Recipient Committee Campaign Statement Cover Page			Date Stamp	IFORNIA ORM	460
	Statement covers period 07/01/2020	Date of election if applicable: (Month, Day, Year)	SEP 2 4 2020	For Official U	Jse Only
SEE INSTRUCTIONS ON REVERSE	through09/19/2020	11/03/2020 <b>C</b>	isomore our closely of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	s – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
✓ Officeholder, Candidate Controlled Committee  ○ State Candidate Election Committee  ○ Recall  (Also Complete Part 5)	☐ Primarily Formed Ballot Measure Committee ○ Controlled ○ Sponsored (Also Complete Part 6)	Preelection Statement  Semi-annual Statement  Termination Statement  (Also file a Form 410 Termination)	rmination)	☐ Quarterly Statement ☐ Special Odd-Year Report	
<ul> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> <li>Political Party/Central Committee</li> </ul>	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Explain below)	eiow)		
3. Committee Information	1.D. NUMBER 1409061	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	ľ	NAME OF TREASURER			
Osborne for Mayor 2020		MAILING ADDRESS			
		408 Nogal			
STREET ADDRESS (NO P.O. BOX)		СПТ	STATE	111	AREA CODE/PHONE
1116 W Barton Ave		Lompoc	CA	93436 650-8	650-804-0362
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	R, IF ANY		
npoc CA	93436 805-452-7574	Jenelle Osborne			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	вох	MAILING ADDRESS			
1305 North H St #A145		1116 W Barton Ave			
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA	AREA CODE/PHONE
Lompoc CA	93436 805-452-7574	Lompoc	CA	93436 805-4	805-452-7574
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	SS		
jenelle@vote4osborne.com					

#### 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	Executed on	Executed on	Executed on
Date	Date	09/24/2020 Date	09/24/2020 Date

Signature of Treasurer or Assistant Treasurer  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent
--

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

age 2 of	ALIFORNIA FORM	COVER PA
19	460	COVER PAGE - PART 2

	if necessary	Attach continuation sheets if necessary	Attach cor		AREA CODE/PHONE	STATE ZIP CODE	ST/	CITY
						SIREE I ADDRESS (NO F.O. BOX)	0170070	COMMITTEE ADDRESS
□ SUPPORT □ OPPOSE	OFFICE SOUGHT OR HELD		HOLDER OR CANDIDATE	NAME OF OFFICEHOL	CONTROLLED COMMITTEE?			NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		LDER OR CANDIDA	NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER	E		COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		HOLDER OR CANDIDATE	NAME OF OFFICEHOL	AREA CODE/PHONE	ZIP CO	STATE	CITY
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		HOLDER OR CANDIDATE	NAME OF OFFICEHOL		STREET ADDRESS (NO P.O. BOX)	STREET ADDRE	COMMITTEE ADDRESS
ames of	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	e/Officeholder (	ed Candidate	7. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?	- 8		NAME OF TREASURER
					I.D. NUMBER	I.D.		COMMITTEE NAME
NY	DISTRICT NO. IF ANY		HELD	OFFICE SOUGHT OR HELD	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.	in this Statem lled by you or are I f of your candidac	s Not Included nent that are contropenditures on behalt	Related Committees Not Included in this Stateme not included in this statement that are controlled by you or are procontributions or make expenditures on behalf of your candidacy.
		E, OR PROPONENT	LDER, CANDIDATE,	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	19340	Follipor CV 9040		1110 W Balton Ave
nt, if any.	ldentify the controlling officeholder, candidate, or state measure proponent, if any.	r, candidate, or sta	ling officeholder,	Identify the controll	STATE ZIP	TREET) CITY	DDRESS (NO. AND S	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)
SUPPORT OPPOSE	କୁ ଅ 	JURISDICTION		BALLOT NO. OR LETTER	WBER IF APPLICABLE)	AND DISTRICT NUM	(INCLUDE LOCATION	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  Mayor, City of Lomboc
			MEASURE	NAME OF BALLOT ME			OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	ĕ	med Ballot Measure Committee	ed Ballot Mea	6. Primarily Forme		led Committee	didate Controll	Officeholder or Candidate Controlled Committee

### Summary Page **Campaign Disclosure Statement**

Amounts may be rounded to whole dollars.

from.

Statement covers period 07/01/2020

through

09/19/2020

Page \_\_

9

19

ယ

SUMMARY PAGE

CALIFORNIA 460

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	_		
FPPC Form 460 (Jan/2016)		0	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).	\$0	Cash Equivalents and Outstanding Debts  18. Cash Equivalents
	filed for this calendar year, only carry over the amounts	\$0	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	should be subtracted from previous period amounts. If		If this is a termination statement, Line 16 must be zero.
	be negative figures that	\$ 1724.00	1 Lines 12 + 13 + 1
reported in Column B.		3587.00	Colun
*Amounts in this section may be different from amounts	A to the corresponding	0	13. Cash Receipts
	To calculate Column B,	\$ 5304.00	Balance Previous
\$		7 00	Current Cash Statement
\$	\$ 3587.00	\$ 3587.00	11. TOTAL EXPENDITURES MADE
(mm/dd/yy)	0	0	10. Nonmonetary AdjustmentSchedule C, Line 3
Date of Election Total to Date	0	0	9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ 3587.00	\$ 3587.00	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
			Loans Made
Expenditure Limit Summary for State	\$ 3587.00	\$ 3587.00	Expenditures Made  6. Payments MadeSchedule E. Line 4
Made SS_	\$5604.00	\$5604.00	5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4
ires	300.00	300.00	4. Nonmonetary Contributions Schedule C, Line 3
20. Contributions  Received \$\$	\$ 5304.00	\$ 5304.00	SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	0	0	2. Loans Received
General Elections	\$ 5304.00	\$ 5304.00	
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1409061			Osborne for Mayor 2020
I.D. NUMBER			NAME OF FILER
rage or	through_		SEE INSTRUCTIONS ON REVERSE

## Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA 460 SCHEDULE A

1				from07/01/2020	/2020	FORM <b>400</b>
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			gh 	09/19/2020	Page4of19
NAME OF FILER Osborne fo	ие оғ ғісек 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 AR TO DATE TO DATE (IF REQUIRED)
7/22/2020	Alice Down 216 S Fourth St, 93436	☑ IND □ COM □ PTY □ SCC	Retired	200.00		
8/20/2020	Laurie and Barry Weaver 652 University Drive 93436	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	200.00		
8/23/2020	Steve Pepe 4777 E. Hwy 246, 93436	□ COM □ DTH □ SCC	Vineyard Owner, Clos Pepe Vineyards	200.00		
8/24/2020	Matt Allen 2948 San Marcos Ave, B, 93441	☑IND □COM □PTY □SCC	Attorney, Law office of Matt Allen	100.00		
8/24/2020	Jaime Tinoco 817 Cagney Way, 93436	□ IND □ COM □ PTY □ SCC	Union Rep, IBEW	250.00		
			SUBTOTAL \$	950.000		
Schedule A Summary  1. Amount received this per  (Include all Schedule A s	chedule A Summary  Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)		\$	4350.00	*Contr COM -	*Contributor Codes IND – Individual COM – Recipient Committee
2. Amount red	Amount received this period – unitemized monetary contributions of less than \$100.	s of less thar	\$100 <b>\$</b>	954.00		OTH – Other (e.g., business entity) PTY – Political Party
<ol><li>Total mone (Add Lines</li></ol>	Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	ımn A, Line 1	.)TOTAL \$	5304.00	scc -	- Small Contributor Committee

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

from\_

Statement covers period 07/01/2020

CALIFORNIA FORM	SCHEDULE /
4	ΕA
60	(CONT.)

		\$ 2050.00	\$UBTOTAL			
		1000.00	Retired	DOTH SCC	Helen and John Free	8/29/2020
		250.00	Retired	ØIND □COM □OTH □PTY □SCC	Sandra Healey 522 North E St, 93436	8/29/2020
		100.00	Camera Technician, Defense Contractor	□ COM □ COM □ OTH □ PTY □ SCC	Anthony Loverde 506 S J Street, 93436	8/29/2020
		500.00	COO, Central Coast Agriculture	☑ IND □ COM □ OTH □ PTY □ SCC	Thomas Martin 2850 Torito Rd, 93108	8/26/2020
	,	200.00	Commercial Property Owner, Sobhani Industrial Park	☑IND □COM □OTH □PTY □SCC	Morris Sobhani 204 Rametto Rd 93108	8/25/2020
TO DATE YEAR C. 31)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE RECEIVED
1409061					Mayor 2020	Osborne for Mayor 2020
I.D. NUMBER						NAME OF FILER
Page_	09/19/2020	through09/1				

\*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.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from 07/01/2020	2020	FORM	400
				through 09/19	09/19/2020	Page 6	of 19
NAME OF FILER						I.D. NUMBER	
Osborne for	Osborne for Mayor 2020					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)
8/31/2020	Leo Welder 1601 W. Central Avenue Building A, STE A/B, 93436	⊠ IND □ COM □ PTY □ SCC	President, GL Labs Lompoc, LLC dba: Veda Scientific	500.00			
9/01/2020	Wynette Winkler 950 Bluebell Way,93401	⊠ IND □ COM □ OTH □ PTY □ SCC	Financial Analyst, CalPoly	100.00			
09/02/2020	Kathryn Howard 414 S E Street, 93436	⊠IND □COM □PTY □SCC	Retired	250.00			
09/03/2020	Carolyn White 2574 High Trail Ct, 91914	□ COM □ OTH □ PTY □ SCC	Retired	100.00			
09/05/2020	Yasmin Dawson 1022 West Chestnut Ave., 93436	DDDDDS SCC PTY H M	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

NAME OF FILER

Osborne for

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

I.U. NUMBER	.c. 2			
Page of 19	Page	through Ob/ 13		
7		00/10		
FORM		from 07/01/2020		
FORNIA		Statestieth Covers belloa		יטווייטענו

			09/11/2020	09/11/2020	09/06/2020	DATE RECEIVED
			Alison Wales 303 East Locust Ave, 93436	Bob Lingl 316 S. 6th. St., 93436	Al and Emily Harry 740 N H St #250, 93436	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	□ IND □ COM □ PTY SCC	□IND □COM □PTY	□□□□□□ COM SCC	DOTH SCC	⊠IND □ COM □ PTY □ SCC	CONTRIBUTOR CODE *
\$ SUBTOTAL			Associate Director, No. Co. Rape Crisis & Child Protection Center	Retired	Retired	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
300.00			100.00	100.00	100.00	AMOUNT RECEIVED THIS PERIOD
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TO DATE (IF REQUIRED)

\*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

#### ယ □ N 5 ₫ **Schedule B Summary** Schedule B - Part 1 NONE NAME OF FILER SEE INSTRUCTIONS ON REVERSE Osborne for Mayor 2020 Loans Received Loans received this period ...... FULL NAME, STREET ADDRESS AND ZIP CODE Loans paid or forgiven this period...... (Total Column (b) plus unitemized loans of less than \$100.) 8 (Include loans paid by a third party that are also itemized on Schedule A.) (Total Column (c) plus loans under \$100 paid or forgiven.) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) COM COM COM HEO HFO [ HOH □ PTY □ PTY PTY □ scc □ scc SCC IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Amounts may be rounded SUBTOTALS OUTSTANDING BALANCE BEGINNING THIS PERIOD to whole dollars. AMOUNT RECEIVED THIS PERIOD 41 0.00 (c) AMOUNT PAID OR FORGIVEN THIS PERIOD\* PAID ☐ PAID FORGIVEN ☐ PAID FORGIVEN FORGIVEN • ÷ Ġ 0 from \* through OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD Statement covers period DATE DUE DATE DUE DATE DUE 000 b 0.00 07/01/2020 09/19/2020 0 (Enter (e) on Schedule E, Line 3) INTEREST PAID THIS PERIOD RATE % RATE RATE OTH - Other (e.g., business entity) COM - Recipient Committee 0 SCC - Small Contributor Committee IND - Individual PTY - Political Party †Contributor Codes Page . 1409061 I.D. NUMBER DATE INCURRED DATE INCURRED DATE INCURRED ORIGINAL AMOUNT OF CALIFORNIA 460 (other than PTY or SCC) LOAN FORM SCHEDULE B - PART 1 σ (g) CUMULATIVE CONTRIBUTIONS 잌 CALENDAR YEAR CALENDAR YEAR CALENDAR YEAR PER ELECTION\* PER ELECTION\*\* PER ELECTION\*\* TO DATE 19

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

Enter the net here and on the Summary Page, Column A, Line 2.

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

(May be a negative number)

#### Schedule B - Part 2 **Loan Guarantors**

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Osborne for Mayor 2020

Amounts may be rounded to whole dollars.

				whole dollars.	may be remided
		through 09/19/2020	from07/01/2020	Statement covers period	
2000	I.D. NUMBER	Page 9 of 19	FORM	CALIFORNIA / CO	SCHEDULE B - PART 2

																					FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	□ scc	PTY	Пошн	COM	D N	SCC	Priv	Потн	COM	□ IND	□scc		H S	COM	□ ND	□scc	PTY	HTO	COM	□ IND	CONTRIBUTOR CODE
																					IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
SUBTOTAL			DATE		LENDER			DATE		LENDER			DATE		LENDER			DATE		LENDER	LOAN
\$ 0.00																	_				AMOUNT GUARANTEED THIS PERIOD
Enter on Summary Page, Line 17 only.	\$		PER ELECTION (IF REQUIRED)	\$	CALENDAR YEAR	\$		(IF REQUIRED)	5	CALENDAR YEAR	\$	_	(IF REQUIRED)	-	CALENDAR YEAR	5		PER ELECTION (IF REQUIRED)	\$	CALENDAR YEAR	CUMULATIVE TO DATE
								phas													BALANCE OUTSTANDING TO DATE

Amounts may be rounded to whole dollars.

0 2	
>	ď
	CHE
	טע
)	Ė

Nonmor	Nonmonetary Contributions Received				from07/01/2020		CALIFORNIA FORM	<sup>1A</sup> 460
SEE INSTRUC	SEE INSTRUCTIONS ON REVERSE				through09/19/2020		Page 10	of 19
NAME OF FILER	20						I.D. NUMBER	
Osborne	Osborne for Mayor 2020					1	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/ S 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	□ COM □ PTY □ SCC		Hand sanitzer	300.00			
		□ COM □ PTY □ SCC						
		□ COM □ OTH □ SCC						
		D D D D IND						
Attach addit	Attach additional information on appropriately labeled continuation sheets	continuation .	sheets.	SUBTOTAL \$	1L\$ 300.00			

## Schedule C Summary

ယ္	5	<del></del>
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.)	2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$
300.00	0	300.00
SCC	목물	S N

\*Contributor Codes ID – Individual

OM – Recipient Committee

(other than PTY or SCC)

TH – Other (e.g., business entity)

TY – Political Party

CC – Small Contributor Committee

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Osborne for Mayor 2020

Page 11 of 19	through 09/19/2020	
FORM 400	from 07/01/2020	
CALIFORNIA / CO	rounded Statement covers period ars.	res Amounts may be rounded to whole dollars.
SCHEDULE D		

										DATE
	☐ Support			☐ Support			☐ Support			NAME OF CANDIDATE, MEASURE NUMBER OR I OR CC
	☐ Oppose			Oppose			☐ Oppose			NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE
	Expenditure	Nonmonetary Contribution	Monetary Contribution	Expenditure	Nonmonetary Contribution Independent	Monetary Contribution	Expenditure	Ontribution  Independent	Monetary Contribution	TYPE OF PAYMENT
SUBTOTAL \$										DESCRIPTION (IF REQUIRED)
\$ 0										AMOUNT THIS PERIOD
										CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
										PER ELECTION TO DATE (IF REQUIRED)

## **Schedule D Summary**

- 2. Unitemized contributions and independent expenditures made this period of under \$100......\$100..... 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....\$

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

0

### Schedule D (Continuatio Summary of Supporting Candidates

Osborne for Mayor 2020

to whole	Amounts may
dollars.	be rounded

(Continuation Sheet)  Amounts may be rounded		SCHEDULE D (CONT
Summary of Expenditures to whole dollars.	Statement covers period	CALIFORNIA / CO
Supporting/Opposing Other	from 07/01/2020	FORM 400
Candidates, Measures and Committees		
	through 09/19/2020	Page 12 of 19
NAME OF FILER		I.D. NUMBER

1409061

														DATE
	☐ Support			☐ Support			☐ Support			☐ Support				NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE
	Oppose			☐ Oppose			Oppose			Oppose				FICE, AND DISTRICT, OR TTER AND JURISDICTION, MITTEE
	١ -	Nonmonetary Contribution	Monetary Contribution		Nonmonetary Contribution	Monetary Contribution	1 '	 Contribution	☐ Monetary	_	Contribution	Nonmonetary	☐ Monetary Contribution	TYPE OF PAYMENT
\$ SUBTOTAL														DESCRIPTION (IF REQUIRED)
0.00														AMOUNT THIS PERIOD
														CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
														PER ELECTION TO DATE (IF REQUIRED)

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

#### Schedule E Payments Made

Amounts may be rounded to whole dollars.

	through_	from	Staten
	09/19/2020	07/01/2020	Statement covers period
I.D. NUMBE	Page1	FOR	CALIFO

through U9/19/2020 Page 13 of 19
I.D. NUMBER R
AME OF FILEK
Osborne for Mayor 2020 1409061
The first of the first of the second of the

Signs.com		CODE COMP CONS COTB COVC COVC FIL FND
.com	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment code. Otherwise, describe the payment payment payment code. Otherwise, describe the payment, you may enter the code. Otherwise, describe the payment code. Otherwise, descr
		es the MIRR MITG OFC PHO POL PRO PRO PRO PRO
		the payment, you may ente 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 mess PRO professional services (legal, PRT print ads
	CODE	u may e nunication: appearanc s; sting rvey resea ery and m ery and m ervices (le
campaign	OR	ayment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads
small yard signs	DESCRIPTIO	Otherwise, d RAD RFD SAL TEL TRC TRS TSF VOT WEB
igns	DESCRIPTION OF PAYMENT	describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
	AMOUNT PAID	e candidate/sponsor -mail)

2168.00	\$ SUBTOTAL	eduke D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
304.00	poles, zip ties, sign install supplies	CMP	Home Depot 1701 E Ocean Lompoc CA 93436
803.00	large campaign banners	CMP	Vistaprint.com 95 Hayden Ave Lexington, MA 02421
1061.00	campaign small yard signs	СМР	Signs.com 1550 South Gladiola Street Salt Lake City, UT 84104
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

## **Schedule E Summary**

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

**FPPC Form 460 (Jan/2016)** 

3587.00

3587.00

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Osborne for Mayor 2020

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE E (CONT.)

from. through 07/01/2020 09/19/2020

Page 14 CALIFORNIA 460 I.D. NUMBER 잋 19

1409061

1419.00	SUBTOTAL \$	dule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
149.00	online payment processing fees	WEB	Stripe.com 510 Townsend Street San Francisco, CA 94103
492.00	food and sight rental	FND	Hangar 7 107 W Ocean Ave Lompoc, CA 93436
445.00	website, domain, email	WEB	Squarespace 225 Varick St 12 floor New York, NY 10014
105.00	sign permit fee	СМР	City of Lompoc 100 Civic Center Plaza Lompoc CA 93436
228.00	Postal box	OFC	THE UPS STORE 1305 NORTH H ST LOMPOC CA 93436
AMOUNT PAID	R DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
candidate/sponsor	ayment, you may enter the code. Otherwise, describe the payment.  member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads  Textured contributions RFD returned contributions SAL campaign workers' salaries TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor WEB information technology costs (internet, e-mail)	ayment, you may enter the cod member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads	CODES: If one of the following codes accurately describes the payment, you may enter the cod 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)* IND legal defense LEG legal defense LTT campaign literature and mailings  MBR member communications MTG meetings and appearances OFC office expenses OFC

#### SCHEDULE F

### Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Tom Statement covers period 07/01/2020

CALIFORNIA 460 FORM

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

through 09/19/2020

Page 15 잌 3

I.D. NUMBER

CMP CNS CTB FND 크등 \* Payments that are contributions or independent expenditures must also summarized on Schedule D. CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, Osborne for Mayor 2020 campaign consultants campaign paraphernalia/misc. civic donations contribution (explain nonmonetary)\* campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)\* fundraising events candidate filing/ballot fees NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PO PO 뫔 PET OFC MTG MBR DESCRIPTION OF PAYMENT member communications meetings and appearances office expenses polling and survey research phone banks petition circulating professional services (legal, accounting) postage, delivery and messenger services CODE OR SUBTOTALS (a)
OUTSTANDING
BALANCE BEGINNING
OF THIS PERIOD 0.00 AMOUNT INCURRED SAL ş 쭘 펄 THIS PERIOD describe the payment. information technology costs (internet, e-mail) voter registration staff/spouse travel, lodging, and meals campaign workers' salaries returned contributions transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals t.v. or cable airtime and production costs radio airtime and production costs 0 49 AMOUNT PAID THIS PERIOD (ALSO REPORT ON E 1409061 0 OUTSTANDING BALANCE AT CLOSE 3

## 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.) ......\$
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- ယ Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

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

May be a negative number

0.00

0.00

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

Amounts may be rounded to whole dollars.

from -

07/01/2020

09/19/2020

Statement covers period CALIFORNIA FORM SCHEDULE F (CONT.) 460

0	0 \$	0 \$	\$ 0.00 \$	SUBTOTALS \$	
(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(b) AMOUNT INCURRED THIS PERIOD	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	CODE OR DESCRIPTION OF PAYMENT	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
			ile D.	lso be summarized on Schedu	* Payments that are contributions or independent expenditures must also be summarized on Schedule D
e candidate/sponsor	returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and mea TRS staff/spouse travel, lodging, and mr TSF transfer between committees of th VOT voter registration WEB information technology costs (inter	ices ces arch nessenger services egal, accounting)	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	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
	yayment.	_	enter the code. Othe	the payment, you may	$\simeq$ 1
	1409061				Osborne for Mayor 2020
16 of 19		through OSI 13/2020			

#### Schedule G

# Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Osborne for Mayor 2020

Amounts may be rounded to whole dollars. from through Statement covers period 07/01/2020 09/19/2020 Page \_ CALIFORNIA I.D. NUMBER 1409061 17 으 3

SCHEDULE G

rately describes the payment, you may enter the code. Otherwise, describe the payment

Š	<b>CODES:</b> If one of the following codes accurately describes the payment, you may chick the code:		3	
Š	MP campaign paraphernalia/misc	MBR member communications	RAD -	RAD radio airtime and production costs
2 3	Campaign Consultants	Se	RFD -	returned contributions
	ATO Carripagin Consumation		SA •	campaign workers' salaries
α	TB contribution (explain nonmonetary)	Cilion Copaniaco		is position and production costs
Š	:VC civic donations	PET petition circulating		T.V. of Caple affulle and production was
= ;	Candidate filing/hallot fees	PHO phone banks		candidate travel, lodging, and meals
Ši	ND fundraising events	polling and survey research	TRS :	staff/spouse travel, lodging, and meals
5	indicated the contraction of the	enger services		transfer between committees of the same candidate/sponsor
ה ל	licepolice oxpeliance cappoints oppositions of the control of the	PRO professional services (legal, accounting)	ŏ 1	voter registration
Ħ	campaign literature and mailings	PRT print ads	WEB i	WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID	DIAC
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$	0

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

## L ŵ

			Amounts may be rounded to whole dollars.
		09/19/2020	Statement covers period 07/01/2020 from
1409061	I.D. NUMBER	Page18 of19	CALIFORNIA 460 FORM

	*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.								FULL NAME, STREET ADDRESS AND ZIP CODE O	Osborne for Mayor 2020	NAME OF FILER	SEE INSTRUCTIONS ON REVERSE		Loans Made to Others*	Schedule H
	ommittee must ust also be							(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	IF AN INDIVIDUAL, ENTER						
	SUBTOTALS	5						BEGINNING THIS PERIOD	(a) OUTSTANDING BALANCE						Amounts may be rounded to whole dollars.
	\$ 0.00 <b>\$</b>	5						PERIOD	AMOUNT						dollars.
	\$ 0	\$	PAID  FORGIVEN			FORGIVEN	PAID	THIS PERIOD*	(c) REPAYMENT OR				<u> </u>		<b>.</b>
	<b>\$</b>	DATE DUE			DATE DUE			PERIOD	OUTSTANDING BALANCE AT				through09/19	moni	07/01/2020
(Enter (e) on Schedule I, Line 3)	\$	9	RATE			RATE			INTEREST RECEIVED				09/19/2020		2020
٠		DATE INCURRED			DATE INCURRED			LOAN	ORIGINAL AMOUNT OF	Э	1409061	I.D. NUMBER	Page 18		FORM
		Î	\$ PER ELECTION**	CALENDAR YEAR		PER ELECTION**	CALENDAY	CALENDAD VEAR	CUMULATIVE LOANS	(g)			of 19		400

2. Payments received on loans....... (Total Column (c) plus uniternized payments of less than \$100.) 1. Loans made this period......\$
(Total Column (b) plus unitemized loans of less than \$100.) **Schedule H Summary** (May be a negative number) 000 0.00 \*\*If Required

#### Schedule I Miscellaneous

Amounts may be rounded

C	
	۰
1	ı
a i	i
H	١
	۰
48 6	ı
_	

Miscellaneo	Miscellaneous Increases to Cash		CALIFORNIA 460
		09/19/2020	19 2 19
SEE INSTRUCTIONS	ON REVERSE		
NAME OF FILER			I.D. NUMBER
Osborne for Mayor 2020	ayor 2020		1409061
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additic	Attach additional information on appropriately labeled continuation sheets.	Tans	SUBTOTAL \$ 0.00

## Schedule | Summary

- 1. Itemized increases to cash this period. .....\$
- 2. Unitermized increases to cash of under \$100 this period. .....\$
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .......\$
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the
- FPPC Form 460 (Jan/2016)
  FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

0

0 0

0