

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink

RECEIVED stamp with date FEB - 1 P 6:39 and OFFICE OF CLERK CITY HALL SAN MATEO, CA. Includes California 2001/02 FORM 460 and Page 1 of 15.

Statement covers period from 10/18/2015 Through 12/31/2015

Date of election if applicable 2016 FEB - 1 P 6:39 (Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and. Includes checkboxes for 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, and Primarily Formed Candidate/Officeholder Committee.

2. Type of Statement: Includes checkboxes for Preelection Statement, Semi-annual Statement, Termination Statement, Amendment, Quarterly Statement, and Special Odd-Year Report.

3. Committee Information. I.D. Number. 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.

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.

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 1/31/10, 1/31/16. By [Signature] Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor.

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

Type or print in ink

CALIFORNIA		460
2001/02 FORM		
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 by you or are primarily formed to receive contributions or make expenditures on behalf of*

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. Primarily Formed 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,		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT		
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	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR	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 460
from	10/18/2015	
through	12/31/2015	Page <u>3</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Maureen Freschet for City Council 2015

I.D. NUMBER

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 5,930.00	\$ 30,291.00
2. Loans Received	0.00	2,500.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 5,930.00	\$ 32,791.00
4. Nonmonetary Contributions	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 5,930.00	\$ 32,791.00

**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	\$ 16,104.00	\$ 16,687.00
21. Expenditures Made	\$ 1,399.05	\$ 21,199.54

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	\$ 3,860.39	\$ 22,096.02
7. Loans Made	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	\$ 3,860.39	\$ 22,096.02
9. Accrued Expenses (Unpaid Bills)	(202.06)	256.69
10. Nonmonetary Adjustment	0.00	0.00
11. TOTAL EXPENDITURES MADE	\$ 3,658.33	\$ 22,352.71

**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	\$ 9,607.09
13. Cash Receipts	5,930.00
14. Miscellaneous Increases to Cash	0.00
15. Cash Payments	3,860.39
16. ENDING CASH BALANCE	\$ 11,676.70

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,

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	\$ 0.00
19. Outstanding Debts	\$ 2,756.69

*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

SCHEDULE A

Statement covers period from <u>10/18/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER

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</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10/21/2015	Frank Bartaldo ██████████ Foster City, CA 94404-3414	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker United Arab Bank	\$100.00	\$100.00	\$100.00 G-15
11/04/2015	Marie Batton ██████████ Atherton, CA 94027-3018	<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
10/19/2015	Bricklayers and Allied Craftworkers 10806 Bigge Street San Leandro, CA 94577-1100	<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
10/19/2015	California Apartment Association 980 Ninth Street Suite 1430 Sacramento, CA 95814-2720	<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
11/02/2015	Joseph Cotchett ██████████ Burlingame, CA 94010-1401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self Employed	\$250.00	\$250.00	\$250.00 G-15

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ <u>5,700.00</u>
.....	\$ <u>230.00</u>
2. Amount received this period - unitemized contributions of less than \$100	
3. Total monetary contributions received this period.	TOTAL \$ <u>5,930.00</u>

*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

SCHEDULE A (CONT.)

Statement covers period from <u>10/18/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

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

ID NUMBER

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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/25/2015	David D. Bohannonn Organization Sixty 31st Avenue San Mateo, CA 94403-3404	<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
10/20/2015	Pasquale Dianda [REDACTED] Redwood City, CA 94065-1916	<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
10/30/2015	Christopher Eckert [REDACTED] San Mateo, CA 94401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor KW Peninsula Estates	\$250.00	\$250.00	\$250.00 G-15
11/01/2015	Matthew Francois [REDACTED] Walnut Creek, CA 94595-1734	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Rutan & Tucker, LLP	\$100.00	\$100.00	\$100.00 G-15
10/19/2015	Greg's Trucking Service Inc. PO Box 1626 San Mateo, CA 94401-0898	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400.00	\$500.00	\$500.00 G-15

SUBTOTAL \$ \$1,350.00

Enter on Summary Page, Line 17 only.

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g. business entity)
 PTY - Political Party

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period from <u>10/18/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

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

ID NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10/20/2015	Geron A. Krize [REDACTED] Emerald Hills, CA 94062-3102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$150.00	\$150.00 G-15
11/25/2015	Howard Levy [REDACTED] Penn Valley, PA 19072-1324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO EBL&S Management	\$150.00	\$150.00	\$150.00 G-15
11/25/2015	Suzin Levy [REDACTED] Penn Valley, PA 19072-1324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None None	\$150.00	\$150.00	\$150.00 G-15
10/22/2015	Meiodie Lew [REDACTED] San Mateo, CA 94403-0721	<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
10/19/2015	Kelly Moran [REDACTED] San Mateo, CA 94403-3437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Environmental Consultant TDC Environmental, LLC	\$100.00	\$100.00	\$100.00 G-15

SUBTOTAL \$ 550.00

Enter on
Summary Page,
Line 17 only.

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 (other than PTY or SCC)
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 PTY - Political Party

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/18/2015	
through	12/31/2015	Page <u>7</u> of <u>15</u>

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

ID NUMBER

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</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
11/02/2015	Nanci Nishimura [REDACTED] Burlingame, CA 94010-1401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self Employed	\$250.00	\$250.00	\$250.00 G-15
10/19/2015	Raiser Construction Company, Inc. 800 South Claremont Street Suite 201 San Mateo, CA 94402-1450	<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
11/04/2015	Sheet Metal Workers' International Association 2610 Crow Canyon Road Suite 300 San Ramon, CA 94583-1547	<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
10/19/2015	Sign Display & Allied Crafts 250 ExecutivePark Blvd. Suite 4850 San Francisco, CA 94134-3346	<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
11/03/2015	United Food & Commercial Workers 240 South Market Street San Jose, CA 95113-2310	<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 \$ \$1,750.00

Enter on Summary Page, Line 17 only.

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g. business entity)
 PTY - Political Party

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/18/2015	
through	12/31/2015	Page <u>8</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

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

ID NUMBER

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)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10/30/2015	John M. Ward [REDACTED] Hillsborough, CA 94010-3719	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant John M. Ward & Associates (Self-Employed)	\$100.00	\$199.00	\$199.00 G-15
11/25/2015	Denise Winkelstein [REDACTED] San Mateo, CA 94402-1277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Advancement Events, Conferences & Stewardship Notre Dame de Namur	\$100.00	\$100.00	\$100.00 G-15
10/19/2015	Woodmont Real Estate Services, L.P. 1050 Ralston Avenue Belmont, CA 94002-2210	<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				\$ 700.00	Enter on Summary Page, Line 17 only	

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g. business entity)
 PTY - Political Party

**Schedule B - Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded

SCHEDULE B - PART 1

Statement covers period		CALIFORNIA FORM 460
from	10/18/2015	
through	12/31/2015	
		Page <u>9</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maureen Freschet for City Council 2015

ID NUMBER

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER</small>	^(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
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 \$0.00	\$2,500.00 04/24/2015 DATE INCURRED	CALENDAR YEAR PER ELECTION** \$2,500.00
		SUBTOTALS		\$0.00	\$0.00	\$2,500.00	\$0.00	

† IND COM OTH PTY SCC

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.)	NET \$0.00 <small>(May be a negative number)</small>

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

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

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

** If required.

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be
rounded

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/18/2015	
through	12/31/2015	Page <u>10</u> of <u>15</u>
NAME OF FILER Maureen Freschet for City Council 2015		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maureen Freschet for City Council 2015

I.D. NUMBER

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
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nicole K Aquino : [REDACTED] Redwood City, CA [REDACTED]	PRO	Accounting Services	\$585.00
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	credit card contributioncessing fee	\$17.50

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

SUBTOTAL \$ 752.50

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals)	\$3,780.64
2. Unitemized payments made this period of under \$100	\$79.75
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.)	TOTAL \$ 3,860.39

Schedule E (Continuation Sheet)
Payments Made

Type or print in ink.
 Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers perio		CALIFORNIA FORM 460
from	10/18/2015	
through	12/31/2015	Page <u>11</u> of <u>15</u>
NAME OF FILER Maureen Freschet for City Council 2015		I.D. NUMBER

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 |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aristotle Incorporated : 205 Pennsylvania Avenue SE Washington, DC 20003-1164		Campaign Management Platform	\$150.00
City of San Mateo : 330 West 20th Avenue San Mateo, CA 94403-1338		Council of Cities Dinner	\$45.00
Office Depot : 1826 South Norfolk Street San Mateo, CA 94403-1102	OFC	Ink Cartridge	\$37.13

SUBTOTAL \$ \$232.13

Schedule E (Continuation Sheet)
Payments Made

Type or print in ink.
 Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers perio		CALIFORNIA FORM 460
from	10/18/2015	
through	12/31/2015	Page 12 of 15
NAME OF FILER		I.D. NUMBER

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 |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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	Door Hangers	\$595.00
Political Data Inc. : P.O.Box 59570 Norwalk, CA 90652-0570	POL	Precinct Information	\$701.01
San Mateo Daily Journal : 1900 Alameda de las Pulgas Suite 112 San Mateo, CA 94403-1295	PRT	Advertisement	\$850.00

SUBTOTAL \$ 2,146.01

Schedule E (Continuation Sheet)
Payments Made

Type or print in ink.
 Amounts may be
 rounded

SCHEDULE E (CONT.)

Statement covers perio		CALIFORNIA FORM 460
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through	12/31/2015	Page <u>13</u> of <u>15</u>
NAME OF FILER Maureen Freschet for City Council 2015		I.D. NUMBER

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 |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kate Ward : 1113 Overbrook Drive Ormond Beach, FL 32174-3979	LIT		Campaign Mailer	\$650.00

SUBTOTAL \$ \$650.00

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded

CALIFORNIA FORM 460

Statement covers period		CALIFORNIA FORM 460
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through	12/31/2015	Page 14 of 15
NAME OF FILER		I.D. NUMBER
Maureen Freschet for City Council 2015		

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	
Pacific Printing 1002 South 2nd Street San Jose, CA 95112-5827	LITDoor Hangers	\$0.00	\$647.06	\$595.00	\$52.06	
Cindy Potter 723 Pacific Avenue Santa Rosa, CA 95404-2855	PROgraphic Design	\$0.00	\$150.00	\$0.00	\$150.00	
Kate Ward 1113 Overbrook Drive Ormond Beach, FL 32174-3979	LITCampaign Mailer	\$650.00	\$0.00	\$650.00	\$0.00	
* Payments that are contributions or independent expenditures must also be		SUBTOTALS	\$650.00	\$797.06	\$1,245.00	\$202.06

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 \$ | \$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.) | PAID TOTALS \$ | \$650.00 |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and | | (\$650.00) |

May be a negative number

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

**Schedule I
Miscellaneous Increases to Cash**

Type or print in ink.
Amounts may be
rounded

SCHEDULE I

Statement covers perio from <u>10/18/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

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

DATE RECEIVED	FULL NAME, STREET ADDRESS OF SOURCE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets SUBTOTAL \$ **\$0.00**

Schedule I Summary

1. Itemized increases to cash this period.	\$0.00
2. Unitemized increases to cash of under \$100 this period.	\$0.00
3. Total of all interest received this period on loans made to others (Schedule H, Column (e).)	\$0.00
3. Total miscellaneous increases to case this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$0.00