

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

**CALIFORNIA  
FORM 460**

Page 1 of 12

For Official Use Only

Statement covers period  
from September 20, 2015  
through October 17, 2015

Date of election if applicable:  
(Month, Day, Year)  
November 3, 2015

**RECEIVED**

**OCT 19 2015**

**CITY CLERK'S OFFICE  
CITY OF BURLINGAME**

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  
1378474

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Colson for Council Committee 2015

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

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

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**Treasurer(s)**

NAME OF TREASURER  
Cathy Baylock

MAILING ADDRESS  
[REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
Mary Hockridge

MAILING ADDRESS  
[REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

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 10/15/15  
Date

Executed on 10/18/15  
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

Type or print in ink.

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

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 2

**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?

☐ 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

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

SUMMARY PAGE

Statement covers period  
from September 20, 2015  
through October 17, 2015

CALIFORNIA  
FORM 460

Page 3 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Colson for Council Committee 2015

I.D. NUMBER  
1378474

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 10,441.92	\$ 27,676.92
2. Loans Received ..... Schedule B, Line 3	\$ -0-	\$ 5000.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 10,441.92	\$ 32,676.92
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ -0-	\$ 2224.85
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 10,441.92	\$ 34,901.77

## 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-	\$ 34,901.77
21. Expenditures Made	\$ -0-	\$ 23,689.47

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ 10,566.30	\$ 23,689.47
7. Loans Made ..... Schedule H, Line 3	\$ -0-	\$ -0-
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 10,566.30	\$ 23,689.47
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	\$ 10,566.30	\$ 23,689.47

## 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	\$ 9111.83
13. Cash Receipts ..... Column A, Line 3 above	\$ 10,441.92
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ -0-
15. Cash Payments ..... Column A, Line 8 above	\$ 10,566.30
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 8987.45

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

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

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ 5000.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period  
from September 20, 2015  
through October 17, 2015

**CALIFORNIA**  
**FORM** **460**

Page 4 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Colson for Council Committee 2015

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

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 10,331.92
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 100.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 10,441.92

**\*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

DATE RECEIVED	FULL NAME AND ADDRESS	CONTRIBUTION CODE	OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE
9/28/15	California Apartment Association Political Action Committee [REDACTED]	COM	n/a	\$1,000.00	\$1,000.00
10/2/15	JSR Karp T L.P. [REDACTED]	OTH	n/a	\$1,000.00	\$1,000.00
10/10/15	Spieker Companies, Inc. [REDACTED]	OTH	n/a	\$750.00	\$750.00
9/28/15	William Sexton [REDACTED]	IND	Real Estate Self-employed	\$583.92	\$583.92
9/28/15	Catharine Intereri [REDACTED]	IND	Community Volunteer	\$583.00	\$583.00
10/2/15	Gary Bell [REDACTED]	IND	Technology Consultant Self Employed	\$500.00	\$500.00
10/10/15	Maja Nelson [REDACTED]	IND	Director of Training & Development Actelion	\$500.00	\$500.00

6 4 1 -  
ID# 1378474

10/10/15	Seyem Arslan [REDACTED]	IND	QA Engineer NetScout Systems	\$500.00	\$500.00
10/10/15	Kevin Hickey [REDACTED]	IND	HR/Biotech Executive Prothena Biosciences	\$500.00	\$500.00
10/10/15	Hank Sauer [REDACTED]	IND	Finance self-employed	\$400.00	\$400.00
9/22/15	Thomas Ailand [REDACTED]	IND	Industrial Designer Derse	\$250.00	\$250.00
10/2/15	Sheet Metal Workers' International Association [REDACTED]	COM	n/a	\$250.00	\$250.00
10/2/15	San Mateo Building Trades Joint Council PAC #870669 [REDACTED]	COM	n/a	\$250.00	\$250.00
10/2/15	Lorna Beccaria [REDACTED]	IND	Nurse/Researcher UCSF Medical Center	\$250.00	\$250.00
10/2/15	AFSCME AFL-CIO Local 829 PAC Account [REDACTED]	COM	n/a	\$250.00	\$250.00

1 of 12  
# 1378474

10/8/15	Russ Cohen [REDACTED]	IND	Creative Service Consultant self-employed	\$250.00	\$250.00
10/8/15	Kay Coskey [REDACTED]	IND	Community Volunteer	\$250.00	\$250.00
10/10/15	Bennet Weintraub [REDACTED]	IND	CFO BloCentury Publications	\$250.00	\$250.00
10/10/15	Paul Maratta [REDACTED]	IND	Lawyer TCLG	\$250.00	\$250.00
10/17/15	Annette Alioto [REDACTED]	IND	Accountant Self-employed	\$250.00	\$250.00
10/10/15	Eric Winkler [REDACTED]	IND	Realtor RE/Max Investments	\$200.00	\$200.00
9/28/15	Jennifer Smith [REDACTED]	IND	Community Volunteer	\$150.00	\$150.00
10/2/15	The Bowlby Group, Inc. [REDACTED]	OTH	n/a	\$150.00	\$150.00
9/23/15	Richard Sargent [REDACTED]	IND	Builder Sargent Construction	\$125.00	\$125.00
9/22/15	Gail Mosse [REDACTED]	IND	Attorney Self-employed	\$100.00	\$100.00

8 of 12  
ID# 1378474

9/28/15	Michelle Taylor [REDACTED]	IND	Community Volunteer	\$100.00	\$100.00
10/2/15	Kelly Tillman [REDACTED]	IND	Community Volunteer	\$100.00	\$100.00
10/10/15	James Cannon [REDACTED]	IND	VP Board of Education San Mateo County	\$100.00	\$100.00
10/10/15	Steven Koury [REDACTED]	IND	Financial Advisor Waddell & Reed	\$100.00	\$100.00
10/10/15	Ricardo Ortiz [REDACTED]	IND	Branch Manager Union Bank	\$100.00	\$100.00
10/10/15	Christopher Bush [REDACTED]	IND	Product Manager Walmart	\$100.00	\$100.00
10/10/15	Joseph Eandi [REDACTED]	IND	Entrepreneur Self-employed	\$100.00	\$100.00
10/10/15	Perissa Clark [REDACTED]	IND	Senior Case Worker FDIC	\$100.00	\$100.00

# Schedule B – Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period  
from September 20, 2015  
through October 17, 2015

CALIFORNIA FORM 460

Page 9 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Colson for Council Committee 2015

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 [REDACTED]	retired	\$ 5000.00	\$ -0-	<input type="checkbox"/> PAID -0- <input type="checkbox"/> FORGIVEN -0-	\$ 5000.00 n/a DATE DUE	0% RATE	\$ 5000.00 7/21/15 DATE INCURRED	CALENDAR YEAR \$ 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		\$	\$	<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 \$ \$ \$ \$								

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

## Schedule B Summary

- Loans received this period ..... \$ -0-  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ -0-  
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

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

Statement covers period  
from September 20, 2015  
through October 17, 2015

SCHEDULE  
**CALIFORNIA FORM 460**

Page 10 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Colson for Council Committee 2015

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.  
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)

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.)	\$ 10,566.30
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.)	<b>TOTAL \$ 10,566.30</b>

11 00 12  
ID # 1378474

Name and Address of Payee	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Forte Press [REDACTED]	LIT	Remittance Envelop Printing	\$260.51
Pacful [REDACTED]	LIT	Business cards	\$55.00
San Mateo County Elections [REDACTED]	LIT	Download voter lists	VOID
Rotary Club of Burlingame [REDACTED]	PRT	Advertising	\$150.00
Cathy Baylock [REDACTED]	LIT	Reimbursement for payment to download voter lists	\$125.00
Mary Hockridge [REDACTED]	OFC	Reimbursement: Database Subscription, website maintenance fee	\$140.38
PayPal Fees [REDACTED]	OFC	Monthly and transaction fees	\$103.08
Color Print [REDACTED]	LIT	Printing mailers	\$2,825.00
USPS [REDACTED]	POS	Postage for mailers	\$2,479.94
NOLA Marketing [REDACTED]	LIT	Mailer design	\$3,088.53
NOLA Marketing [REDACTED]	LIT	Misc. graphic design	\$1,300.00
QuickBooks / Intuit [REDACTED]	OFC	Monthly Sub - accounting software	\$18.86

128012  
ID# 1378474

Constant Contacts			
	OFC	Marketing	\$20.00

\$10,566.30