Cover Page Campaign Statement **Recipient Committee**

RECE! VALESTOP Date of election if applicable. DCT 2 7 2016 (Month, Day, Year)	CALIFORNIA 460 FORM Page 1 of 17 For Official Use Only
r	For Official Use Only

	Statement covers period 9/29/2016	Date of election if applicable: UU C / 2010 (Month, Day, Year)	0	Т.	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/27/2016	11/08/2016 by of Lompoc - City Clerk's Office	llerk's Offi	&	
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 Controlled Sponsored (Also Complete Part 6)	✓ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination)		Quarterly Special (Quarterly Statement Special Odd-Year Report
☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Explain below)			
3. Committee Information	I.D. NUMBER 1389176	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Osborne for City Council 2016		Maria M. Hall			
,		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		OITY	STATE	ZIP CODE	AREA CODE/PHONE
1116 W Barton Ave		Lompoc	CA	93436	805-757-8863
CITY STATE ZIP C	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY			
Lompoc CA 93436	36 805-452-7574	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 C	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lompoc CA 93436	36 805-452-7574	Lompoc	CA	93436	805-452-7574
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.

Executed on	Executed on	10/27/2016 Date	10/27/2016 Date
BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By A Dance of Treasurer or Assistant Treasurer

5

CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF TREASURER CONTROLLED COMMITTEE? NAME OF O NAME OF O NAME OF O NAME OF O		CITY STATE ZIP CODE AREA CODE/PHONE NAME OF O COMMITTEE NAME TO NUMBER TO NUMBER	MITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER CONTROLLED COMMITTEE? Officeholde	COMMITTEE NAME I.D. NUMBER	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.	1116 W Barton Ave Lompoc CA 9346 NAME OF O	STRICT NUMBER IF APPLICABLE)	NAME OF OFFICEHOLDER OR CANDIDATE NAME OF B. Jenelle Osborne	Officeholder or Candidate Controlled Committee 6. Primarily Form
Attach continua	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	D. OR LETTER JURISDICTION	NAME OF BALLOT MEASURE	y Formed Ballot Measure Committee
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	ceholder Committee List		DISTRICT NO. IF ANY	ROPONENT			Committee
	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	names of		YNY	ent, if any.	SUPPORT		

Summary Page Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.	State	Statement covers period 9/29/2016	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through _	10/27/2016	Page3 of17
NAME OF FILER Osborne for City Council 2016				1.D. NUMBER 1389176
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	nary for Candidates State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2560.00 \$ 2560.00 \$ 2560.00	\$ 6333.00 \$ 6333.00 \$ 6333.00	20. Contributions Received \$ 21. Expenditures Made \$	1/1 through 6/30 7/1 to Date
Expenditures Made 6. Payments Made	\$ 629.50	\$ 3501.54	Expenditure Limit S Candidates	Limit Summary for State
SUBTOTAL CASH PAYMENTSAccrued Expenses (Unpaid Bills)	\$ 629.50 0 0 629.50	\$ 3501.54 0 2316.00 \$ 5817.54	22. Cumulative (if Subject to very party of Election (mm/dd/yy)	Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) lection Total to Date l/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 950.45 2560.00 0 629.50	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 constituted for the total amounts in Column B amounts in Column B amounts in Column B may be constituted for the total amounts in Column A may	*Amounts in this section m reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVEDSchedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash EquivalentsSee instructions on reverse	φ φ 	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).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Advice: advi	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Monetary Contributions Received Schedule A

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE A

Monetary	Monetary Contributions Received			from9/29/2016		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			igh —	10/27/2016	Page4 of17
NAME OF FILER	NE OF FILER					I.D. NUMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE TO DATE (IF REQUIRED)
9/29/2016	James Tinoco PO Box 3455, Lompoc CA 93438 111 South L St	D IND COM	Electrical Worker City of Lompoc	150.00		
9/29/2016	Richard Jacoby 303 W Walnut Ave Lompoc, CA 93436	□ IND □ COM □ OTH □ SCC	Retired	100.00		
10/17/2016	IBEW Local Union 1245 30 Orange Tree Circle Vacaville, CA 95687	IND COM SCC		2000.00		
10/20/2016	Bridge Business & Entrepreneurial Services 1013 Gardenia Ave Lompoc, CA 93436	IND COM SCC		200.00		
		OTH SCC				
			\$UBTOTAL	2450.00		
Schedule A Summary	Summary				*Contri	*Contributor Codes

Schedul

Total monetary contributions received this period. 2. Amount received this period – unitemized monetary contributions of less than \$100\$ Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$

2450.00 2560.00 110.00 COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) IND - Individual PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars

Ì	C	0
ı	č	7
		Е
	Г	Π
ı	ζ	フ
1	C	=
	Г	Ξ
	П	П
)	>
	_	
Ī	C)
ı	C)
ı	Ì	>

NAME OF FILER	City Council 2016			through10/27	10/27/2016 Page - I.D. NU	Page5 of17 I.D. NUMBER
Osborne for	Osborne for City Council 2016			×	1389	1389176
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)
, a		ODD OTH OSCC				
		□ IND □ COM □ PTY □ SCC				
		□ IND □ COM □ PTY SCC				
2		□□ IND □□ OTH □□ SCC				
		□ IND □ COM □ PTY □ SCC				
			SUBTOTAL \$	0		

IND - Individual

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

T S

Amounts may be rounded

	SCH	
	EDU	
	F	
	B	
Now Williams	PART	
	_	

Schedule B – Part 1	to	to whole dollars.	200		Statement covers period	rs period	CALIFORNIA	A
Loans Received					from 9/29/2016	2016	FORM	
SEE INSTRUCTIONS ON REVERSE				#	through10/2	10/27/2016	Page 6	of17
NAME OF FILER							I.D. NUMBER	
Osborne for City Council 2016							1389176	
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) BE	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
NONE				☐ PAID				CALENDAR YEAR
				\$		RATE		PER ELECTION**
[↑] □ IND □ COM □ OTH □ PTY □ SCC	so.		S	\$	DATE DUE	()	DATE INCURRED	69
				PAID				CALENDAR YEAR
		-		\$	9	RATE	9	PER ELECTION **
[†] □ IND □ COM □ OTH □ PTY □ SCC	59		8	6	DATE DUE	8	DATE INCURRED	69
				PAID				CALENDAR YEAR
				FORGIVEN	69	RATE	60	PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC			6	\$	DATE DUE	9	DATE INCURRED	89
	SU	SUBTOTALS \$	0.00 \$		\$	\$		
C I				9		(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans of less than \$100.)	of less than \$100.)				0.00	to	†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.)) paid or forgiven.) are also itemized on Schedu	lle A.)		\$	0.00	90 CZ	IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party	nmittee TY or SCC) usiness entity)
3. Net change this period. (Subtract Line 2 from Line 1.)	2 from Line 1.) Page, Column A, Line 2.			NET \$	0.00 (May be a negative number)	SCC	1	Small Contributor Committee

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

Schedule B - Part 2 Loan Guarantors

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be to whole doll

ars.	rounded	
Otatolik	Ctator	

from_ through_ ent covers period 9/29/2016 10/27/2016 Page ___7 1389176 CALIFORNIA 460 I.D. NUMBER SCHEDULE B - PART 2 약 17

																	7			FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Osborne for City Council 2016
	□scc	□PTY	HTO	COM	_ SCC	□ PTY	ПОТН	СОМ	□ ND	□scc	□ PTY	ПОТН	COM	□ ND	Scc	PTY	ПОП	COM		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.	\$	2	PER ELECTION (IF REQUIRED)	\$	\$		(IF REQUIRED)	69	CALENDAR YEAR	\$		(IF REQUIRED)	\$	CALENDAR YEAR	\$		PER ELECTION (IF REQUIRED)	\$	CALENDAR YEAR	CUMULATIVE TO DATE	1389176
				***************************************																BALANCE OUTSTANDING TO DATE	

Schedule C Nonmonetar

Amounts may be rounded to whole dollars.

SCHEDULE C

Nonmon	Nonmonetary Contributions Received				Statement covers period 9/29/2016		CALIFORNIA 460	.60
SEE INSTRUCTI	SEE INSTRUCTIONS ON REVERSE				through10/27/2016		Page8 of1	17
NAME OF FILER						-	I.D. NUMBER	
Osborne f	Osborne for City Council 2016					1:	1389176	
DATE	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)	TO PER ELECTION TO DATE EAR (IF REQUIRED)	TION TE RED)
		□ IND □ COM □ OTH □ PTY □ SCC						
		□ IND □ COM □ OTH □ PTY □ SCC						
		□ COM □ COM □ SCC						
		□ COM □ COM □ PTY □ SCC		*				
Attach addi	Attach additional information on appropriately labeled continuation sheets.	continuation s	sheets.	SUBTOTAL \$	1L\$ 0			

	.ω	2		S
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)TOTAL \$	3. Total nonmonetary contributions received this period.	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.)\$0 CON	Schedule C Summary
	SCC - Small Contributor Committee	OTH – Other (e.g., business entity) PTY – Political Party	IND – Individual COM – Recipient Committee (other than PTY or SCC)	*Contributor Codes

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Osborne for City Council 2016

Amou

o wh	Ints
whole	may
dollars	be I
ars.	rounded
	ıded

		through10/27/2016	from	ay be rounded Statement c	
		0/27/2016	9/29/2016	Statement covers period	
1389176	I.D. NUMBER	Page 9 of 17	FORM 400	CALIFORNIA A CO	SCHEDULE D

										DATE
	☐ Support ☐ Oppose			☐ Support ☐ Oppose			☐ Support ☐ Oppose			NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE
		Nonmonetary Contribution	Monetary Contribution	1	Nonmonetary Contribution Independent	Monetary Contribution		Nonmonetary Contribution	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)

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......\$100.....
- 0.00

0.00

0.00

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

	Am
to	oun
whole	s ma
e dol	y be
lars.	rour
	de

ars.
rounded

SCHEDULE D (CONT.)

Summary	Summary of Expenditures	2 4100		Statement covers period		CALIFORNIA 460
Candidate	Candidates, Measures and Committees			through 10/27/2016	16	Page10 of17
NAME OF FILER					1.0	I.D. NUMBER
Osborne for	Osborne for City Council 2016				13	1389176
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 EAR TO DATE TO PER ELECTION TO DATE TO PER ELECTION
ų		Monetary Contribution Nonmonetary				
	1					
		☐ Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose					
		☐ Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Expenditure				
		☐ Monetary Contribution				
		Nonmonetary Contribution				,
	☐ Support ☐ Oppose	-				
			SUBTOTAL	\$ 0.00		

Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Osborne for City Council 2016

Amounts may be rounded to whole dollars.

through Statement covers period 9/29/2016 10/27/2016 Page 11 CALIFORNIA 460 I.D. NUMBER of . 17

1389176

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

B information technology costs (internet, e-mail)	print ads WEE	LIT campaign literature and mailings	_
	professional services (legal, accounting) VOT		_
transfer between committees of the same candidate/sponsor	postage, delivery and messenger services TSF	IND independent expenditure supporting/opposing others (explain)* POS	=
	polling and survey research TRS	FND fundraising events POL	П
candidate travel, lodging, and meals	phone banks TRC	FIL candidate filing/ballot fees PHO	П
	petition circulating TEL	CVC civic donations PET	0
	office expenses SAL		0
	meetings and appearances RFD	CNS campaign consultants MTG	0
	member communications RAD	CMP campaign paraphernalia/misc. MBR	0
acocioc no paymon.	ayment, you may enter the code. Otherwise,	CODES. If the of the following codes accurately describes the payment, you may enter the code: Orderwise, describe the payment.	

140.26		CMP	Home Depot 1701 E Ocean Ave Lompoc CA 93436
267.79		CMP	Staples 615 North H St Lompoc, CA 93436
103.97		CMP	Signs.com 1550 South Gladiola Street Salt Lake City, UT 84104
AMOUNT PAID	R DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$

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

SUBTOTAL \$

512.02

512.02

117.48

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

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

629.50

www.fppc.ca.gov

Schedule E Payments Made (Continuation Sheet)

NAME OF FILER

Osborne for City Council 2016

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period 9/29/2016 10/27/2016 Page 12 CALIFORNIA 460 I.D. NUMBER SCHEDULE E (CONT.) 으 17

1389176

from_

through

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. 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 LTT campaign literature and mailings MBR member communications 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
ımmarized on Schedule D.			CODE OR	
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			AMOUNT PAID	s ne candidate/sponsor n-mail)

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Osborne for City Council 2016

Amounts may be rounded to whole dollars.

from_	Sta
9/29	Statement cov

10/27/2016 1/2016 ers period

through.

FORM 460

1389176 I.D. NUMBER Page _ 3 of. 17

0.00 May be a negative number	1	NET\$		er the difference here and	3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)
0.00	PAID TOTALS \$_		als for payments on enses under \$100.)	dule F, Column (c) subtoto payments on accrued expe	2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.).
0.00	INCURRED TOTALS \$_	INCU	ototals for \$100.)	chedule F, Column (b) suk accrued expenses under \$	1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)
					Schedule F Summary
\$.	0.00 \$	SUBTOTALS \$	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
(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)
e candidate/sponsor -mail)	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)		enter the code. Others nces nces arch ressenger services egal, accounting)	s the payment, you may enter the code. 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	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings CTB contribution (explain nonmonetary)* CPC office expenses SAL PET petition circulating PHO phone banks TRC TRC TRS

- 2

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

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA FORM SCHEDULE F (CONT.)

from_

9/29/2016

through

10/27/2016

Page 14

of |

17

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF COMMITTEE, A	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CNS campaign consultants CYC civic donations CYC civic donations FIL candidate filing/ballot fees FIL candidate filing by and meals and production costs FIL campaign workers' salaricies TRC candidate fravel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor TRS transfer between committees of the same candidate/sponsor WEB information technology costs (internet, e-mail) *Payments that are contributions or independent expenditures must also be summarized on Schedule D.	NAME OF FILER Osborne for City Council 2016 1389176
(c) (d) JUT PAID OUTSTANDING PERIOD BALANCE AT CLOSE EPORT ON E) OF THIS PERIOD	nt. on costs s roduction costs and meals g, and meals ees of the same candida ests (internet, e-mail)	1.D. NUMBER 1389176

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

Schedule G

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

from Statement covers period 9/29/2016

CALIFORNIA

Page _ I.D. NUMBER

through

10/27/2016

15 of 17

NAME OF AGENT OR INDEPENDENT CONTRACTOR Osborne for City Council 2016 1389176

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

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
TOTAL* \$			OR DESCRIPTION OF PAYMENT
0			AMOUNT PAID

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

Schedule H Loans Made to Others*

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

		49	49	49	\$ 0.00 \$	SUBTOTALS \$	or committee must n must also be	*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.
69	DATE INCURRED	\$	DATE DUE	69	S	\$		
PER ELECTION**	\$	RATE		\$FORGIVEN				
CALENDAR YEAR				☐ PAID				
60	DATE INCURRED	9	DATE DUE	\$	9	\$		
PER ELECTION**		RATE		\$FORGIVEN				
CALENDAR YEAR				☐ PAID				
(9) CUMULATIVE LOANS TO DATE	ORIGINAL AMOUNT OF LOAN	(e) INTEREST RECEIVED	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(b) AMOUNT LOANED THIS PERIOD	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	1389176							Osborne for City Council 2016

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

Schedule H Summary

ω	Ŋ	
3. Net change this period. (Subtract Line 2 from Line 1.)	2. Payments received on loans\$ (Total Column (c) plus unitemized payments of less than \$100.)	1. Loans made this period\$ (Total Column (b) plus unitemized loans of less than \$100.)
<u> </u>		
0.00 (May be a negative number)	0.00	0.00

**If Required

Schedule I Miscellaneo

Amounts may be rounded

П	
O	
U	
Z	
7	
	١
	S
	7
1	m
)	D
	in

Miscellaneo	Miscellaneous Increases to Cash	to whole dollars.	Statement covers period	CALIFORNIA 460
			through10/27/2016	Page17 of17
NAME OF FILER	CNARCYCRACCE			I.D. NUMBER
Osborne for Ci	Osborne for City Council 2016			1389176
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
		· ·		
A				
Attach additio	Attach additional information on appropriately labeled continuation sheets.		SUBTOTAL \$	\$ 0.00

Schedule I Summary

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)(e).)	2. Unitemized increases to cash of under \$100 this period\$	1. Itemized increases to cash this period\$
0		0

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

0

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