City of Burlingame 501 Primrose Rd Burlingame, CA 94010	FIL	Campaign Filing Fees	\$365.00
Constant Contacts			
	OFC	Marketing	\$55.00
Donna W. Colson			
	LIT	Reimbursement: Signs	\$2,760.99
Forte Press			
	LIT	Remittance Envelop Printing	\$244.16
Joe Baylock			
	FND	Event Beverages	\$469.28
Mary Hockridge		Reimbursement: PayPal Monthly Fees, Database Subscription website maintenance fee	
	OFC		\$93.99
NOLA Marketing			
	CMP	Reimbursement: Name Tags	\$234.87
Pacful			
	LIT	Stationary Printing	\$400.00
QuickBooks / Intuit			
	OFC	Monthly Sub - accounting software	\$37.72
NOLA Marketing			
	WEB	Website build	\$3,225.00
NOLA Marketing			
	LIT	Graphic Design - Logo, signs, stationary, business cards, ads	\$2,250.00

NOLA Marketing

UPS Store	LIT	Graphic Design - walking handout	\$825.00
Office Depot	OFC	misc. office	\$106.87
Cathy Baylock	OFC	office supplies	\$197.93
PayPal Fees	LIT	reimbursement for Signs - Vendor Political Lawn Signs	\$1,688.84
	OFC	Monthly and transaction fees	\$68.52
			\$13,123.17