Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			RECEIVE SEP 2 6 201	134	COVER PAGE ALIFORNIA 460 FORM
	Statement covers period from01/01/2019	Date of election if applicable: (Month, Day, Year)	CITY OF NOVA	16.	rige 1 of 25 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through09/21/2019	11/05/2019			
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	Interpretation of the property	2. Type of Statement: X Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	ermination)	Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Amy Peele for City Council 2019	. NUMBER .420427	Treasurer(s) NAME OF TREASURER Renata Bihun MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO		CITY Novato	STATE CA	ZIP CODE 94949	AREA CODE/PHONE
Novato CA 9494: MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	9 (415)884-5500	NAME OF ASSISTANT TREASUR Nancy L Warren MAILING ADDRESS	RER, IF ANY		
CITY STATE ZIP COI Novato CA 94949 OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE 9-5731	CITY Novato OPTIONAL: FAX / E-MAIL ADDR	STATE CA RESS	ZIP CODE 94949	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 9/25/20/9 Executed on Date Executed on Date Executed on Date	By Any S Signature of Contr	Signature of Treasurer or Assistant Tolling Officeholder, Candidate, State Measure Proping Institute of Controlling Officeholder, Candidate, State Measure Proping Institute Officeholder,	Preasurer ponent or Responsible Officer of S ate Measure Proponent		rue and complete. I certify FPPC Form 460 (Jan/2016)

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

Officeholder or Candidate Controlled Co	mmittee			6.	Primarily Formed Ballo	ot Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	W				NAME OF BALLOT MEASURE				
Amy Peele									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBE	R IF APPLICABLI	E)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Novato City Council: Novato District 5									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP						
	Novato	CA	94949		Identify the controlling offi	iceholder, can	didate, or stat	e measure p	proponent, if any.
	1101460		31313		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	PONENT		
Related Committees Not Included in this	Statement	' list any com	mittees						
not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are prii	-			OFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY
COMMITTEE NAME	I.D. NUN	/IBER							·····
				7	Primarily Formed Cand	didata/Office	holder Con	omittoo <i>i i</i> -	
NAME OF TREASURER		OLLED COMMITTE	EE?	,.	officeholder(s) or candidate(s)				
	☐ YE	ES NO			NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOUGH	T OB HELD	1
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)				Will of officeroper of o	ANDIDATE	011102 30001	II ON HELD	SUPPORT OPPOSE
CITY STATE 2	ZIP CODE	AREA CODE	E/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	T OR HELD	
									SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUM	/BER	-		NAME OF OFFICE US AND ADDRESS.				
					NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER			EE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT
	☐ YE	ES NO							OPPOSE
COMMITTEE ADDRESS (NO P.	O. BOX)								<u> </u>
CITY STATE 7	UD CODE	AREA OOR	FIDUONE						
CITY STATE Z	IP CODE	AREA CODE	=/PHONE		Attac	h continuation	sheets if ne	cessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded

SUMMARY PAGE

Summary Page	to whole dollars.	Statement covers period	CALIFORNIA 460
		from01/01/2019	FORM 400
EE INSTRUCTIONS ON REVERSE		through09/21/2019	Page3 of25
AME OF FILER			I.D. NUMBER
my Peele for City Council 2019			1420427
	Column A O I		

Amy Peele for City Council 2019	_				1420427
Contributions Received		COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	8,890.00	\$	8,890.00	
2. Loans Received		0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	8,890.00	\$	8,890.00	20. Contributions Received \$\$
4. Nonmonetary Contributions		0.00		0.00	Received \$ \$ 21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	8,890.00	\$	8,890.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	7,404.03	\$	7,404.03	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22 Computation Former different Months
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	7,404.03	\$	7,404.03	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		551.44		551.44	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	7,955.47	\$	7,955.47	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	То	calculate Column B, add	
13. Cash Receipts		8,890.00	am	ounts in Column A to the responding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fror	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		7,404.03		ort. Some amounts in lumn A may be negative	
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	1,485.97	figu	res that should be	
If this is a termination statement, Line 16 must be zero.			per	otracted from previous iod amounts. If this is first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts				n Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0.00	~,	· ·	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	551.44			
					FPPC Form 460 (Jan)/

Schedule								SCHEDULE A
Monetary	Contributions Received		ts may be rounded whole dollars.	Statement cover from01/01/2		.IFORNI. FORM		
	ONS ON REVERSE			through09/21/2	019	Page	e <u>4</u>	_ of25
NAME OF FILER						I.D. N	IUMBER	
Amy Peele fo	or City Council 2019					1420	1427	
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 T CALENDAR \() (JAN. 1 - DE(YEAR	-	RELECTION TO DATE REQUIRED)
08/13/2019	Denise Athas	IND COM OTH PTY SCC	Realtor Athas and Associates Real Estate Inc	300.00		300.00	G2019	\$300.00
08/20/2019	Renata Bihun	IND COM OTH PTY SCC	Retired None	25.00		25.00	G2019	\$25.00
08/31/2019	Heather Brandeburg	IND COM OTH PTY SCC	Provider Relations Director Partnership Healthplan of California	50.00		50.00	G2019	\$50.00
08/24/2019	Laura Brosch	IND COM OTH PTY SCC	Administrator Uniformed Services University	100.00	-	100.00	G2019	\$100.00
08/27/2019	Mary Jane Burke		Superintendent Marin County Office of Education	100.00	1	100.00	G2019	\$100.00
			SUBTOTAL\$	575.00				
1. Amount red	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	8,890.00	IND-	tributor (- Individu I – Recipi		ittee

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

3. Total monetary contributions received this period.

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

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

PTY - Political Party

8,890.00

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **FORM** 01/01/2019 from 09/21/2019 through. Page ____5 of ___25 NAME OF FILER I.D. NUMBER Amy Peele for City Council 2019 1420427 IF AN INDIVIDUAL, ENTER AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDAR YEAR RECEIVED TO DATE CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 08/27/2019 William Burnett Retired 25.00 X IND 25.00 G2019 \$25.00 None □ COM OTH □ PTY □ SCC 09/15/2019 Anna Camaraota Retired XIND 200.00 200.00 G2019 \$200.00 None СОМ OTH **□** PTY SCC 09/06/2019 Coree Cameron Tax Accountant XIND 400.00 400.00 G2019 \$400.00 CCK Corp **□** COM Потн PTY SCC 08/30/2019 Anita Chiesa Retired 100.00 100.00 G2019 X IND \$100.00 None

Retired

SUBTOTAL \$

None

COM ПОТН **□** PTY SCC

XIND

Псом OTH □ PTY □SCC

*Contributor Codes

IND - Individual

08/29/2019

COM - Recipient Committee (other than PTY or SCC)

Susan Cohen

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

100.00 G2019

\$100.00

100.00

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole		Statement cov		SCHEDULE A (CONT.) CALIFORNIA 460 FORM		
				through09/21,		<u> </u>		of <u>25</u>
NAME OF FILER							UMBER	
Amy Peele fo	r City Council 2019					1420	427	
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 CALENDAR YE (JAN. 1 - DEC.	EAR		ER ELECTION TO DATE REQUIRED)
08/28/2019	Tom Cooper	IND COM OTH PTY SCC	Director Coldwell Solar	75.00		75.00	G2019	\$75.00
08/16/2019	Michelle Cox	⊠IND □COM □OTH □PTY □SCC	Novelist Self-Employed(same-name)	50.00	ţ	50.00	G2019	\$50.00
09/03/2019	Suzanne Crow		Assistant Assesot County of Marin	100.00	10	00.00	G2019	\$100.00
08/30/2019	Sam Darby		Data Integration iTradeNetwork	25.00	2	25.00	G2019	\$25.00
08/25/2019	Jessica Defreese		Project Manager Genentech	100.00	10	00.00	G2019	\$100.00

350.00

*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 to whole		Statement cov	/2019	CALIFORNIA 460			
NAME OF FILER				through09/21,	/2019 F	age	of25		
					1	D. NUMBE	R		
Amy Peele fo	r City Council 2019				1	420427			
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 DA CALENDAR YEA (JAN. 1 - DEC. 3	₹	PER ELECTION TO DATE (IF REQUIRED)		
09/16/2019	Democratic Central Committee of Marin (ID# 761428)	□IND □COM □OTH ☑PTY □SCC		100.00	100	.00 G20	\$100.00		
09/17/2019	Anthony Elshout	⊠IND □COM □OTH □PTY □SCC	Retired None	50.00	50	.00 G20:	\$50.00		
09/06/2019	Thomas Engdahl	☑IND □COM □OTH □PTY □SCC	Chief Executive Officer Vidillion, Inc.	100.00	100	.00 G203	\$100.00		
08/22/2019	Betsv Fasbinder	IND COM OTH PTY SCC	Author/Speaking and Writing Coach Self-Employed (same-name)	50.00	50	00 G201	9 \$50.00		
09/05/2019	Kathy Fister		Retired None	100.00	100	00 G201	9 \$100.00		

400.00

*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) SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **FORM** 01/01/2019 from 09/21/2019 through Page ____8 of ___25 NAME OF FILER I.D. NUMBER Amy Peele for City Council 2019 1420427 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 08/18/2019 Josh Fryday President XIND 400.00 400.00 G2019 \$400.00 Golden State Opportunity ПСОМ Foundation □ OTH **□** PTY SCC 09/16/2019 Jennifer Goldfinger Retired XIND 100.00 100.00 G2019 \$100.00 COM ПОТН ☐ PTY SCC 09/16/2019 Marjorie Goodman Retired XIND 100.00 100.00 G2019 \$100.00 None COM PTY SCC 09/14/2019 Tanva Grasser Not Employed 25.00 XIND 25.00 G2019 \$25.00 None COM ПОTH PTY SCC

Retired

SUBTOTAL\$

None

XIND

☐ COM ☐ OTH ☐ PTY ☐ SCC

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

09/10/2019 | Jeff Greendorfer

PTY - Political Party

SCC - Small Contributor Committee

50.00 G2019

50.00

675.00

\$50.00

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **FORM** 01/01/2019 from 09/21/2019 through. Page 9 of 25 NAME OF FILER I.D. NUMBER Amy Peele for City Council 2019 1420427 AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDAR YEAR TO DATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 08/25/2019 Mary Griffin Sales X IND 50.00 50.00 G2019 \$50.00 Knoll □ COM OTH □ PTY SCC 08/18/2019 Gail Haar Retired XIND 50.00 50.00 G2019 \$50.00 None COM OTH **□** PTY SCC 09/01/2019 Darcy Hansen Psychotherapist XIND 50.00 50.00 G2019 \$50.00 Self-employed (same name) COM Потн □ PTY SCC 09/04/2019 Carol Harris Information Technology 200.00 200.00 G2019 XIND \$200.00 Self Employed (same-name) ☐ COM **□OTH**

Professor

University

San Francisco State

SUBTOTAL \$

☐ PTY ☐ SCC

X IND

ПСОМ

□OTH □PTY □SCC

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

08/18/2019 | Steve Harris

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

100.00 G2019

\$100.00

100.00

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **FORM** 01/01/2019 from 09/21/2019 through. Page _____10 ___of ___25 NAME OF FILER I.D. NUMBER Amy Peele for City Council 2019 1420427 AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED THIS RECEIVED CALENDAR YEAR TO DATE CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 08/29/2019 Hilda Hattar Retired X IND 100.00 100.00 G2019 \$100.00 None □ COM OTH PTY SCC 08/19/2019 Ann Jack XIND Masseuse 100.00 100.00 G2019 \$100.00 Self-Employed (same-name) ПСОМ OTH **□** PTY SCC 08/16/2019 Judy Arnold for Supervisor 2022 (ID# 1277176) □IND 400.00 400.00 G2019 \$400.00 X COM ПОТН □ PTY SCC 08/19/2019 Madeline Kellner Management Consultant 100.00 X IND 100.00 G2019 \$100.00 Self-Employed (same-name) ПСОМ □OTH **□** PTY SCC 08/19/2019 Jennifer Keystone Fiduciary 50.00 50.00 G2019 X IND \$50.00

ПСОМ ПОТН □ PTY □ SCC

Self-Employed (same-name)

SUBTOTAL\$

750.00

*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 to whole		Statement cov from01/01 through09/21	/2019	SCHEDULE A (CON CALIFORNIA FORM 460		
NAME OF FILER				-		UMBER	01	
Amy Peele fo	or City Council 2019				1420			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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)	Т	ELECTION O DATE REQUIRED)	
09/18/2019	Craig Kiernan	IND COM OTH PTY SCC	Sales Mohawk Industries	100.00	100.00	G2019	\$100.0	
09/17/2019	Jan La Torre-Derby	⊠IND □COM □OTH □PTY □SCC	Retired None	200.00	200.00	G2019	\$200.0	
08/20/2019	Audrey Lester		Retired None	50.00	50.00	G2019	\$50.0	
08/29/2019	Peter Logan	IND COM OTH PTY SCC	Retired None	100.00	100.00	G2019	\$100.0	
09/02/2019	Susan Machtinger	⊠IND □COM □OTH □PTY □SCC	Retired None	200.00	200.00	G2019	\$200.0	

650.00

*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 to whole		Statement cov		SCHEDULEA (CONT. CALIFORNIA 460 FORM			
NAME OF FILER				through 09/21,	^{'2019} Pa	ge <u>12</u>	_ of25		
	r City Council 2019					NUMBER 20427			
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE F REQUIRED)		
08/18/2019	Clarence Mamuyac	IND COM OTH PTY SCC	Architect ELS Architecture and Urban Design	200.00	200.	00 G2019	\$200.00		
09/03/2019	Farhad Mansourian	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	General Manager Sonoma Marin Area Rail Transit	400.00	400.	00 G2019	\$400.00		
09/09/2019	Nancv Marsh Sangster	IND COM OTH PTY SCC	Retired None	200.00	200.	00 G2019	\$200.00		
08/28/2019	John Marshall		Realtor Self-Employed (same name)	100.00	100.0	00 G2019	\$100.00		
08/20/2019	Patricia McDown		Retired None	50.00	50.0	0 G2019	\$50.00		

950.00

*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 to whole		Statement cov		CALIFORNIA 460		
				through09/21,	/2019	Page	13	of25
NAME OF FILER						I.D. N	UMBER	
Amy Peele fo	r City Council 2019					1420	427	
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 CALENDAR YE (JAN. 1 - DEC.	EAR		R ELECTION TO DATE REQUIRED)
08/15/2019	Christie McTique	⊠IND □COM □OTH □PTY □SCC	Director Regulatory Kaiser	100.00	1(00.00	G2019	\$100.00
09/01/2019	Sharon Mintz	IND COM OTH PTY SCC	Physician Sharon P Mintz, MD	100.00	10	00.00	G2019	\$100.00
08/25/2019	Susannah Nation	⊠IND □COM □OTH □PTY □SCC	Owner real. kind.	100.00	10	00.00	G2019	\$100.00
09/18/2019	Christopher Noll		Architect Noll and Tam Architects	50.00	5	0.00	G2019	\$50.00
09/18/2019	Novato Democratic Club	☐IND ☐COM 図OTH ☐PTY		100.00	10	0.00	G2019	\$100.00

450.00

*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

	A (Continuation Sheet)						SCHEDU	ILEA (CONT.)
Monetary	Contributions Received	Amounts may to whole		Statement covers period from01/01/2019			CALIFORNIA 460	
				through 09/21	2019	Page ₋	14 o	f <u>25</u>
NAME OF FILER						I.D. NU	MBER	
Amy Peele fo	r City Council 2019		-			14204	27	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 D CALENDAR YEA (JAN. 1 - DEC. 3	\R	TC	ELECTION DATE EQUIRED)
09/13/2019	Amv O'Connor	XIND COM OTH PTY SCC	Editor Wells Media Group	50.00	5(0.00	G2019	\$50.00
08/24/2019	Cindy Ostroff	⊠IND □COM □OTH □PTY □SCC	Retired None	50.00	50	0.00	G2019	\$50.00
08/31/2019	Brandon Peele	⊠IND □COM □OTH □PTY □SCC	Founder Elevate	25.00	25	.00	G2019	\$25.00
08/23/2019	Helen Peele	⊠IND □ COM □ OTH □ PTY □ SCC	Nurse ACP	25.00	25	.00	G2019	\$25.00
08/19/2019	Kerrv Peele	☑IND □COM □OTH	Retired None	50.00	50	.00	G2019	\$50.00

SUBTOTAL\$

200.00

□ PTY □ SCC

*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 to whole		Statement cov	/2019	SCHEDULE A (CONT.) CALIFORNIA 460 FORM		
NAME OF FILER				through09/21,	Tay		of25	
Amy Peele fo	or City Council 2019					NUMBER 20427		
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	i	R ELECTION TO DATE REQUIRED)	
09/18/2019	Kevin Perrott		CEO OpenCures	100.00	100.0	0 G2019	\$100.00	
08/25/2019	Reva Rao	⊠IND □COM □OTH □PTY □SCC	Director Prosper	100.00	100.0	0 G2019	\$100.00	
09/17/2019	Steve Rempe	IND COM OTH PTY SCC	Contractor Rempe Construction	200.00	200.0	0 G2019	\$200.00	
09/02/2019	Shellv Schaenen		Architect Self-employed (same-name)	25.00	25.0	0 G2019	\$25.00	
09/18/2019	Enid Schatz		Retired None	40.00	40.0	0 G2019	\$40.00	

465.00

*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) SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. **FORM** 01/01/2019 from 09/21/2019 through Page ____16 __of ___25 NAME OF FILER I.D. NUMBER Amy Peele for City Council 2019 1420427 **AMOUNT** FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDAR YEAR TO DATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 08/29/2019 Gracie Schatz Fish Monger XIND 25.00 25.00 G2019 \$25.00 Newman's Fish Company COM □ OTH **□** PTY SCC 08/15/2019 Mark Schatz XIND Architect 50.00 75.00 G2019 \$75.00 ELS Architecture and Urban COM Design ПОТН □ PTY □ SCC 08/18/2019 Mark Schatz Architect XIND 25.00 75.00 G2019 \$75.00 ELS Architecture and Urban COM Design Потн □ PTY SCC 08/30/2019 Suzanne Schatz Retired 200.00 XIND 200.00 G2019 \$200.00 None COM □ OTH PTY SCC 09/16/2019 | Kathleen G Schlegel Realtor 50.00 XIND 50.00 G2019 \$50.00 Golden Gate Sotheby's

SUBTOTAL\$

350.00

□COM □OTH □PTY □SCC

*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) SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **FORM** 01/01/2019 from. 09/21/2019 through. Page ____17 of ___25___ NAME OF FILER I.D. NUMBER Amy Peele for City Council 2019 1420427 **AMOUNT** IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDAR YEAR TO DATE **RECEIVED** CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 08/26/2019 Denise Shaheen Retired 100.00 XIND 100.00 G2019 \$100.00 None ПСОМ □ OTH □ PTY □scc 08/18/2019 James Sinnott XIND Retired 50.00 50.00 G2019 \$50.00 None □ COM □ OTH □ PTY SCC 08/21/2019 Hillary Sloss Retired XIND 100.00 100.00 G2019 \$100.00 None ☐ COM OTH □ PTY SCC 08/22/2019 Stained Glass of Marin 100.00 100.00 G2019 □IND \$100.00 COM X OTH PTY SCC

Market Research

Baccus Research Group

SUBTOTAL\$

XIND

☐COM ☐OTH ☐PTY ☐SCC

*Contributor Codes

IND – Individual

COM – Recipient Committee (other than PTY or SCC)

09/10/2019 | Karen Stephens

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

100.00 G2019

\$100.00

100.00

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may	/ be rounded	SCHEDULE A (CON			
		Amounts may be rounded to whole dollars.		Statement covers period from01/01/2019		FORM 460	
				through09/21,	/2019 P	age18	_ of <u>25</u>
NAME OF FILER					F.:	D. NUMBER	
Amy Peele fo	r City Council 2019				1	120427	
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31		ER ELECTION TO DATE REQUIRED)
08/20/2019	Stuart Stoller	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	100.	00 G2019	\$100.00
08/25/2019	Lisa Swanson	☑IND □COM □OTH □PTY □SCC	Marketing Self-Employed (same-name)	100.00	100.	00 G2019	\$100.00
09/05/2019	Peter J Tiernan	☑IND □COM □OTH □PTY □SCC	Care Provider In Home Support Services	100.00	100.	00 G2019	\$100.00
09/18/2019	Douglas Tom	⊠ COM	Architect TEF Architecture and Interior Design, Inc.	50.00	50.	00 G2019	\$50.00
08/23/2019	Brooke Warner	IND COM OTH PTY SCC	Publisher/Editor She Writes Press	100.00	100.	00 G2019	\$100.00

450.00

*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 to whole		Statement covers period from01/01/2019			SCHEDULE A (CONT.) CALIFORNIA 460 FORM		
				through 09/21,	/2019	Page	19	of25	
NAME OF FILER						I.D. N	UMBER		
Amy Peele fo	r City Council 2019					1420	427		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 CALENDAR YI (JAN. 1 - DEC.	EAR	1	R ELECTION TO DATE REQUIRED)	
08/26/2019	Martha Watt	XIND COM OTH PTY	Retail Associate Plain Jane's Resale Emporium	400.00	4	00.00	G2019	\$400.00	
09/16/2019	Leslie Weber	IND COM OTH PTY SCC	Board Aide County of Marin	100.00	1	00.00	G2019	\$100.00	
09/20/2019	Laurie Weyl	☑IND □COM □OTH □PTY □SCC	Business Owner Thompson Builders Corporation	400.00	4 (00.00	G2019	\$400.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM							

900.00

□oтн ☐ PTY SCC

*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 pe	CALIF	SCHEDULE LIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					om01/01/2019 rough09/21/2019		20 of25	
NAME OF FILER						I.D. NU	JMBER	
Amy Peele for City Council 2019						14204	127	
CODES: If one of the following codes accurately describes 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 com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunication d appearan nses llating s survey rese ivery and n	s ces	RAI RFD SAL TEL TRO TRS	radio airtime and pro- returned contribution- campaign workers' s t.v. or cable airtime a candidate travel, lodg staff/spouse travel, lo transfer between con voter registration	duction costs s alaries nd production cos ing, and meals odging, and meals nmittees of the sa	; ame candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID	
Anedot 1920 McKinney Ave 7th floor Dallas, TX 75201		FND					43.7	
Anedot 1920 McKinney Ave 7th floor Dallas, TX 75201		FND					61.7	
Anedot 1920 McKinney Ave 7th floor Dallas, TX 75201		FND					61.2	
* Payments that are contributions or independent expenditures m	nust also be summa	arized on	Schedule D.			SUBTOTAL	166.6	
Schedule E Summary				-				
Itemized payments made this period. (Include all Schedule I	E subtotals.)	•••••	***************************************			\$	7,404.03	
2. Unitemized payments made this period of under \$100								
3. Total interest paid this period on loans. (Enter amount from								
4. Total payments made this period. (Add Lines 1, 2, and 3. Er								

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from01/01/2019	FORM 400
through09/21/2019	Page21 of25

I.D. NUMBER

1420427

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amy Peele for City Council 2019

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 PET FIL candidate filing/ballot fees fundraising events

independent expenditure supporting/opposing others (explain)* legal defense

campaign literature and mailings

MBR member communications RAD radio airtime and production costs

MTG meetings and appearances RFD returned contributions OFC office expenses SAL campaign workers' salaries petition circulating

TEL t.v. or cable airtime and production costs PHO phone banks TRC candidate travel, lodging, and meals POL polling and survey research TRS staff/spouse travel, lodging, and meals POS postage, delivery and messenger services

transfer between committees of the same candidate/sponsor TSF professional services (legal, accounting) VOT voter registration

PRT print ads WEB information technology costs (internet e-mail)

TIXI Plint e	aus		VVEB Information technology cost	s (internet, e-mail)
ND ADDRESS OF PAYEE EE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	FND			6.6
	FND			63.40
	FND			18.50
	FND			44.10
		CNS/WEB		1,600.00
	ND ADDRESS OF PAYEE EE, ALSO ENTER I.D. NUMBER)	FND FND FND	ND ADDRESS OF PAYEE EE, ALSO ENTER I.D. NUMBER) FND FND FND FND FND	ND ADDRESS OF PAYEE EE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT FND FND FND FND FND

 $[^]st$ Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1,732.60

Schedule E
(Continuation Sheet)
Pavments Made

23 Chestnut Avenue San Rafael, CA 94901

WEPAC LLC 20 Galli Dr, Ste A Novato, CA 94949

(Continuation Chart)				SCHEDULE E (CONT.				
(Continuation Sheet) Payments Made	Amounts may t to whole d			Statement covers period from01/01/2019	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Amy Peele for City Council 2019				through09/21/2019	Page 22 of 25 I.D. NUMBER 1420427			
CODES: If one of the following codes accurately descential comparison 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 LT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and services * POS postage, del	nmunications of appearance nses ulating s survey resear	s	RAD radio airtime and producting returned contributions salutions campaign workers' salaried t.v. or cable airtime and put candidate travel, lodging, staff/spouse travel, lodging.	on costs es roduction costs and meals g, and meals ees of the same candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR D	ESCRIPTION OF PAYMENT	AMOUNT PAID			
Four Waters Media, Inc 3093 Lassen Street West Sacramento, CA 95691		LIT			2,260.28			
PMCohen Public Affairs 23 Chestnut Avenue San Rafael, CA 94901	,	CNS			450.00			
PMCohen Public Affairs 23 Chestnut Avenue San Rafael, CA 94901		LIT			700.00			
PMCohen Public Affairs		CNS			950.00			

PRO/OFC

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

SUBTOTAL \$

5,504.83

1,144.55

Cabadula F			SCHEDULI
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2019	california 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through 09/21/2019	Page 23 of 25
Amy Peele for City Council 2019			1420427
CODES: If one of the following codes accurately described 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	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)	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the returned contributions TRC candidate travel, lodging, and travel, lodging, and travel, lodging, and travel, lodging, and travel.	costs uction costs meals

PRT

print ads

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
Amy Peele 31 Sunny Cove Drive Novato, CA 94949	FIL	0.00	25.00	0.00	25.00
Amy Peele 31 Sunny Cove Drive Novato, CA 94949	FIL	0.00	474.00	0.00	474.00
Mark Schatz 31 Sunny Cove Drive Novato, CA 94949	СМР	0.00	52.44	0.00	52.44
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	0.00\$	551.44\$	0.00\$	551.44

Schedule F Summary

1 Total accrued expenses in

campaign literature and mailings

Τ.	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.)	NCURRED TOTALS \$	551.44
2.	. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)		
3.	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)		

WEB information technology costs (internet, e-mail)

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

Amounts may be rounded to whole dollars.

		SCHEDULE (
Stat	ement covers period	CALIFORNIA A CO
from	01/01/2019	CALIFORNIA 460
through	09/21/2019	Page24 of25
		LD NUMBER

WEB information technology costs (internet, e-mail)

1420427

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amy Peele for City Council 2019

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Four Waters Media, Inc

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

	- · · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,		o, accorde the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances		returned contributions
	(office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees			TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*			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		information technology costs (internet a mail)

PRT print ads

^{*} 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
Alphagraphics 3000 Kerner Blvd San Rafael, CA 94901	LIT			712.89

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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	Amounts may be rounded
Contractor (on Behalf of This Committee)	to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 460
from01/01/2019	FORM 46U
through09/21/2019	Page 25 of 25
	I.D. NUMBER

1420427

PMCohen Public Affairs

Amy Peele for City Council 2019

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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.

	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances		returned contributions
CTB	contribution (explain nonmonetary)*		office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		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)*		postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
LEG	legal defense		professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads		information technology costs (internet, e-mail)
					member teemelegy cooks (internet, c-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
Political Data Inc 12501 Imperial Hwy, #200 Norwalk, CA 90650	LIT			700.0

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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.