

**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

Type or print in ink

COVER PAGE

RECEIVED Date Stamp  
2015 OCT 22 P 5  
OFFICE OF CITY CLERK  
CITY HALL  
SAN MATEO, CA

CALIFORNIA  
2001/02  
FORM **460**

Page 1 of 15  
For Official Use Only

Statement covers period  
from 09/20/2015  
Through 10/17/2015

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 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored  
*(Also Complete Part 6)*
  - Primarily Formed Candidate/  
Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**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

CA

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / EMAIL ADDRESS

**4. Verification**

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

Executed on 10/22/15  
Date

Executed on \_\_\_\_\_  
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	<b>460</b>
Page <u>2</u> of <u>15</u>	

**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

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	09/20/2015	
through	10/17/2015	Page <u>3</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Maureen Freschet for City Council 2015I.D. NUMBER  
1336991
**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ <u>7,159.00</u>	\$ <u>24,361.00</u>
2. Loans Received	<u>0.00</u>	<u>2,500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	\$ <u>7,159.00</u>	\$ <u>26,861.00</u>
4. Nonmonetary Contributions	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	\$ <u>7,159.00</u>	\$ <u>26,861.00</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>10,757.00</u>
21. Expenditures Made	\$ <u>1,399.05</u>	\$ <u>17,541.21</u>

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	\$ <u>11,974.99</u>	\$ <u>18,235.63</u>
7. Loans Made	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	\$ <u>11,974.99</u>	\$ <u>18,235.63</u>
9. Accrued Expenses (Unpaid Bills)	<u>(1,669.94)</u>	<u>704.63</u>
10. Nonmonetary Adjustment	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE	\$ <u>10,305.05</u>	\$ <u>18,940.26</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>14,423.08</u>
13. Cash Receipts	<u>7,159.00</u>
14. Miscellaneous Increases to Cash	<u>0.00</u>
15. Cash Payments	<u>11,974.99</u>
16. <b>ENDING CASH BALANCE</b>	\$ <u>9,607.09</u>

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

17. LOAN GUARANTEES RECEIVED	\$ <u>0.00</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)

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents	\$ <u>0.00</u>
19. Outstanding Debts	\$ <u>3,204.63</u>

\*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	09/20/2015	
through	10/17/2015	Page <u>4</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER  
1336991

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)
10/09/2015	Realty World Thompson Properties 177 Bovee Rd Ste 600 San Mateo, CA 94402-3122	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	\$250.00 G-15
10/05/2015	Spieker Companies Inc. 1020 Corporation Way Palo Alto, CA 94303-4328	<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
09/24/2015	Zakskorn Construction Company 30 La Cintilla Orinda, CA 94563-1403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$99.00	\$198.00	\$198.00 G-15
09/24/2015	Zakskorn Construction Company 30 La Cintilla Orinda, CA 94563-1403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$99.00	\$198.00	\$198.00 G-15
09/29/2015	Operating Engineers Local Union No. 3 1620 South Loop Road Alameda, CA 94502-7085	<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.) .....	\$ 5,697.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$ 1,462.00
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 \$ 7,159.00</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.

SCHEDULE A (CONT.)

Statement covers period  
 from 09/20/2015  
 through 10/17/2015

**CALIFORNIA**  
**FORM** **460**  
 Page 5 of 15

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER  
 1336991

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)
10/07/2015	Anna Kuhre [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	retired Retired	\$100.00	\$200.00	\$200.00 G-15
10/10/2015	Martha Phongpitag [REDACTED] Pacifica, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$250.00	\$250.00	\$250.00 G-15
10/08/2015	Neville S Batliwalla [REDACTED] Hillsborough, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Better Homes and Garden Real Estate Real Estate Broker	\$250.00	\$250.00	\$250.00 G-15
09/30/2015	John Eudy [REDACTED] Danville, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CIO Essex Property Trust	\$99.00	\$199.00	\$199.00 G-15
10/09/2015	Jo Ann Benner [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	retired Retired	\$100.00	\$100.00	\$100.00 G-15

**SUBTOTAL \$ \$799.00**

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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/20/2015	
through	10/17/2015	Page <u>6</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER  
1336991

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10/12/2015	Jean Lipkin [REDACTED] Gladwyne, PA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$250.00	\$250.00	\$250.00 G-15
10/14/2015	California Real Estate Political Action Committee-California Association Of Realtors 525 South Virgil Avenue Los Angeles, CA 90020-1403	<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
10/08/2015	Sunil Kumar Arora [REDACTED] Hillsborough, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Roti India Bistro	\$100.00	\$100.00	\$100.00 G-15
09/25/2015	San Francisco Laborer's Local 261 3271 18th Street San Francisco, CA 94110-1920	<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
10/14/2015	IronStone Metal Works 1700 Industrial Road Suite F San Carlos, CA 94070-4156	<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
<b>SUBTOTAL</b>				<b>\$ \$1,850.00</b>	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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/20/2015	
through	10/17/2015	Page <u>7</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	Maureen Freschet for City Council 2015	I.D. NUMBER	1336991
---------------	--	-------------	---------

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)
09/29/2015	International Brotherhood Of Electrical Workers Local Union No.617 1701 Leslie Street San Mateo, CA 94402-2409	<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
10/14/2015	David Zigal 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	Real Estate Broker Self-Employed	\$100.00	\$100.00	\$100.00 G-15
09/20/2015	San Mateo Building Trades Joint Council PAC 1153 Chess Drive # 206 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		\$500.00	\$500.00	\$500.00 G-15
10/08/2015	Tom Thompson 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	Real Estate Broker Realty World Thompson Properties	\$150.00	\$250.00	\$250.00 G-15
10/12/2015	Edward Lipkin Gladwyne, PA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Executive Officer EBL&S Management	\$250.00	\$250.00	\$250.00 G-15
<b>SUBTOTAL</b>				<b>\$ \$1,500.00</b>	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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period  
from 09/20/2015  
through 10/17/2015

**CALIFORNIA  
FORM 460**  
Page 8 of 15

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER  
**1336991**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10/06/2015	Cheryl Angeles [REDACTED] Pacifica, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President and CEO San Mateo Chamber	\$100.00	\$150.00	\$150.00 G-15
<b>SUBTOTAL</b>				<b>\$ \$100.00</b>	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 period		<b>CALIFORNIA FORM 460</b>
from	09/20/2015	
through	10/17/2015	
		Page <u>9</u> of <u>15</u>

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 I.D. 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 [REDACTED]	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	_____% RATE	\$2,500.00	CALENDAR YEAR PER ELECTION** \$2,500.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	\$0.00	04/24/2015 DATE INCURRED	
<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.)	<b>NET</b> \$0.00 <small>(May be a negative number)</small>

(Enter (e) 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: 866/ASK-FPPC

**Schedule B - Part 2  
Loan Guarantors**

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

SCHEDULE B - PART 2

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	Page _____ of _____
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER	DATE			
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	

NONE

<b>SUBTOTAL \$</b>	Enter on Summary Page, Line 17 only.
--------------------	--

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be  
rounded

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/20/2015	
through	10/17/2015	Page 11 of 15
NAME OF FILER Maureen Freschet for City Council 2015		I.D. NUMBER 1336991

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
Pacific Printing : 1002 South 2nd Street San Jose, CA 95112-5827	LIT		mailer	\$8,402.91
Belaire Displays : 506 West Ohio Avenue Richmond, CA 94804-2040	CMP		Lawn Signs	\$1,919.94
Hamdi Uger : 223 E 4th Ave San Mateo, CA 94401-4006 San Mateo County	FND		Campaign Kick-Off Event	\$1,000.00

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

**SUBTOTAL \$ 11,322.85**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals)	\$11,911.71
2. Unitemized payments made this period of under \$100	\$63.28
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 11,974.99</b>

**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	09/20/2015	
through	10/17/2015	Page 12 of 15

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
Office Depot : 1826 South Norfolk Street San Mateo, CA 94403-1102	OFC		ink cartridge	\$33.86
Kate Ward : 1113 Overbrook Drive Ormond Beach, FL 32174-3979	LIT		Campaign Lit and Mailing	\$400.00
Aristotle Incorporated : 205 Pennsylvania Avenue SE Washington, DC 20003-1164	OFC		credit card processing fee	\$1.25

**SUBTOTAL \$ 435.11**

**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	09/20/2015	
through	10/17/2015	Page 13 of 15

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
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	credit card processing fee	\$3.75

**SUBTOTAL \$ 153.75**

**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	09/20/2015	
through	10/17/2015	Page 14 of 15
NAME OF FILER		I.D. NUMBER
Maureen Freschet for City Council 2015		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 expense	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	
Kate Ward 1113 Overbrook Drive Ormond Beach, FL 32174-3979	LIT	\$400.00	\$0.00	\$400.00	\$0.00	
Carol Conroy 308 Innisfree Drive Daly City, CA 94015-4358	LIT	\$54.63	\$0.00	\$0.00	\$54.63	
Kate Ward 1113 Overbrook Drive Ormond Beach, FL 32174-3979	LIT Campaign Mailer	\$0.00	\$650.00	\$0.00	\$650.00	
<b>* Payments that are contributions or independent expenditures must also be</b>		<b>SUBTOTALS</b>	<b>\$454.63</b>	<b>\$650.00</b>	<b>\$400.00</b>	<b>\$704.63</b>

**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 \$	\$650.00
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 \$	\$2,319.94
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 \$	(\$1,669.94)

May be a negative number

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

Type or print in ink.  
 Amounts may be rounded

SCHEDULE F (CONT.)

Statement covers perio		<b>CALIFORNIA FORM 460</b>
from	09/20/2015	
through	10/17/2015	Page <u>15</u> of <u>15</u>
NAME OF FILER Maureen Freschet for City Council 2015		I.D. NUMBER 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
Belaire Displays 506 West Ohio Avenue Richmond, CA 94804-2040	CMP	\$1,919.94	\$0.00	\$1,919.94	\$0.00

<b>SUBTOTALS</b>	\$1,919.94	\$0.00	\$1,919.94	\$0.00
------------------	------------	--------	------------	--------