

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

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OCT 20 2015

CITY CLERK'S OFFICE
CITY OF BURLINGAME

**CALIFORNIA
FORM**

460

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1378269

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

Emily Beach for City Council 2015

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

[REDACTED]

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

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

[REDACTED]

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

Treasurer(s)

NAME OF TREASURER

Deborah Weller Hirth

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

[REDACTED]

[REDACTED]

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

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 10/20/15

Date

Executed on 10/20/15

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

Type or print in ink.

COVER PAGE - PART 2

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FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

COMMITTEE NAME

I.D. NUMBER

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

Emily Beach

City Council

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

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

SUMMARY PAGE

Statement covers period
from 9/20/2015
through 10/17/2015

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Emily Beach for City Council 2015

I.D. NUMBER
1378269

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 7,757.82	\$ 27,436.42
2. Loans Received Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 7,757.82	\$ 27,436.42
4. Nonmonetary Contributions Schedule C, Line 3	392.64	392.64
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 8,150.46	\$ 27,829.06

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	\$ 7,114.45	\$ 14,234.52
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 7,114.45	\$ 14,234.52
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	392.64	392.64
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 7,507.09	\$ 14,627.16

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	\$ 12,558.53
13. Cash Receipts Column A, Line 3 above	7,757.82
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	7,114.45
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 13,201.90

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

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

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

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

Schedule A

Statement covers period from September 20, 2015 - October 17, 2015
 ID Number: 1378269

CA 460

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Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
9/20/15	Amy Wolfe [REDACTED]	x IND COM OTH PTY SCC	Nurse Practitioner So. County Community Health Center	\$100.00		
9/21/15	Helene Quilici [REDACTED]	x IND COM OTH PTY SCC	Retired None	\$100.00		
9/22/15	Mark and Katie Intrieri [REDACTED]	x IND COM OTH PTY SCC	Attorney Self	\$583.91		
9/23/15	Sargent Construction Inc. [REDACTED]	x IND COM OTH PTY SCC		\$250.00		
9/26/15	Beth and Gary Francesconi [REDACTED]	x IND COM OTH PTY SCC	Internal Communications Levi Strauss	\$250.00		
			Subtotal	\$1,283.91		

Schedule A

Statement covers period from September 20, 2015 - October 17, 2015
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Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
9/28/15	Ron Burks [REDACTED]	x IND COM OTH PTY SCC	Insurance Agent State Farm	\$250.00		
9/29/15	JSR Karp 8, LP [REDACTED]	x IND COM OTH PTY SCC		\$1,000.00		
9/29/15	Fabiola Price [REDACTED]	x IND COM OTH PTY SCC	Glow Meeting & Events Self Employed	\$100.00		
9/30/15	Hannah Ballard [REDACTED]	x IND COM OTH PTY SCC	Archaeology Pacific Legacy	\$100.00		
10/1/15	Nikki Chung [REDACTED]	x IND COM OTH PTY SCC	Tutor Self Employed	\$100.00		
			Subtotal	\$1,550.00		

Schedule A

Statement covers period from September 20, 2015 - October 17, 2015
ID Number: 1378269

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Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
10/3/15	Larry and Kay Coskey [REDACTED]	x IND COM OTH PTY SCC	Physician, Pulmonary Self Employed	\$250.00		
10/4/15	Lawrence Schneider [REDACTED]	x IND COM OTH PTY SCC	Executive Adaptive Insights	\$100.00		
10/4/15	Ricardo Ortiz [REDACTED]	x IND COM OTH PTY SCC	Branch Manager Union Bank	\$100.00		
10/5/15	Russ Cohen [REDACTED]	x IND COM OTH PTY SCC	Creative Services Consultant Self Employed	\$250.00		
10/4/15	Francis and Felicity Tse [REDACTED]	x IND COM OTH PTY SCC	Physician Self Employed	\$100.00		
			Subtotal	\$800.00		

Schedule A

Statement covers period from September 20, 2015 - October 17, 2015
 ID Number: 1378269

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Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
10/4/15	Melissa Bender [REDACTED]	x IND COM OTH PTY SCC	Lawyer Rupis & Gray LLP	\$100.00		
10/6/15	Deborah Leon [REDACTED]	x IND COM OTH PTY SCC	Homemaker Self Employed	\$200.00		
10/7/15	Jim and Kris Cannon [REDACTED]	x IND COM OTH PTY SCC	VP San Mateo County Board of Education	\$100.00		
10/8/15	Simon Heap [REDACTED]	x IND COM OTH PTY SCC	Partner Bain & Company	\$100.00		
10/8/15	Christopher Bush [REDACTED]	x IND COM OTH PTY SCC	Product Manager Walmart	\$100.00		
			Subtotal	\$600.00		

Schedule A

Statement covers period from September 20, 2015 - October 17, 2015
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Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
10/9/15	Spieker Companies, Inc. [REDACTED]	x IND COM OTH PTY SCC		\$500.00		
10/10/15	Perissa Clark [REDACTED]	x IND COM OTH PTY SCC	Senior Case Manager FDIC	\$100.00		
10/10/15	Bridget Viola [REDACTED]	x IND COM OTH PTY SCC	CFO Makena	\$250.00		
10/13/15	Amy Lennane [REDACTED]	x IND COM OTH PTY SCC	Homemaker Self Employed	\$100.00		
10/13/15	Kerbey Altmann [REDACTED]	x IND COM OTH PTY SCC	Solutions Architect Sigma Systems, Inc.	\$100.00		
			Subtotal	\$1,050.00		


Schedule A

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Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
10/7/15	Richard Terrones 	x IND COM OTH PTY SCC	Architect Dreiling, Terrones Architecture	\$583.91		
			Subtotal	\$583.91		
1. Amount received this period - itemized monetary contributions (include all Schedule A subtotals)				\$5,867.82		
2. Amount received this period - unitemized monetary contributions of less than \$100				\$1,890.00		
3. Total monetary contributions received this period				\$7,757.82		

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period
from 9/20/2015
through 10/17/2015

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Emily Beach for City Council 2015

I.D. NUMBER

1378269

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)
9/26/15	Kim and Mark Rosales [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker Self Employed	Precinct Walking Supplies	67.06	567.06	
9/27/15	Amy Dohemann [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker Self Employed	Precinct Walking Supplies	158.58		
10/17/15	Mike Jarrett [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Person QuesGen Systems, Inc.	Website - NationBuilder Fees	167.00		
		<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 \$ 392.64

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 392.64
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- 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 \$ 392.64**

*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 (January/05)

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

Schedule E Payments Made

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

Statement covers period from 9/20/2015 through 10/17/2015		CALIFORNIA FORM 460	
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NAME OF FILER Emily Beach for City Council 2015		I.D. NUMBER 1378269	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Emily Beach for City Council 2015

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
Linda Wolin [REDACTED]	MTG	Reimbursement for Candidate Appearances Expenses	364.31
Perry Mizota [REDACTED]	POS	Reimbursement for Postage Expenses	126.00
Gregg Lavine [REDACTED]		Photography	500.00

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

SUBTOTAL \$ 990.31

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 6,946.55
2. Unitemized payments made this period of under \$100	\$ 167.90
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 \$ 7,114.45

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from <u>9/20/2015</u> through <u>10/17/2015</u>		CALIFORNIA FORM 460
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I.D. NUMBER 1378269		

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Emily Beach for City Council 2015

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

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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
United States Postal Service	POS	Postage	5,453.38
On Camera Productions [REDACTED]		Video Clips	375.00
Colorprint [REDACTED]	LIT	Campaign Postcards	127.86

SUBTOTAL \$ 5,956.24

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