


Recipient Committee Campaign Statement Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE		Date Stamp 	
Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>	CALIFORNIA FORM 460	
		Page <u>1</u> of <u>19</u>	For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled (Also Complete Part 6)
- 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 (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Osborne for Mayor 2020 I.D. NUMBER 1409061

Treasurer(s)

NAME OF TREASURER Genese Izuno
 MAILING ADDRESS 408 Nogal
 CITY Lompoc STATE CA ZIP CODE 93436 AREA CODE/PHONE 650-804-0362

STREET ADDRESS (NO P.O. BOX) 1116 W Barton Ave
 CITY Lompoc STATE CA ZIP CODE 93436 AREA CODE/PHONE 805-452-7574
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 1305 North H St #A145
 CITY Lompoc STATE CA ZIP CODE 93436 AREA CODE/PHONE 805-452-7574
 OPTIONAL: FAX / E-MAIL ADDRESS jenelle@vote4osborne.com

MAILING ADDRESS 1116 W Barton Ave
 CITY Lompoc STATE CA ZIP CODE 93436 AREA CODE/PHONE 805-452-7574
 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 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 09/24/2020 Date
 Executed on 09/24/2020 Date
 Executed on _____ Date
 Executed on _____ Date

By Jenelle Osborne Signature of Treasurer or Assistant Treasurer
 By Jenelle Osborne Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officer/Candidate, State Measure Proponent
 By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Jenelle Osborne
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor, City of Lompoc
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1116 W Barton Ave Lompoc CA 9346

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 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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
	I.D. NUMBER 1409061
	Page 3 of 19

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Osborne for Mayor 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 5304.00	\$ 5304.00
2. Loans Received.....	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 5304.00	\$ 5304.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 300.00	300.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 5604.00	\$ 5604.00

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

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

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 3587.00	\$ 3587.00
7. Loans Made.....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 3587.00	\$ 3587.00
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 3587.00	\$ 3587.00

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.....	Previous Summary Page, Line 16 \$ 7.00	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 the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts.....	Column A, Line 3 above \$ 5304.00	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0	
15. Cash Payments.....	Column A, Line 8 above \$ 3587.00	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1724.00	

LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2	\$ 0
--------------------	------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ 0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ 0

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 09/19/2020

Page 4 of 19

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Osborne for Mayor 2020

I.D. NUMBER
1409061

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)
7/22/2020	Alice Down 216 S Fourth St, 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00		
8/20/2020	Laurie and Barry Weaver 652 University Drive 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00		
8/23/2020	Steve Pepe 4777 E. Hwy 246, 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vineyard Owner, Clos Pepe Vineyards	200.00		
8/24/2020	Matt Allen 2948 San Marcos Ave, B, 93441	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Law office of Matt Allen	100.00		
8/24/2020	Jaime Tinoco 817 Cagney Way, 93436	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Union Rep, IBEW	250.00		
SUBTOTAL \$				950.000		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 4350.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 954.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5304.00

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 09/19/2020

Page 5 of 19

SCHEDULE A (CONT.)
CALIFORNIA
FORM
460

NAME OF FILER
Osborne for Mayor 2020

I.D. NUMBER
1409061

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>
8/25/2020	Morris Sobhani 204 Rametto Rd 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commercial Property Owner, Sobhani Industrial Park	200.00		
8/26/2020	Thomas Martin 2850 Torito Rd, 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO, Central Coast Agriculture	500.00		
8/29/2020	Anthony Loverde 506 S J Street, 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Camera Technician, Defense Contractor	100.00		
8/29/2020	Sandra Healey 522 North E St, 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00		
8/29/2020	Helen and John Free	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000.00		
SUBTOTAL \$				2050.00		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 09/19/2020

SCHEDULE A (CONT.)
CALIFORNIA
FORM **460**
Page 6 of 19

NAME OF FILER
Osborne for Mayor 2020

I.D. NUMBER
1409061

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>
8/31/2020	Leo Welder 1601 W. Central Avenue Building A, STE A/B, 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, GL Labs Lompoc, LLC dba: Veda Scientific	500.00		
9/01/2020	Wynette Winkler 950 Bluebell Way, 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Analyst, CalPoly	100.00		
09/02/2020	Kathryn Howard 414 S E Street, 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00		
09/03/2020	Carolyn White 2574 High Trail Ct, 91914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
09/05/2020	Yasmin Dawson 1022 West Chestnut Ave., 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cosmetologist	100.00		
SUBTOTAL \$				1050.00		

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

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 09/19/2020

Page 7 of 19

NAME OF FILER Osborne for Mayor 2020 I.D. NUMBER 1409061

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>
09/06/2020	Al and Emily Harry 740 N H St #250, 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
09/11/2020	Bob Lingl 316 S. 6th. St., 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
09/11/2020	Alison Wales 303 East Locust Ave, 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Director, No. Co. Rape Crisis & Child Protection Center	100.00		
				SUBTOTAL \$	300.00	

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

Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA FORM **460**

Statement covers period from 07/01/2020 through 09/19/2020

Page 8 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Osborne for Mayor 2020

I.D. NUMBER

1409061

NONE	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 NAME OF BUSINESS)	(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
<input type="checkbox"/>	IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	DATE DUE _____	RATE _____%	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** \$ _____
<input type="checkbox"/>	IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	DATE DUE _____	RATE _____%	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** \$ _____
<input type="checkbox"/>	IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	DATE DUE _____	RATE _____%	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** \$ _____
SUBTOTALS			\$ 0.00	\$ 0.00	\$ 0.00	0	0	0	

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

†Contributor Codes

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

- Loans received this period \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET** \$ _____
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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

Schedule B – Part 2 Loan Guarantors

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**
Page 9 of 19

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Osborne for Mayor 2020

I.D. NUMBER
1409061

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 LENDER DATE	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE PER ELECTION (IF REQUIRED)	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL \$				0.00		

Enter on
Summary Page,
Line 17 only.

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 09/19/2020

Page 10 of 19

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Osborne for Mayor 2020

I.D. NUMBER
1409061

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2020	DenMat 1017 W Central Ave, 93436	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Hand sanitizer	300.00		
				SUBTOTAL \$	300.00		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals)..... \$ 300.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL \$** 300.00

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

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

Page 11 of 19

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Osborne for Mayor 2020

I.D. NUMBER
1409061

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)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				0		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL... \$** 0

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 09/19/2020

SCHEDULE D (CONT.)
CALIFORNIA
FORM
460
Page 12 of 19

NAME OF FILER

Osborne for Mayor 2020

I.D. NUMBER
1409061

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)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				0.00		

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	Page <u>13</u> of <u>19</u>
NAME OF FILER Osborne for Mayor 2020	I.D. NUMBER 1409061

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|---|
| <ul style="list-style-type: none"> CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | <ul style="list-style-type: none"> MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOI voter registration 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
Signs.com 1550 South Gladiola Street Salt Lake City, UT 84104	CMP		campaign small yard signs	1061.00
Vistaprint.com 95 Hayden Ave Lexington, MA 02421	CMP		large campaign banners	803.00
Home Depot 1701 E Ocean Lompoc CA 93436	CMP		poles, zip ties, sign install supplies	304.00
SUBTOTAL \$				2168.00

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3587.00
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 3587.00

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

STATEMENT OF DISBURSEMENTS
CALIFORNIA
FORM
460

Statement covers period
from 07/01/2020
through 09/19/2020

Page 14 of 19

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Osborne for Mayor 2020

I.D. NUMBER
1409061

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 | campaign 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
THE UPS STORE 1305 NORTH H ST LOMPOC CA 93436	OFC		Postal box	228.00
City of Lompoc 100 Civic Center Plaza Lompoc CA 93436	CMP		sign permit fee	105.00
Squarespace 225 Varick St 12 floor New York, NY 10014	WEB		website, domain, email	445.00
Hangar 7 107 W Ocean Ave Lompoc, CA 93436	FND		food and sight rental	492.00
Stripe.com 510 Townsend Street San Francisco, CA 94103	WEB		online payment processing fees	149.00

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

SUBTOTAL \$ 1419.00

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

Page 15 of 19

I.D. NUMBER
1409061

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Osborne for Mayor 2020

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	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	tv. 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 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
SUBTOTALS \$		0.00	\$ 0	\$ 0	\$ 0

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- 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
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0.00

Schedule H Loans Made to Others*

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM
460

SCHEDULE H

Page 18 of 19

I.D. NUMBER

1409061

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Osborne for Mayor 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN <input type="checkbox"/> FORGIVEN <input type="checkbox"/> FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR PER ELECTION**
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN <input type="checkbox"/> FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR PER ELECTION**
SUBTOTALS			\$ 0.00	\$ 0	\$ 0	\$ 0		

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$ 0.00
(Total Column (c) plus unitemized payments of less than \$100.)
- 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 7.)

**If Required

