

**Recipient Committee  
Campaign Statement  
Cover Page**

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COVER PAGE

Date Stamp 2015 OCT 21 P 6	<b>CALIFORNIA FORM 460</b>
Page 1 of 9	
For Official Use Only	

Statement covers period from 09/20/2015 through 10/17/2015	Date of Election if applicable 11/03/2015 (Month, Day, Year)
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**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)  
[REDACTED]

CITY San Mateo STATE CA ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Russell Miller

STREET ADDRESS  
[REDACTED]

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

NAME OF ASSISTANT TREASURER, IF ANY  
Kirk Alan Pessner

STREET ADDRESS  
[REDACTED]

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

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 10/20/15 By [REDACTED] TREASURER OR ASSISTANT TREASURER

Executed on 10/21/15 By [REDACTED] 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**

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 9

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

**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  
[REDACTED] San Mateo CA [REDACTED]

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	<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 OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**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		<b>CALIFORNIA FORM 460</b>
from	09/20/2015	
through		Page 3 of 9
		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
<b>Contributions Received</b>		
1. Monetary Contributions ..... Schedule A, Line 3	\$ 1,900.00	\$ 15,899.00
2. Loans Received ..... Schedule B, Line 3	0.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1+2	\$ 1,900.00	\$ 16,899.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	100.00	550.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 2,000.00	\$ 17,449.00

**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	\$ _____	\$ _____

<b>Expenditures Made</b>		
6. Payments Made ..... Schedule E, Line 4	\$ 701.95	\$ 11,263.52
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 701.95	\$ 11,263.52
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	-156.00	0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	100.00	550.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 645.95	\$ 11,813.52

**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.

<b>Current Cash Statement</b>	
12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 4,437.98
13. Cash Receipts ..... Column A, Line 3 above	1,900.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	701.95
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5,636.03
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00

<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts ..... Add Lines 2 + Line 9 in Column B above	\$ 1,000.00

**Schedule A  
Monetary Contributions Received**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/20/2015	
through	10/17/2015	Page 4 of 9

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)
10/09/2015	International Brotherhood of Electrical Workers Local Union No 617 PAC 1701 Leslie St San Mateo, CA 94402	COM	ID No. 990208	500.00	500.00	500 (G15)
10/13/2015	Thomas J. Leyden [REDACTED] San Mateo, CA [REDACTED]	IND	Building Inspector  City of San Mateo	250.00	250.00	250 (G15)
10/07/2015	Operating Engineers Local Union No 3 District 01 02 03 PAC 1620 South Loop Rd Alameda, CA 94502	COM	ID No. 891394	500.00	500.00	500 (G15)
10/02/2015	Sheet Metal Workers' International Assoc. Local No 104 PAC 2610 Crow Canyon Rd Ste 300 San Ramon, CA 94583	COM	ID No. 850381	250.00	250.00	250 (G15)

**SUBTOTAL \$** 1,500.00

**Schedule A Summary**

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) .....	\$	1,800.00
2. Amount received this period - unitemized .....	\$	100.00
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 \$</b>	<u>1,900.00</u>

\*\* 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		<b>CALIFORNIA FORM 460</b>
from	09/20/2015	
through	10/17/2015	Page 5 of 9
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)
10/13/2015	Thomas M. Leyden Construction  1350A 12th Ave San Francisco, CA 94122	OTH		300.00	300.00	300 (G15)

<b>SUBTOTAL \$</b>	300.00	
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\*\* 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**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/20/2015	
through	10/17/2015	Page 6 of 9

NAME OF FILER Rick Bonilla for City Council 2015

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 [REDACTED] San Mateo, CA [REDACTED]	Councilmember  City of San Mateo	1,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	1000.00	0.00	1,000.00	CALENDAR YEAR 1,000  PER ELECTION ** 1,000 (G15)
Contributor Code: IND					DUE DATE 11/15/2015	INTEREST RATE 0.00 %	DATE INCURRED 03/16/2015	

	(b)	(c)	(d)	(e)
<b>SUBTOTALS \$</b>	0.00	0.00	1,000.00	0.00

**Schedule B Summary**

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 0.00
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0.00  
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		<b>CALIFORNIA FORM 460</b>
from	09/20/2015	
through	10/17/2015	Page 7 of 9

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)
10/04/2015	Miller & Olson LLP  20 Park Rd Ste E Burlingame, CA 94010	OTH		Legal and Accounting Services	100.00	500.00	500 (G15)

**SUBTOTAL \$** 100.00

**Schedule C Summary**

1. Amount received this period - itemized contributions (Includes all Schedule C subtotals) . . . . .	\$	100.00
2. Amount received this period - unitemized . . . . .	\$	0.00
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.) . . . . .	<b>TOTAL \$</b>	<u>100.00</u>

\*\* 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		<b>CALIFORNIA FORM 460</b>
from	09/20/2015	
through	10/17/2015	Page 8 of 9
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
Eveleth Consulting Group  106 Elm St San Carlos, CA 94070	WEB		500.00
Provident Credit Union  2727 S El Camino Real San Mateo, CA 94403		See Schedule G for payees reaching disclosure threshold.	156.00

**SUBTOTAL \$ 656.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 656.00
2. Unitemized payments made this period of under \$100	\$ 45.95
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.)	<b>TOTAL \$ 701.95</b>



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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/20/2015	
through	10/17/2015	Page 9 of 9
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
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.	156.00	0.00	156.00	0.00
<b>SUBTOTALS \$</b>		156.00	\$ 0.00	\$ 156.00	\$ 0.00

**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.)                     | <b>INCURRED TOTALS \$</b> | 0.00    |
| 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.) | <b>PAID TOTALS \$</b>     | 156.00  |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.)  | <b>NET \$</b>             | -156.00 |