Campaign Statement Recipient Committee

Cover Page from Statement covers period 10/25/2018 7/16/2018 Date of election if applicable: (Month, Day, Year) City of Lompoc - City Close's Cition Date Stamp OCT 26 Page __ CALIFORNIA 460 FORM For Official Use Only of _ 18

COVER PAGE

SEE INSTRUCTIONS ON REVERSE	through 10/25/2010	11/06/2018			
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	es – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			.2
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	☐ Primarily Formed Ballot Measure Committee Controlled Sponsored	✓ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination)		☐ Quarterly Statement☐ Special Odd-Year R	Quarterly Statement Special Odd-Year Report
 ☐ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee 	(Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Explain below)			
3. Committee Information	1.D. NUMBER 1409061	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	EE)	NAME OF TREASURER			
Osborne for Mayor 2018		Genese Izuno			
The Part of the Control of the Contr		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
1116 W Barton Ave		Lompoc	CA	93436	650-804-0362
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY			
Lompoc	93436 805-452-7574	Jenelle Osborne			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	BOX	MAILING ADDRESS			
1305 North H St #A145		1116 W Barton Ave			
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
CA	93436 805-452-7574	Lompoc	CA	93436	805-452-7574
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			

Verification

jenelle@vote4osborne.com

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 _

						-
Signature of Controlling Officeholder Candidate State Measure Proposent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent of Responsible O	Kenille Chabrery	Signature of Treasurer or Assistant Treasurer	Jewille Hobburne	

ficer of Sponsor

Recipient Committee Campaign Statement Cover Page — Part 2

CAI	
FORM	COVER
[^] 460	PAGE - PAR
	2

	sheets if necessary	Attach continuation sheets if necessary	DDE AREA CODE/PHONE	CITY STATE ZIP CODE
			Š	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	ONTROLLED COMMITTEE?	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE		COMMITTEL MANNE
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	AREA CODE/PHONE	COMMITTEE NAME STATE ZIP CODE
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE		COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
names of	nolder Committee List n	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE? 7.	NAME OF TREASURER
			I.D. NUMBER	COMMITTEE NAME
YNY	DISTRICT NO. IF ANY	OFFICE SOUGHT OR HELD	500.0	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.
	ONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
ent, if any.	te, or state measure propone	ldentify the controlling officeholder, candidate, or state measure proponent, if any.	STATE ZIP	RESS (NO. AND STRE
SUPPORT		BALLOT NO. OR LETTER JURISDICTION		OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Mayor, City of Lompoc
				Jenelle Osborne
		NAME OF BALLOT MEASURE		NAME OF OFFICEHOLDER OR CANDIDATE
	ommittee	Primarily Formed Ballot Measure Committee	6.	. Officeholder or Candidate Controlled Committee
of 18	Page 2			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov	TET C MUNICE, OU			
FPPC Form 460 (Jan/2016)			8	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
		from Lines 2, 7, and 9 (if any).	\$	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
		amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	\$1963.71	es 12 + 13 + 1 ust be zero.
*Amounts in this section may be different from amounts reported in Column B.	*Amounts in this section reported in Column B.	A to the corresponding amounts from Column B of your last report. Some	3695.30	13. Cash Receipts Schedule I, Line 4 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments
⇔		To calculate Column B,	\$ 3364.02	Statement Balance Previous
€		\$ 7649.38	\$ 3695.30	11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10
Total to Date	Date of Election (mm/dd/yy)	0 0	0 0	9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3
Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	22. Cumulati	\$ 7649.38	\$ 3695.30	7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
Summary for State	Expenditure Limit Summary for State Candidates	\$ 7649.38	\$ 3695.30	xpenditures Made Payments Made
\$	21. Expenditures Made \$	\$ 9713.09	\$ 2294.99	4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4
49	20. Contributions Received \$	\$ 9613.09	\$ 2294.99	2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2
15 1/1 through 6/30 7/1 to Date	General Elections	\$ 9613.09	\$ 2294.99	1. Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Sum Running in Both th	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1.D. NUMBER 1409061				NAME OF FILER OSborne for Mayor 2018
Page 3 of 18	10/25/2018	through_		SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	Statement covers period 7/16/2018	State from	to whole dollars.	Summary Page

Schedule A Monetary Co *** Ū

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Monetary Contributions Received			7/16/2018		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			gh	10/25/2018	Page4of18
Osborne for	ME OF FILER OSborne for Mayor 2018					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)
9/28/2018	Janice Keller 1604 W. Lemon Place Lompoc, CA 93436	□ COM □ OTH □ SCC	retired	100.00		
10/12/218	J Edwin Fields 5588 Campbell Road Lompoc, CA, 93436	OTH SCC	Wine Industry Self-Employed	100.00	200.00	
10/16/2018	Elaine Webster 1105 N Lupine Lompoc, CA 93436	□ COM □ SCC	Minister	100.00		
10/19/2018	Jean Jacoby 303 W Walnut Lompoc, CA 9346	□ COM □ SCC	Retired	100.00		
10/21/2018	Tim Harrington 3168 Manley Dr Lompoc, CA 93436	□ COM □ OTH □ PTY SCC	Self-employed TerraLink Consulting	200.00		
			SUBTOTAL \$	600.00		
Schedule A Summary 1. Amount received this per (Include all Schedule A su	Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		\$	1600.00	*Contributor Coo	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC)
2. Amount rec	2. Amount received this period – unitemized monetary contributions of less than \$100	s of less than	\$100\$	694.99	PTY - P	OTH – Other (e.g., business entity) PTY – Political Party
Total mone (Add Lines	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 \$	2294.99	SCC-S	SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Cont

NAME OF FILER

Amounts may be rounded

SCHEDULE A (CONT.)

Nonetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA A CO
**************************************		from 7/16/2018	FORM 400
		through 10/25/2018	Page5 of18
AME OF FILER			I.D. NUMBER
Osborne for Mayor 2018			1409061

					10/21/2018	DATE RECEIVED
					Al Harry and Emily Adelmann 740 North H St #250 Lompoc, CA 93436	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)
	OTH SCC	□ IND □ COM □ OTH □ PTY □ SCC	DIND COM	DIND COM	D COM	CONTRIBUTOR CODE *
SUBTOTAL \$					retired	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
1000.00					1000.00	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

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Amounts may be rounded

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Schedule B – Part 1 Loans Received		to whole dollars.		f	Statement covers period 7/16/2018	t covers period 7/16/2018	CALIFORNIA FORM	[^] 460
SEE INSTRUCTIONS ON REVERSE				=	through 10/2	10/25/2018	Page 6	of 18
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	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	(g) CUMULATIVE CONTRIBUTIONS TO DATE
NONE				☐ PAID				CALENDAR YEAR
				FORGIVEN	5	RATE	50	PER ELECTION***
[†] □ IND □ COM □ OTH □ PTY □ SCC		, s	60		DATE DUE	6	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				FORGIVEN	50	RATE	5	PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC				\$	DATE DUE	(n	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				FORGIVEN	5	RATE %	5	PER ELECTION**
↑ IND COM OTH PTY SCC		60			DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0.00 \$		\$	S		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period				s	0.00	ľ		
2. Loans paid or forgiven this period				 &	0.00	<u>Ω</u> ₹	†Contributor Codes IND – Individual COM – Recipient Committee	mmittee
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	0 paid or forgiven.) t are also itemized on Sche	dule A.)				19	(other than PTY or SCC) OTH - Other (e.g., business entity)	ousiness entity)

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

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

ω.

2

(May be a negative number)

0.00

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

Loan Gu Schedule B

	SCHEDU	SCHEDULE B - PART 2
to whole dollars. Statement covers period	CALIFORNIA A CO	780
from	7/16/2018 FORM	400
SEE INSTRUCTIONS ON REVERSE through10	10/25/2018 Page 7	of 18
NAME OF FILER	I.D. NUMBER	
Osborne for Mayor 2018	1409061	

	Enter on Summary Page, Line 17 only.	0.00	SUBTOTAL \$			
					□scc	
					□ PTY	
	(IF REQUIRED)		DATE		HTO	
	\$				COM	
	CALENDAR YEAR		LENDER			
	\$				□ scc	
					□ PTY	
	(IF REQUIRED)		DATE		HTO	
	55				СОМ	
	CALENDAR YEAR		LENDER			
	\$				SCC	
					[P Y	
	(IF REQUIRED)		DATE		HTO	
	5				COM	
	CALENDAR YEAR		LENDER		□IND	
	s				Scc	
	The state of the s				□ PTY	
	PER ELECTION		DATE		Потн	
	5				СОМ	
	CALENDAR YEAR		LENDER		□ IND	
BALANCE OUTSTANDING TO DATE	CUMULATIVE TO DATE	AMOUNT GUARANTEED THIS PERIOD	LOAN	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR	FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Nonmonetary Contributions Received Schedule C

Amounts may be rounded to whole dollars.

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SCHEDULE C

Nonmon	Nonmonetary Contributions Received		S STATE OF STATE OF		Statement covers period 7/16/2018	period 18	CALIFORNIA 460	460
SEE INSTRUCTION	SEE INSTRUCTIONS ON REVERSE				through 10/25/2018		Page 8 of	18
NAME OF FILER							I.D. NUMBER	
Osborne fo	Osborne for Mayor 2018						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)
		OTH SCC						
		□ COM □ SCC						
		OTH SCC						
		□ IND □ COM □ PTY □ SCC						
Attach addi	Attach additional information on appropriately labeled continuation sheets	continuation :	sheets.	SUBTOTAL \$	AL\$ 0			
Schedule 1. Amount re	Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	y contribution	ş,		0	*Contr	*Contributor Codes IND – Individual COM – Recipient Committee	ittee
2. Amount re	2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	tary contributi	ons of less than \$100		.\$	1	OTH - Other (e.g., business entity)	ess entity)

	ω	5		S
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	Total nonmonetary contributions received this period.	2. Amount received this period - unitemized nonmonetary contributions of less than \$100	Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	Schedule C Summary
TOTAL \$		₩	Ψ	
C)	0	0	
	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

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Schedule D Summary of Supporting/C Candidates, -

	- 6 T Lib	•				SCHEDULE D
Supportin	Supporting/Opposing Other	to whole dollars.	ounded irs.	Statement covers period		CALIFORNIA ARO
Candidate	Candidates, Measures and Committees			from 7/16/2018		FORM 400
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through 10/25/2018		Page 9 of 18
NAME OF FILER					I.D	I.D. NUMBER
Osborne for	Osborne for Mayor 2018				12	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)	DATE PER ELECTION AR TO DATE (IF REQUIRED)
		Contribution Nonmonetary Contribution Independent		-		
	☐ Support ☐ Oppose					
		Contribution Nonmonetary Contribution				
	☐ Support ☐ Oppose	Expenditure				
		Contribution Nonmonetary Contribution				
	☐ Support ☐ Oppose	Expenditure				
			SUBTOTAL	. \$		

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

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Summary of Expenditures (Continuation Sheet) Schedule D

Amounts may be rounded to whole dollars.

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(Continue	(Continuation Sneet)	Amounts may be rounded	rounded			SC	SCHEDULE D (CONT.)
Summary	Summary of Expenditures Supporting/Opposing Other	to whole dollars.	ars.	Statement covers period from 7/16/2018		CALIFORNIA FORM	460
Candidat	Candidates, Measures and Committees			10/25/2018	2018		10 . 18
NAME OF FILER						I.D. NUMBER	
Osborne for	Osborne for Mayor 2018					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)	O DATE YEAR	PER ELECTION TO DATE (IF REQUIRED)
		☐ Monetary Contribution ☐ Nonmonetary Contribution					
	☐ Support ☐ Oppose	Expenditure					
		Monetary Contribution					
		- 14 Table					
	☐ Support ☐ Oppose	Expenditure					
		☐ Monetary Contribution					
	☐ Support ☐ Oppose	Expenditure					
		☐ Monetary Contribution					
I							
	☐ Support ☐ Oppose	Expenditure					
			SUBTOTAL	\$ 0.00			

Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period 7/16/2018 10/25/2018 CALIFORNIA 460 1409061 Page_ I.D. NUMBER FORM = of, SCHEDULE E 18

from

through

Osborne for Mayor 2018

1028.45	Banners and yard signs	CMP		Signs.com 1550 South Gladiola Street Salt Lake City, UT 84104
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
e candidate/sponsor -mail)	RAD radio airline and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airline and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor voter registration 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 resear POS postage, delivery and me 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 LIT campaign literature and mailings 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
	code Otherwise describe the navment	w may anter the	the normant vo	ODDER If any of the following codes accurately describes

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

SUBTOTAL \$

2174.13

117.38

3277.86 417.44

CMP

Poles, posts, zip ties for signage

득

1028.30

Schedule E Summary

Lompoc CA 93436 1701 E Ocean Home Depot 95 Hayden Ave

Vistaprint.com

Lexington, MA 02421

- 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).)......(e). 2. Unitemized payments made this period of under \$100...... 6 69
- 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)...... TOTAL \$ 3695.30

FPPC Form 460 (Jan/2016)

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

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA 460

Statement covers period
7/16/2018

1103.73	SUBTOTAL \$	ule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
300.00		RAD	KTNK Radio PO Box 606 Lompoc, CA 93438
138.97		OFC	Office Depot 1427 S Bradley Rd Santa Maria, CA 93454
306.00		WEB	Squarespace, Inc. 225 Varick Street, 12th Floor New York, NY 10014
158.76		5	THE UPS STORE 1305 NORTH H ST LOMPOC CA 93436
200.00		SAL	Warren Keller 1108 W Chestnut Ave #F Lompoc, CA 93436
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
e candidate/sponsor	r the code. Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor voor voter registration WEB information technology costs (internet, e-mail)	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	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 FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings 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
_ 6	1409061		Osborne for Mayor 2018
of 10			SEE INSTRUCTIONS ON REVERSE NAME OF FILER
	10/25/2018		
	110/2010		

Accrued Expenses (Unpaid Bills) Schedule F

Amounts may be rounded to whole dollars.

from_ through Statement covers period 7/16/2018 10/25/2018 CALIFORNIA Page_

I.D. NUMBER FORM 13 of 460 18

CODES: SEE INSTRUCTIONS ON REVERSE NAME OF FILER Osborne for Mayor 2018 1409061

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCI	CMP campaign paraphermalia/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)* FIG legal defense CMP member communications MRR member communications MRR member communications FND fundraising and appearances OFC office expenses PET petition circulating FPH phone banks FND fundraising events POS postage, delivery and messenger services PRO professional services (legal, accounting) NEB information technology costs
SUBTOTALS \$			CODE OR DESCRIPTION OF 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
0.00 \$		ı	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	s s ces ces counting)
			(b) AMOUNT INCURRED THIS PERIOD	RAD radio airtime and production RED returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at TRS staff/spouse travel, lodging, at TRS staff/spouse travel committee VOT voter registration WEB information technology cost
•		-	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	redio 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)
45			OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	ts ne candidate/sponsor e-mail)

Schedule F Summary

- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)......PAID TOTALS \$ accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)INCURRED TOTALS \$ 0.00 0.00
- 3. 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) www.tppc.ca.gov

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

Amounts may be rounded to whole dollars.

from_

Statement covers period 7/16/2018

CALIFORNIA

SCHEDULE F (CONT.)

S		s	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
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)	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 can voter registration information technology costs (internet, e-mail)	SAL campaign workers salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	arch nessenger services egal, accounting)	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	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
	radio airtime and production costs returned contributions		ns ices	MBR member communications MTG meetings and appearances	CMP campaign paraphernalia/misc. CNS campaign consultants
	payment.	Otherwise, describe the payment.		the payment, you may	CODES: If one of the following codes accurately describes the payment, you may enter the code.
061	1409061				Osborne for Mayor 2018
I.D. NUMBER	I.D. N				NAME OF FILER
14 of 18	2018 Page -	through10/25/2018			

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Schedule G

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

Amounts may be rounded to whole dollars.

from Statement covers period 7/16/2018

CALIFORNIA FORM 460

15 of 8

through

10/25/2018

1409061 I.D. NUMBER

Page

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

크트 FND CVC CMP CODES: campaign literature and mailings civic donations campaign paraphernalia/misc. legal defense independent expenditure supporting/opposing others (explain)* fundraising events candidate filing/ballot fees contribution (explain nonmonetary)* campaign consultants If one of the following codes accurately describes the payment, you may enter the code. Otherwise, MTG POS POL print ads professional services (legal, accounting) postage, delivery and messenger services petition circulating office expenses meetings and appearances member communications phone banks polling and survey research VOT TRS TSF Ē TRC RFD information technology costs (internet, e-mail) voter registration describe the payment. 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

* 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

Amou

25 / H & 25 / 51		
FORM 400	7/16/2018	to whole dollars.
CALIFORNIA A CO	Statement covers period	unts may be rounded

Loans Made to Others* SEE INSTRUCTIONS ON REVERSE		to who	to whole dollars.		from 7/16 through 10/2	7/16/2018	FORM 16 o	of 18
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	AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				FORGIVEN		RATE %	69	PER ELECTION**
				*	DATE DUE		DATE INCURRED	9
				☐ PAID				CALENDAR YEAR
				FORGIVEN		RATE %		\$ PER ELECTION**
					DATE DUE	0	DATE INCURRED	σ,
*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 \$	\$	49	\$		

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

Schedule H Summary

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

0.00

0.00

**If Required

NET

(May be a negative number)

0.00

3. Net change this period. (Subtract Line 2 from Line 1.).... (Enter the net here and on the Summary Page, Column A, Line 7.)

(Total Column (c) plus unitemized payments of less than \$100.)

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Schedule	marinto mari ha sarindad		SCHEDULE
ous Increases to Cash	to whole dollars.	Statement covers period from 7/16/2018	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 10/25/2018	Page17 of18
NAME OF FILER			I.D. NUMBER
Osborne for Mayor 2018			1409061
DATE FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional information on appropriately labeled continuation sheets.		SUBTOTAL\$	\$ 0.00
Itemized increases to cash this period.		9 0	
100 this period			
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)		\$ 0	
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)		TOTAL \$0	