

**Recipient Committee
Campaign Statement
Cover Page**

mailed 7/31/15
(PWO)
COVER PAGE

Date Stamp RECEIVED 2015 AUG - 3 P 1:55	CALIFORNIA FORM 460
	Page 1 of 21
	For Official Use Only

* Committee Qualified 3/16/2015

Statement covers period	Date of Election If applicable
from 01/01/2015*	11/03/2015
through 06/30/2015	(Month, Day, Year)

1. Type of Recipient Committee

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

Pre-election Statement
 Semi-Annual Statement
 Termination Statement
 Amendment

Quarterly Statement
 Special Odd-Year Statement
 Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1376626

COMMITTEE NAME
Rick Bonilla for City Council 2015

STREET ADDRESS (NO PO BOX)
204 E 2nd Ave # 205

CITY STATE ZIP CODE AREA CODE/PHONE
San Mateo CA 94401 650/430-9171

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Russell Miller

STREET ADDRESS
20 Park Rd Ste E

CITY STATE ZIP CODE AREA CODE/PHONE
Burlingame CA 94010 650/401-8735

NAME OF ASSISTANT TREASURER, IF ANY
Kirk Alan Pessner

STREET ADDRESS
20 Park Rd Ste E

CITY STATE ZIP CODE AREA CODE/PHONE
Burlingame CA 94010 650/401-8735

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 is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/8/15 By Russell H Miller
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/8/15 By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

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

Statement covers period
from 01/01/2015
through 06/30/2015

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Rick Bonilla

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member City of San Mateo

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
330 W 20th Ave San Mateo CA 94403

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 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 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 OR 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

**Campaign Disclosure Statement
Summary Page**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through		Page 3 of 21
		I.D. NUMBER
		1376626

NAME OF FILER Rick Bonilla for City Council 2015

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 9,910.00	\$ 9,910.00
2. Loans Received Schedule B, Line 3	1,000.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$ 10,910.00	\$ 10,910.00
4. Nonmonetary Contributions Schedule C, Line 3	450.00	450.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 11,360.00	\$ 11,360.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections.**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 2,099.82	\$ 2,099.82
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 2,099.82	\$ 2,099.82
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	2,366.23	2,366.23
10. Nonmonetary Adjustment Schedule C, Line 3	450.00	450.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 4,916.05	\$ 4,916.05

**Expenditure Limit Summary
for State Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

_____	\$ _____
_____	\$ _____

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

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts Column A, Line 3 above	10,910.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.55
15. Cash Payments Column A, Line 8 above	2,099.82
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 8,810.73
17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above	\$ 3,366.23

**Schedule A
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 4 of 21

NAME OF FILER Rick Bonilla for City Council 2015

I.D. NUMBER
1376626

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/07/2015	Sandra Arnott 708 Maddux Dr Daly City, CA 94015	IND	Treasurer- Tax Collector San Mateo County	100.00	100.00	100 (G15)
06/26/2015	Ann Bertram 1020 Palm Ave San Mateo, CA 94401	IND	Retired N.A.	100.00	100.00	100 (G15)
05/31/2015	Sarah Burdick 4180 George Ave # 5 San Mateo, CA 94403	IND	Attorney Rains Lucia Stern PC	250.00	250.00	250 (G15)
05/29/2015	Michael Caggiano 234 Elm St Apt 102 San Mateo, CA 94401	IND	President Peace Action	100.00	100.00	100 (G15)

SUBTOTAL \$ 550.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$	7,654.00
2. Amount received this period - unitemized	\$	2,256.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$	9,910.00

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>06/30/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER Rick Bonilla for City Council 2015

I.D. NUMBER
1376626

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/19/2015	Concar Enterprises Inc 1700 S El Camino Real Ste 385 San Mateo, CA 94402	OTH		500.00	500.00	500 (G15)
05/18/2015	Kara Cox 1310 S Claremont St San Mateo, CA 94402	IND	Homemaker N.A.	250.00	250.00	250 (G15)
05/25/2015	Kevin Cullinane 331 S Ellsworth San Mateo, CA 94401	IND	Real Estate Broker Kevin Cullinane	250.00	250.00	250 (G15)
05/26/2015	Seth Derish 1770 Post St # 151 San Francisco, CA 94115	IND	Financial Investigator Derish Associates Inc	100.00	100.00	100 (G15)

SUBTOTAL \$ 1,100.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 6 of 21

NAME OF FILER Rick Bonilla for City Council 2015

I.D. NUMBER
1376626

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/21/2015	Colleen Doing 23 Anita Rd # 9 Burlingame, CA 94010	IND	Owner Wags & Whispers	125.00	125.00	125 (G15)
05/31/2015	Charlie Drechsler 203 Ottawa St San Mateo, CA 94401	IND	Construction Inspector Arborist for Redwood City	100.00	100.00	100 (G15)
05/27/2015	DuRard McKenna and Borg 2015 Pioneer Ct San Mateo, CA 94403	OTH		100.00	100.00	100 (G15)
05/28/2015	Christopher Eckert 110 Hayward Ave San Mateo, CA 94401	IND	Realtor Keller Williams Realty	250.00	250.00	250 (G15)

SUBTOTAL \$ 575.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>06/30/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER Rick Bonilla for City Council 2015

I.D. NUMBER
1376626

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/31/2015	Janet Epstein 415 Hillcrest Rd San Mateo, CA 94402	IND	Retired N.A.	100.00	100.00	100 (G15)
05/31/2015	Alex Flecker 208 Bald Hill Rd Spencer, NY 14883	IND	Professor Cornell University	100.00	100.00	100 (G15)
06/20/2015	Suzanne Flecker 127 11th Ave San Mateo, CA 94401	IND	Retired N.A.	250.00	250.00	250 (G15)
06/30/2015	Maureen Freschet 1128 Hawthorne Dr San Mateo, CA 94402	IND	Mayor City of San Mateo	100.00	100.00	100 (G15)

SUBTOTAL \$

550.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 9 of 21

NAME OF FILER Rick Bonilla for City Council 2015

I.D. NUMBER
1376626

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/31/2015	Brandt Grotte 708 Rand St San Mateo, CA 94401	IND	Global ES and H Manager Toppan Photomasks	250.00	250.00	250 (G15)
05/12/2015	Linda Hedges 904 Wharfside Rd San Mateo, CA 94404	IND	Retired N.A.	250.00	250.00	250 (G15)
05/12/2015	Richard Hedges 904 Wharfside Rd San Mateo, CA 94404	IND	Retired N.A.	250.00	250.00	250 (G15)
05/31/2015	Jerry Hill 714 Hurlington Ave San Mateo, CA 94402	IND	Senator State of California	100.00	100.00	100 (G15)

SUBTOTAL \$ 850.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 10 of 21
NAME OF FILER Rick Bonilla for City Council 2015		I.D. NUMBER 1376626

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/26/2015	Joshua Hugg 308 S Humboldt St San Mateo, CA 94401	IND	Program Manager Housing Leadership Council of San Mateo	100.00	100.00	100 (G15)
05/31/2015	David Klonoff 1720 El Camino Real # 165 Burlingame, CA 94010	IND	Physician David Klonoff	100.00	100.00	100 (G15)
05/31/2015	Anna Kuhre 200 W 3rd Ave San Mateo, CA 94402	IND	Retired N.A.	100.00	100.00	100 (G15)
06/11/2015	Mind Source 555 Clyde Ave Ste 100 Mountain View, CA 94043	OTH		500.00	500.00	500 (G15)
SUBTOTAL \$				800.00		

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 11 of 21

NAME OF FILER Rick Bonilla for City Council 2015

I.D. NUMBER
1376626

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/11/2015	Bonnie Murphy 133 Humboldt Rd Burlingame, CA 94010	IND	Dentist Dr. John Mann	250.00	250.00	250 (G15)
06/11/2015	Stephen NG 1181 Chess Dr Ste 203 Foster City, CA 94404	IND	Owner ARCO Station	100.00	100.00	100 (G15)
05/31/2015	Steve Okamoto 630 Leo Dr Foster City, CA 94404	IND	City Council Member City of Foster City	100.00	100.00	100 (G15)
06/23/2015	Jacqueline Panigada 131 11th Ave San Mateo, CA 94401	IND	Retired N.A.	100.00	100.00	100 (G15)

SUBTOTAL \$ 550.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>06/30/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER Rick Bonilla for City Council 2015

I.D. NUMBER
1376626

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/29/2015	Greg St. Clair 2209 Portsmouth Way San Mateo, CA 94403	IND	Realtor ReMax	250.00	250.00	250 (G15)
05/18/2015	Charles Stone 2614 Read Ave Belmont, CA 94002	IND	Attorney Charles Stone	100.00	100.00	100 (G15)
05/15/2015	Alan Talansky 803 Laurel Ave Apt 1 San Mateo, CA 94401	IND	AR Consulting EBL & S Property Management LLC	250.00	250.00	250 (G15)
05/22/2015	John Weatherby 120 11th Ave San Mateo, CA 94401	IND	Commerical Real Estate Broker Newmark Cornish & Carey	250.00	250.00	250 (G15)

SUBTOTAL \$ 850.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 14 of 21

NAME OF FILER Rick Bonilla for City Council 2015

I.D. NUMBER
1376626

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/31/2015	Mary Webb 728 Highland Ave San Mateo, CA 94401	IND	Retired N.A.	100.00	100.00	100 (G15)
06/29/2015	Ginger White 2209 Portsmouth Way San Mateo, CA 94403	IND	Surgery Office Coordinator Seton Medical Center	125.00	125.00	125 (G15)

SUBTOTAL \$ 225.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule B - Part 1
Loans Received**

SCHEDULE B - PART 1

Statement covers period from <u>01/01/2015</u> through <u>06/30/2015</u>		CALIFORNIA FORM 460
Page 15 of 21		
NAME OF FILER <u>Rick Bonilla for City Council 2015</u>		I.D. NUMBER 1376626

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(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
Rick Bonilla 330 W 20th Ave San Mateo, CA 94403 Contributor Code: IND	Councilmember City of San Mateo		1000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR 1,000
					DUE DATE 11/15/2015	INTEREST RATE 0.00 %	DATE INCURRED 03/16/2015	PER ELECTION** 1,000 (G15)

SUBTOTALS \$	(b) 1,000.00	(c) 0.00	(d) 1,000.00	(e) 0.00	
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Schedule B Summary

1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 1,000.00
2. Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 1,000.00
Enter the net here and on the Summary Page, Column A, Line 2.

** Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 16 of 21

NAME OF FILER Rick Bonilla for City Council 2015

I.D. NUMBER
1376626

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE	OCCUPATION & EMPLOYER OR COMMITTEE ID NO.	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/03/2015	Miller & Olson LLP 20 Park Rd Ste E Burlingame, CA 94010	OTH		Legal and Accounting Services	400.00	400.00	400 (G15)

SUBTOTAL \$ 400.00

Schedule C Summary

1. Amount received this period - itemized contributions (Includes all Schedule C subtotals)	\$ 400.00
2. Amount received this period - unitemized	\$ 50.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Lines 4 and 10.)	TOTAL \$ 450.00

**** Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 17 of 21
NAME OF FILER Rick Bonilla for City Council 2015		I.D. NUMBER 1376626

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
Click and Pledge	Merchant Service Fee	20.72
Click and Pledge	Merchant Service Fee	141.18
Message Frammer 25 Idaho Street Richmond, CA 94801	Graphics	420.00
SUBTOTAL \$		581.90

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,049.82
2. Unitemized payments made this period of under \$100	\$ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 2,099.82

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 18 of 21
NAME OF FILER Rick Bonilla for City Council 2015		I.D. NUMBER 1376626

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Miller & Olson LLP 20 Park Road Suite E Burlingame, CA 94010	PRO		379.63
Miller & Olson LLP 20 Park Road Suite E Burlingame, CA 94010	PRO		533.29
Provident Credit Union 2727 S El Camino Real San Mateo, CA 94403		See Schedule G for payees reaching disclosure threshold.	230.00
Provident Credit Union 2727 S El Camino Real San Mateo, CA 94403		See Schedule G for payees reaching disclosure threshold.	25.00
Robert A. Stine 3215 Llano St San Mateo, CA 94403		Photography	300.00

SUBTOTAL \$ 1,467.92

**Schedule F
Accrued Expenses (Unpaid Bills)**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 19 of 21
NAME OF FILER Rick Bonilla for City Council 2015		I.D. NUMBER 1376626

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet,e-mail) |

NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Eveleth Consulting Group 106 Elm St San Carlos, CA 94070	WEB	0.00	1,000.00	0.00	1,000.00
Provident Credit Union 2727 S El Camino Real San Mateo, CA 94403	Various credit card purchases. See Schedule G for Credit Card Payees meeting threshold.	0.00	1,621.23	255.00	1,366.23
SUBTOTALS \$		0.00	\$ 2,621.23	\$ 255.00	\$ 2,366.23

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 2,621.23
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 255.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) **NET \$** 2,366.23

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 20 of 21
NAME OF FILER Rick Bonilla for City Council 2015		I.D. NUMBER 1376626

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Provident Credit Union

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet,e-mail) |

* Payments that re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTON OF PAYMENT	AMOUNT PAID
Service Press 935 Tanklage Rd San Carlos, CA 94070	LIT		233.82
Service Press 935 Tanklage Rd San Carlos, CA 94070		Poster	163.88
The UPS Store 204 E 2nd Ave San Mateo, CA 94401	POS		230.00
Vault 164 164 S B St San Mateo, CA 94402	FND		850.33

TOTAL \$ 1,478.03

**Schedule I
Miscellaneous Increases to Cash**

Statement covers period		CALIFORNIA FORM 460
from	01/01/2015	
through	06/30/2015	Page 21 of 21

NAME OF FILER Rick Bonilla for City Council 2015

I.D. NUMBER
1376626

DATE RECEIVED	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period	\$	0.00
2. Unitemized payments made this period of under \$100	\$	0.55
3. Total interest received this period on loans made to others. (Schedule H, Column (e).)	\$	0.00
4. Total miscellaneous increases to cash this period. Total to Summary Page, Line 14	TOTAL \$	0.55