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ecipient Committee			- Date Stamp	CALIFORNIA 150
ampaign Statement over Page			1	FORM 400
•	Statement covers period	Date of election if applicable:	J UL 3 0 20 20	Page1 of17
	from 01/01/2020	(Month, Day, Year)		For Official Use Only
E INSTRUCTIONS ON REVERSE	through 07/21/2020	11/06/2018 C		•
	g			
Type of Decinient Committee: All Committees - Complete Barte 1 2 3 and 4	molete Barte 1 2 3 and A	2 Type of Statement:		

SEE INSTITUTE ON MEATINGE	through				
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	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 O Controlled O Sponsoored	 □ Preelection Statement ☑ Semi-annual Statement □ Termination Statement (Also file a Form 410 Termination) 	00	Quarterly Statement Special Odd-Year Report	
☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Parl 7)	Amendment (Explain below)			
3. Committee Information	I.D. NUMBER 1409061	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER Genese Izuno			
		MAILING ADDRESS			
		408 Nogal			
STREET ADDRESS (NO P.O. BOX)		CITY		m)E/PHONE
1116 W Barton Ave		Lompoc	ÇĄ	93436 650-804-0362	0362
CITY STATE ZIP (ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	ANY		
Lompoc CA 93 ²	93436 805-452-7574	Jenelle Osborne			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	×	MAILING ADDRESS			
1305 North H St #A145		1116 W Barton Ave			
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	CITY	STATE Z	ZIP CODE AREA COL	AREA CODE/PHONE
Lompoc CA 934	93436 805-452-7574	Lompoc	CA 9	93436 805-452-7574	.7574
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			
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.

olling Officeholder, Candidate, State Measure Proponent olling Officeholder, Candidate, State Measure Proponent Candidate, State Measure Proponent or Responsible Officer of Sponsor 907ALL

Treasurer or Assistant Treasurer

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

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Recipient Committee Campaign Statement Cover Page — Part 2

Page 2 o	CALIFORNIA FORM	COVENTY
of	460	COVER PAGE - FART &

	if necessary	Attach continuation sheets if necessary	lttach conti	À	ZIP CODE AREA CODE/PHONE	STATE ZIP	СПТУ
					BOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
□ SUPPORT □ OPPOSE	OFFICE SOUGHT OR HELD		R CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		R CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER		COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	ZIP CODE AREA CODE/PHONE	STATE ZIP (CITY
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	BOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
ames of	ormed Candidate/Officeholder Committee List names of or candidate(s) for which this committee is primarily formed.)fficeholder C	ndidate/O (s) for which	7. Primarily Formed Can officeholder(s) or candidate(CONTROLLED COMMITTEE?		NAME OF TREASURER
					I.D. NUMBER		COMMITTEE NAME
NY	DISTRICT NO. IF ANY			OFFICE SOUGHT OR HELD	atement: List any committees or are primarily formed to receive didacy.	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.	Related Committee not included in this state contributions or make ex
		R PROPONENT	INDIDATE, OF	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Lompoc CA 9346		1116 W Barton Ave
nt, if any.	e measure propone	andidate, or state	eholder, ca	Identify the controlling officeholder, candidate, or state measure proponent, if any.	CITY STATE ZIP	(NO. AND STRE	Mayor, City of Lompoc RESIDENTIAL/BUSINESS ADDRESS
SUPPORT OPPOSE	දි ස 	ICTION	JURISDICTION	BALLOT NO. OR LETTER	T NUMBER IF APPLICABLE)	Jenelle Osborne OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	Jenelle Osborne OFFICE SOUGHT OR HELD
				NAME OF BALLOT MEASURE		OR CANDIDATE	
	Ø	rmed Ballot Measure Committee	ot Measu	6. Primarily Formed Ballo	ittee	Officeholder or Candidate Controlled Committee	S Officeholder or Car

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Amounts may be rounded

losure Statement	to whole dollars.	Statement	Statement covers period 01/01/2020	FORM 460
		through	07/21/2020	Page3 of17
SEE INSTRUCTIONS ON REVERSE				1409061
or Mayor 2018	olumn A Column B		alendar Year Sumi	Calendar Year Summary for Candidates Calendar Year Summary for Candidates
Contributions Received (FROMAT		0	General Elections	
	9 O	' '	ons •	1/1 through 6/30 7/1 to Date
	0 0 0		Received \$ —— 21. Expenditures Made \$ ——	€9 €
Expenditures Made	0 \$		Expenditure Limit Candidates	Expenditure Limit Summary for State Candidates
Schedule F, Line 3 Schedule F, Line 3 Sh PAYMENTS	\$ 	0 0 0 0	22. Cumulat (if Subject t Date of Election (mm/dd/yy)	Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) lection Total to Date
. 9	0 \$	0		ж
Irrent Cash Statement Beginning Cash Balance Previous Summ Cash Receipts Colum	7.22 To calculate Column B, add amounts in Column A to the corresponding amounts from Column B	column B, in Column sponding Column B	*Amounts in this section reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
14. Miscellaneous Increases to Cash	of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. this is the first report being	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		
17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ —	0 filed for this o	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if		
Cash Equivalents and Outstanding Debts				ranc Form 460 (Jan/2016)
	0		FPPC Advice:	FPPC Form 460 (Jan) 2010) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary SEE INSTRUCTION	Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE			from 01/01/2020 from 07/21/2020	01/01/2020 07/21/2020	CALIFORNIA 460 FORM Page 4 of 17
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE					9,
Osborne fo	Osborne for Mayor 2018				National Confession	1.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)	DATE PER ELECTION SAR TO DATE TO DATE (IF REQUIRED)
		□ IND □ COM □ PTY □ SCC				
		□ IND □ COM □ PTY □ SCC				
		□ IND □ COM □ PTY □ SCC				
		□ IND □ COM □ PTY □ SCC				
		□ COM □ SCC				
			\$ SUBTOTAL	0		
Schedule / 1. Amount rec (Include all	Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		ග 	0	*Contr IND – COM -	*Contributor Codes IND – Individual COM – Recipient Committee
2. Amount rec	2. Amount received this period – unitemized monetary contributions of less than \$100.	s of less than	\$100\$	0	OTH -	OTH – Other (e.g., business entity) PTY – Political Party

FPPC Form 460 (Jan/2016)

SCC - Small Contributor Committee

3. Total monetary contributions received this period.

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Monetary Schedule A (Continuation Sheet)

Amounts may be rounded

	ind by louided		OCHEDOLE A (CONI.)
Morietary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA
		from 01/01/2020	FORM 460
	,	through 07/21/2020	Page 5 of 17
NAME OF FILER			I.D. NUMBER
Osborne for Mayor 2018			1409061

						DATE RECEIVED
						FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	DDDDD SCC SCC SCC SCC SCC SCC SCC SCC SC	O D D D O D D D O D D D O D D D O D	□□□ IND □□ OTH SCC	OD PTY SCC	□ IND □ COM □ OTH □ PTY □ SCC	CONTRIBUTOR CODE *
\$ SUBTOTAL						IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
0						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

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

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SCHEDULE
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Schedule B – Part 1 Loans Received	Am	Amounts may be rounded to whole dollars.	nded		Statement covers period 01/01/2020 from 07/21/2020	covers period 1/01/2020 07/21/2020	CALIFORNIA FORM	460
NAME OF FILER							I.D. NUMBER	
Osborne for Mayor 2018							1409061	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	COMPLATIVE CONTRIBUTIONS TO DATE
NONE				PAID	<i>G</i>		•	\$ CALENDAR TEAR
į				\$		RATE		PER ELECTION**
		\$			DATE DUE		DATE INCURRED	\$
				PAID				CALENDAR YEAR
			210 500 - 121 - 120	FORGIVEN	6	RATE	\$	PER ELECTION**
		<i>s</i> ,		\$	DATE DUE	5	DATE INCURRED	6
				☐ PAID				CALENDAR YEAR
				\$	6	RATE		PER ELECTION**
TOWN TO SOM TO STHE TO PTY TO SCC		\$	-	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0.00 \$	0	\$ 0	\$ 0	#	
ဂ။				₩	0.00	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans of less than \$100.)	າs of less than \$100.)					ह ती	†Contributor Codes	
 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.) 	00 paid or forgiven.) งt are also itemized on Sch	edule A.)		 ச	0.00		1 1 1 2	Recipient Committee (other than PTY or SCC) Other (e.g., business entity) Political Party
 Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, 	(Subtract Line 2 from Line 1.)n the Summary Page, Column A, Line 2.	•		. NET \$	0.00 (May be a negative number)	(S	SCC - Small Contri	Small Contributor Committee

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

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

Schedule B - Part 2 **Loan Guarantors**

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Osborne for Mayor 2018

Amounts may be rounded to whole dollars.

		through_	from	State	
		07/21/2020	01/01/2020	Statement covers period	
1409061	I.D. NUMBER	Page7 of17	FORM	CALIFORNIA 160	SCHEDULE B - PART 2

																		FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	SCC	7 PT :	T COM	Š	800	T PTP	COM	□ Š	000	T PTY	HTO	СОМ	□ Ñ	□scc	□ PTY	HTO		CONTRIBUTOR CODE
																		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
SUBTOTAL \$		SOF	DATE	LENDER		DATE		LENDER			DATE		LENDER		Ş	DATE	LENDER	LOAN
\$ 0.00																		AMOUNT GUARANTEED THIS PERIOD
Enter on Summary Page, Line 17 only.	\$	(IF REQUIRED)	PER ELECTION	CALENDAR YEAR	5	PER ELECTION (IF REQUIRED)	\$	CALENDAR YEAR	\$		PER ELECTION (IF REQUIRED)	\$	CALENDAR YEAR		(IF REQUIRED)	PER ELECTION	CALENDAR YEAR	CUMULATIVE TO DATE
									***************************************	***************************************								BALANCE OUTSTANDING TO DATE

Schedule C Nonmonetar

Amounts may be rounded to whole dollars.

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Nonmonetary Contributions Received				from 01/01/2020		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE				through 07/21/2020	O Page	ge 8 of 17
NAME OF FILER					I.D.	I.D. NUMBER
Osborne for Mayor 2018					14	1409061
DATE FULL NAME, STREET ADDRESS AND RECEIVED (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 AR (IF REQUIRED)
	□ IND □ COM □ OTH □ PTY □ SCC					
	□ IND □ COM □ OTH □ PTY □ SCC					
	□ IND □ COM □ OTH □ SCC					
	□ IND □ COM □ OTH □ SCC					
Attach additional information on appropriately labeled continuation sheets	d continuation :	sheets.	SUBTOTAL \$) O		

Schedule C Summary

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.)	contributions. \$0\$0 .ry contributions of less than \$100\$0
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ontributor Committee

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

NAME OF FILER

Osborne for Mayor 2018

Amounts may be rounded to whole dollars.

from_ through Statement covers period 01/01/2020 07/21/2020 Page __ CALIFORNIA I.D. NUMBER FORM 9 잌

SCHEDULE D

1409061

									DATE
	☐ Support			☐ Support		Support			NAME OF CANDIDATE, MEASURE NUMBER OR CC
	☐ Oppose			☐ Oppose		☐ Oppose			NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE
		Nonmonetary Contribution	Monetary Contribution		 Monetary		Nonmonetary Contribution	☐ 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

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....\$
- 2. Unitemized contributions and independent expenditures made this period of under \$100...... 0

0

Summary of Supporting Candidates Schedule D (Continuation Sheet)

Summary of Expenditures to whole dollars.	Statement covers period	SCHEDULE D (CONT.)
Supporting/Opposing Other Candidates. Measures and Committees	from 01/01/2020	FORM 460
NAME OF FILED	through 07/21/2020	Page 10 of 17
NAME OF FILER		I.D. NUMBER
Osborne for Mayor 2018		1409061
		,

		Y*************************************						DATE
	☐ Support		Support		Support		☐ Support	NAME OF CANDIDATE, MEASURE NUMBER OR IO OR CC
	Oppose		Oppose		Oppose		Oppose	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE
	Expenditure	Monetary Contribution Nonmonetary Contribution	Expenditure		1 -	□ Monetary Contribution □ Nonmonetary Contribution	Expenditure	 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)

Schedule E **Payments Made**

Amounts may be rounded to whole dollars.

from 01/01/20	Statement covers

CALIFORNIA 46 (FORM) FORM Page 11 of 17)20	Ö	eriod
	=	FORM	CALIFORNIA A C

07/21/20

through	Page of
SEE INSTRUCTIONS ON REVERSE	I.D. NUMBER
	1409061
Osporne for Mayor 2010	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			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. CMP campaign paraphermalia/misc. CNS campaign consultants CONS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign paraphermalia/misc. MBR member communications MBR member communications MCF office expenses OFC office expenses PET petition circulating PHO phone banks FNO professional services (legal, accounting) NEB radio airtime and production RAD radio airtime and production RED returned contributions SAL campaign workers' salaries TEL tv. or cable airtime and production TRC candidate travel, lodging, a transfer between committe TRS staff/spouse travel, lodging, a transfer between committe TRS staff/spouse travel, lodging, a transfer between committe TRS staff/spouse travel, lodging transfer between committe TRS staff/spouse tra
hedule D.			CODE 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
SUBTOTAL \$			DESCRIPTION OF PAYMENT	Otherwise, describe the payment. 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 VOT voter registration WEB information technology costs (internet, e-mail)
0		0	AMOUNT PAID	e candidate/sponsor -mail)

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$
- 2. Unitermized payments made this period of under \$100......\$
- 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(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)

0 0 0

Schedule E (Continuation Sheet)

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

NAME OF FILER CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. Payments Made Osborne for Mayor 2018 from_ through Statement covers period 01/01/2020 07/21/2020 CALIFORNIA FORM 1409061 Page ___ I.D. NUMBER 12 <u>Q</u> 460 17

• 0	SUBTOTAL \$	dule D.	be summarized on Sche	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	_*
					1
					i
					1
					•
					1
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	1
∍ candidate/sponsor mail)	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 VOT voter registration WEB information technology costs (internet, e-mail)	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	MBR member communications MTG meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey resean POS postage, delivery and mer PRO professional services (leg 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 LT campaign literature and mailings	ニにミカヨちひさち

Schedule F Accrued Expenses (Unpaid Bills)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

from through Statement covers period 01/01/2020 07/21/2020

CALIFORNIA FORM 460

I.D. NUMBER

Page. 1409061 ಭ 잌 17

무區물물 CNS CTB CVC CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, summarized on Schedule D. * Payments that are contributions or independent expenditures must also be μ 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for Schedule F Summary Osborne for Mayor 2018 Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 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.)......\$100. accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)\$100.) accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) campaign paraphernalia/misc. civic donations contribution (explain nonmonetary)* campaign consultants campaign literature and mailings independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees legal defense fundraising events NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PP 뫈 OFC. MTG POS 퓜 MBR DESCRIPTION OF PAYMENT member communications meetings and appearances postage, delivery and messenger services polling and survey research phone banks petition circulating office expenses professional services (legal, accounting) CODE OR SUBTOTALS 4 OUTSTANDING
BALANCE BEGINNING
OF THIS PERIOD ê 0.00 40 SAL (b)
AMOUNT INCURRED TRS RC 恒 ş THIS PERIOD information technology costs (internet, e-mail voter registration transfer between committees of the same candidate/sponsor describe the payment. staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries returned contributions radio airtime and production costs 0 40 **PAID TOTALS** (c)
AMOUNT PAID
THIS PERIOD
(ALSO REPORT ON E) 0 May be a negative number **BALANCE AT CLOSE** (d) OUTSTANDING OF THIS PERIOD 0.00 0.00 0.00 0

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

Amounts may be rounded to whole dollars.

from_

01/01/2020

through.

07/21/2020

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Statement covers period CALIFORNIA 460 SCHEDULE F (CONT.)

				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)
			ule D.	ilso be summarized on Sched	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
-mail)	voter registration information technology costs (internet, e-mail)	VOT voter registration WEB information techn	egal, accounting)	PRO professional services (legal, accounting) PRT print ads	LEG legal defense LIT campaign literature and mailings
e candidate/sponsor	candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same		arch		
<i></i>	t.v. or cable airtime and production costs				CVC civic donations
	radio airtime and production costs returned contributions	_	ns Ices		
	payment.	Otherwise, describe the payment.	œ	the payment, you may	CODES: If one of the following codes accurately describes the payment, you may enter the code
61	1409061				Osborne for Mayor 2018
ABER	I.D. NUMBER				NAME OF FILER

Schedule G

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

Amounts may be rounded to whole dollars.

from Statement covers period 01/01/2020

CALIFORNIA FORM 460

SCHEDULE G

Page . I.D. NUMBER 잌

through

07/21/2020

5 17

SEE INSTRUCTIONS ON REVERSE NAME OF FILER NAME OF AGENT OR INDEPENDENT CONTRACTOR Osborne for Mayor 2018 1409061

FND 8 CNS CNS CNS E N CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, campaign paraphernalia/misc civic donations campaign consultants campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)* contribution (explain nonmonetary)* candidate filing/ballot fees fundraising events POS 유 C MTG P 뫔 PET MBR member communications print ads professional services (legal, accounting) postage, delivery and messenger services phone banks petition circulating office expenses meetings and appearances polling and survey research TRS Έ 젊 information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries returned contributions radio airtime and production costs describe the payment.

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

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

^{*} 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.

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Loans	ocneau
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Others ¹	

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01/01/2020		Statement covers period
FORM	CALII OININA	CVITEODNIV
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Schedule H Loans Made to Others*		to whol	to whole dollars.	<u></u>	from01/01	01/01/2020	CALIFORNIA FORM	^A 460
SEE INSTRUCTIONS ON REVERSE				t	through07/2	07/21/2020	Page 16	of17
NAME OF FILER							I.D. NUMBER	
Osborne for Mayor 2018							1409061	
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
				PAID				CALENDAR YEAR
				\$ FORGIVEN		RATE	Ĩ	PER ELECTION**
				5	DATE DUE	\$	DATE INCURRED	\$
		·		☐ PAID				CALENDAR YEAR
				\$FORGIVEN		RATE	5	PER ELECTION**
		5	S	\$ 	DATE DUE	\$	DATE INCURRED	5
*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.	or committee must n must also be	SUBTOTALS \$	\$ 0.00	\$ 0	\$ 0	\$ 0		
						(Enter (e) on Schedule I, Line 3)		

Schedule H Summary

1. Loans made this period (Total Column (b) plus unitemized loans of less than \$100.)

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**If Required

0.00

- 2. Payments received on loans......\$
 (Total Column (c) plus unitemized payments of less than \$100.)

(May be a negative number)

Miscellaneous Increases to Cash Schedule I

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Osborne for Mayor 2018

DATE RECEIVED

FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Amounts may be rounded to whole dollars.

Statement covers period

01/01/2020

from .

through

CALIFORNIA 460 FORM

SCHEDULE

Page 17 으 17

I.D. NUMBER

 L	
	1409061

AMOUNT OF

DESCRIPTION OF RECEIPT

07/21/2020

Schedule | Summary

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL \$

0.00

1. Itemized increases to cash this period.\$

2. Unitemized 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).)(e).)

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

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