

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink

COVER PAGE

RECEIVED Date Stamp  
 2015 SEP 24 P 1:31  
 OFFICE OF CITY CLERK  
 CITY HALL  
 SAN MATEO, CA

CALIFORNIA  
 2001/02  
 FORM **460**

Page 1 of 14

For Official Use Only

Statement covers period  
 from 07/01/2015  
 Through 09/19/2015

Date of election if applicable:  
 (Month, Day, Year)  
11/03/2015

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement                                     |
| <input type="checkbox"/> Semi-annual Statement            | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 485 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

**3. Committee Information**

I.D. Number  
 1336991

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

Maureen Freschet for City Council 2015

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Mateo CA

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / EMAIL ADDRESS

votemaureen2015@comcast.net

**Treasurer(s)**

NAME OF TREASURER

Nicole K Aquino

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Redwood City CA

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / EMAIL ADDRESS

n.pobuta@comcast.net

**4. Verification**

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

Executed on 9/23/15  
 Date  
 Executed on 9/23/15  
 Date  
 Executed on \_\_\_\_\_  
 Date  
 Executed on \_\_\_\_\_  
 Date

By \_\_\_\_\_  
 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

CALIFORNIA  
2001/02  
FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Maureen Freschet

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Council / 000

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] San Mateo CA [REDACTED]

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

Statement covers period		CALIFORNIA FORM <b>460</b>
from	07/01/2015	
through	09/19/2015	Page <u>3</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Maureen Freschet for City Council 2015

I.D. NUMBER  
1336991

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ <u>3,598.00</u>	\$ <u>17,202.00</u>
2. Loans Received	<u>0.00</u>	<u>2,500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	\$ <u>3,598.00</u>	\$ <u>19,702.00</u>
4. Nonmonetary Contributions	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	\$ <u>3,598.00</u>	\$ <u>19,702.00</u>

**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	\$ <u>16,104.00</u>	\$ <u>3,598.00</u>
21. Expenditures Made	\$ <u>1,399.05</u>	\$ <u>7,236.16</u>

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	\$ <u>4,861.59</u>	\$ <u>6,260.64</u>
7. Loans Made	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	\$ <u>4,861.59</u>	\$ <u>6,260.64</u>
9. Accrued Expenses (Unpaid Bills)	<u>2,374.57</u>	<u>2,374.57</u>
10. Nonmonetary Adjustment	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE	\$ <u>7,236.16</u>	\$ <u>8,635.21</u>

**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	\$ <u>15,686.67</u>
13. Cash Receipts	<u>3,598.00</u>
14. Miscellaneous Increases to Cash	<u>0.00</u>
15. Cash Payments	<u>4,861.59</u>
16. <b>ENDING CASH BALANCE</b>	\$ <u>14,423.08</u>

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

17. LOAN GUARANTEES RECEIVED \$ 0.00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents	\$ <u>0.00</u>
19. Outstanding Debts	\$ <u>4,874.57</u>

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 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		<b>CALIFORNIA FORM 460</b>
from	07/01/2015	
through	09/19/2015	Page <u>4</u> of <u>14</u>
NAME OF FILER <b>Maureen Freschet for City Council 2015</b>		I.D. NUMBER <b>1336991</b>

SEE INSTRUCTIONS ON REVERSE

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)
08/11/2015	San Mateo County Deputy Sheriffs Association PAC 555 Capitol Mall Ste 1425 Sacramento, CA 95814-4602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00 G-15
08/02/2015	Nancy Ruspil [REDACTED] San Mateo, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physical Therapist Peninsula Post Acute	\$100.00	\$100.00	\$100.00 G-15
09/16/2015	Carina Brewer [REDACTED] San Mateo, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Lattice Engines	\$250.00	\$250.00	\$250.00 G-15
08/30/2015	San Mateo Water Ski Club 2101 South Norfolk Street San Mateo, CA 94403-1104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	\$100.00 G-15
07/28/2015	Plumbers & Steamfitters Local No.467 1519 Rollins Road Burlingame, CA 94010-2305	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00 G-15

**Schedule A Summary**

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$ 3,250.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$ 348.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ 3,598.00</b>

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

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

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

Statement covers period		<b>CALIFORNIA</b> <b>FORM 460</b>
from	<u>07/01/2015</u>	
through	<u>09/19/2015</u>	Page <u>5</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	Maureen Freschet for City Council 2015	I.D. NUMBER	1336991
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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)
08/11/2015	Mitch Juricich [REDACTED] San Mateo, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self employed Self Employed	\$100.00	\$100.00	\$100.00 G-15
09/16/2015	San Mateo Labor Council, AFL-CIO 1153 Chess Drive Suite 200 Foster City, CA 94404-1197	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	\$200.00 G-15
09/16/2015	Sprinkler Fitters And Apprentices Local 483 555 Capitol Mall Suite 1425 Sacramento, CA 95814-4602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00 G-15
09/10/2015	Bay Meadows Main Track Investors, LLC 4 Embarcadero Suite 3330 San Francisco, CA 94111-4184	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00 G-15
07/15/2015	Peace Officers Research Association of California PAC 4010 Truxel Road Sacramento, CA 95834-3725	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00 G-15

**SUBTOTAL \$ \$1,800.00**

Enter on  
Summary Page,  
Line 17 only.

\*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**

Type or print in ink.  
Amounts may be rounded

SCHEDULE B - PART 1

Statement covers perlo from <u>07/01/2015</u> through <u>09/19/2015</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maureen Freschet for City Council 2015

ID NUMBER  
1336991

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LOAN NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	(a) OUTSTANDING BALANCE BEGINNING THIS	(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
Maureen Freschet [REDACTED] San Mateo, CA 94402-1978	City of San Mateo Mayor-City of San Mateo	\$2,500.00	\$0.00	<input type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$0.00	\$2,500.00  DATE DUE	_____% RATE \$0.00	\$2,500.00  04/24/2015 DATE INCURRED	CALENDAR YEAR PER ELECTION** \$2,500.00
<b>SUBTOTALS</b>			\$0.00	\$0.00	\$2,500.00	\$0.00		

**Schedule B Summary**

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)	\$0.00
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1.)	\$0.00
<b>NET</b>	(May be a negative number)

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

\* Amounts forgiven or paid by another party must also be reported on Schedule A.

\*\* If required.

† Contributor Codes

IND - Individual

COM - Recipient Committee (Other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 888/ASK-FPPC

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded

SCHEDULE D

Statement covers period from <u>07/01/2015</u> through <u>09/19/2015</u>	<b>CALIFORNIA FORM 460</b>
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ID NUMBER 1336991	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Maureen Freschet for City Council 2015

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/27/2015	Diane Papan	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Papan For City Council	\$100.00	\$100.00	\$100.00 G-15
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$ 100.00

**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule A subtotals.)	\$ 100.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$ 0.00
	\$ 100.00

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be  
rounded

SCHEDULE E

Statement covers perlo from <u>07/01/2015</u> through <u>09/19/2015</u>	<b>CALIFORNIA FORM</b>	<b>460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Maureen Freschet for City Council 2015</b>	I.D. NUMBER <b>1336991</b>
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**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 campaigns 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  |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of San Mateo : 330 West 20th Avenue San Mateo, CA 94403-1338	FIL	Candidate Ballot Statement Fee	\$1,000.00
Yes On Measure S-City of San Mateo : 330 West 20th Avenue San Mateo, CA 94403-1338	CTB	Support of Measure S	\$100.00
Bestbuy.Com : 7601 Penn Avenue South Richfield, MN 55423-8500	OFC	ASUS Computer	\$849.10

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

**SUBTOTAL \$ \$1,949.10**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals)	<u>\$4,485.80</u>
2. Unitemized payments made this period of under \$100	<u>\$375.79</u>
3. Total Interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	<u>\$0.00</u>
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 \$</b> <u>\$4,861.59</u>

**Schedule E (Continuation Sheet)**

**Payments Made**

Type or print in ink.  
Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers perio		<b>CALIFORNIA FORM 460</b>
from	07/01/2015	
through	09/19/2015	Page 9 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Maureen Freschet for City Council 2015</b>	I.D. NUMBER 1336991
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**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 campaigns 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  |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Diane Papan : [REDACTED] San Mateo, CA 94402-1500	CTB	Papan For City Council	\$100.00
Aristotle Incorporated : 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC	Processing Fee	\$46.15
Aristotle Incorporated : 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC	Processing Fee	\$2.50

**SUBTOTAL \$ \$148.65**

**Schedule E (Continuation Sheet)**

**Payments Made**

Type or print in ink.  
Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers perio		<b>CALIFORNIA FORM 460</b>
from	<u>07/01/2015</u>	
through	<u>09/19/2015</u>	Page <u>10</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Maureen Freschet for City Council 2015</b>	I.D. NUMBER <b>1336991</b>
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**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 campaigns 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  |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
John Jensen : 3939 County Road 119 Hesperus, CO 81326-9504	LIT	Campaign Kick-Off Invitation, Remit, Stationary Design and Production	\$150.00
Costco : 1001 Metro Center Blvd. Foster City, CA 94404-2177	OFC	Printer Ink Cartridges	\$83.92
San Mateo County Democratic Party : 751 Laurel Avenue Box 702 San Carlos, CA 94070-3113	FIL	Slate Mailer Placement	\$350.00

**SUBTOTAL \$ \$583.92**

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

Type or print in ink.  
 Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2015	
through	09/19/2015	Page <u>11</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Maureen Freschet for City Council 2015

I.D. NUMBER  
 1336991

**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 campaigns 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  |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Mateo Area Chamber of Commerce : 1700 South El Camino Real San Mateo, CA 94402-3047	CVC	Membership Fee	\$250.00
Aristotle Incorporated : 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC	Campaign Management Platform	\$150.00
Aristotle Incorporated : 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC	Campaign Management Platform	\$150.00

**SUBTOTAL \$ \$550.00**

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

Type or print in Ink.  
 Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2015</u> through <u>09/19/2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>14</u>
I.D. NUMBER 1336991	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Maureen Freschet 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 campaigns 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  |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aristotle Incorporated : 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC	Processing Fee	\$2.50
Aristotle Incorporated : 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC	Processing Fee	\$25.00
Pacific Printing : 1002 South 2nd Street San Jose, CA 95112-5827	LIT	Door Hangers/Fliers	\$1,076.63

**SUBTOTAL \$ 1,104.13**

**Schedule E (Continuation Sheet)**

**Payments Made**

Type or print in ink.  
Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2015</u> through <u>09/19/2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>13</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER **Maureen Freschet for City Council 2015**

I.D. NUMBER  
1336991

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

- |   |   |   |
|---|---|---|
| GMP 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 campaigns 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  |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aristotle Incorporated : 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC	Campaign Management Platform	\$150.00

**SUBTOTAL \$ \$150.00**

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

Type or print in ink.  
Amounts may be rounded

SCHEDULE F

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2015	
through	09/19/2015	Page <u>14</u> of <u>14</u>
NAME OF FILER		I.D. NUMBER
Maureen Freschet for City Council 2015		1336991

SEE INSTRUCTIONS ON REVERSE

**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 campaigns 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

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
Carol Conroy 308 Innisfree Drive Daly City, CA 94015-4358	LIT	\$0.00	\$54.63	\$0.00	\$54.63
Kate Ward 1113 Overbrook Drive Ormond Beach, FL 32174-3979	LIT	\$0.00	\$400.00	\$0.00	\$400.00
Belaire Displays 506 West Ohio Avenue Richmond, CA 94804-2040	CMP	\$0.00	\$1,919.94	\$0.00	\$1,919.94
<b>SUBTOTALS</b>		\$0.00	\$2,374.57	\$0.00	\$2,374.57

\* Payments that are contributions or independent expenditures must also be

**Schedule F Summary**

1. 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 \$	\$2,374.57
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.)	PAID TOTALS \$	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	TOTAL \$	\$2,374.57

May be a negative number