Campaign Statement Cover Page Recipient Committee

from Statement covers period 7/16/2018 Date of election if applicable: (Month, Day, Year) SEP Page CALIFORNIA 460 FORM For Official Use Only 今 18

COVER PAGE

SEE INSTRUCTIONS ON REVERSE	th	through 9/27/2018	11/06/2018	C-CITY CA	POR CHILD	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	Committees – Complet	te 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 Sponsored Also Complete Part 61	✓ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination)		☐ Quarterly Statement☐ Special Odd-Year Report	atement -Year Report
 General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee 	Prima Office (Also Con	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Explain below)			
3. Committee Information	1.D. NUMBER 140906	D. NUMBER 1409061	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	COMMITTEE)		NAME OF TREASURER			
Osborne for Mayor 2018			Genese Izuno			
			MAILING ADDRESS			
			408 Nogal			
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	CA 93436	805-452-7574	Jenelle Osborne			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	ET OR P.O. BOX		MAILING ADDRESS			
1305 North H St #A145			1116 W Barton Ave			
СПУ	STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lompoc	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 Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent Proponent or Responsible Officer of Sponsor

Recipient Committee Campaign Statement Cover Page — Part 2

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e measure proponent, e measure proponent, committee List nam s primarily formed. DUGHT OR HELD DUGHT OR HELD DUGHT OR HELD	CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	CONTROLLED COMMITTEE? NAME OF OFFICEHOLDER OR CANDIDATE OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF TREASURER CONTROLLED COMMITTEE? CONTROLLED COMMITTEE? Officeholder(s) or candidate(s) for which this committee is primarily formed.	COMMITTEE NAME 1.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.		RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Identify the controlling officeholder, candidate, or state measure proponent, if any.	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Mayor, City of Lompoc Mayor, City of Lompoc	Jenelle Osborne	NAME OF OFFICEHOLDER OR CANDIDATE	5. Officeholder or Candidate Controlled Committee 6. Primarily Formed Ballot Measure Committee
DISTRICT NO. IF ANY DISTRICT NO. IF ANY DISTRICT NO. IF ANY Tommittee List nam Is primarily formed. DUGHT OR HELD DUGHT OR HELD	ach continuation sheets i						didate/Officeholder (s) for which this committee			NDIDATE, OR PROPONENT	eholder, candidate, or sta	JURISDICTION	V		ot Measure Committe
ORT ORT OSE SUPPORT OPPOSE OPPOSE OPPOSE OPPOSE OPPOSE	fnecessary		OFFICE SOUGHT OR HELD SI	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD SU	OFFICE SOUGHT OR HELD SU	Committee List names (DISTRICT NO. IF ANY		te measure proponent, if a	☐ SUPPORT			ĕ

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

www.fppc.ca.gov		•		
EPPC Form 460 (Jan/2016)	EDDC Advice: adv		\$	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 See instructions on reverse
		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	\$ 3364.02	ENDING CASH BALANCEAdd Lines 12 + 13 + 1 If this is a termination statement, Line 16 must 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	3954.08	13. Cash Receipts
₩			\$ 3118.10	Statement n Balance Previous
69	1 1	\$ 3954.08	\$ 3954.08	11. TOTAL EXPENDITURES MADE
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	\$ 3954.08	\$ 3954.08	7. Loans Made
Summary for State	Expenditure Limit Summary for State Candidates	\$ 3954.08	\$ 3954.08	Expenditures Made 6. Payments MadeSchedule E, Line 4
<i>फ</i>		\$ 7418.10	\$ 4300.00	TOTAL CONTRIBUTIONS RECEIVED
\$9	20. Contributions Received \$	\$ 7318.10	\$ 4200.00	SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	1/1 tb	6	0	Monetary Contributions
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Calendar Year Sum Running in Both th General Elections	Column B CALENDAR YEAR TOTAL TO DATE 7318.10	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 4200 00	Contributions Received
1.D. NUMBER 1409061				NAME OF FILER OSborne for Mayor 2018
Page3 of18	9/27/2018	through		SEE INSTRUCTIONS ON REVERSE
FORM 460	Statement covers period 7/16/2018	State from	to whole dollars.	Summary Page

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period

from through 7/16/2018 9/27/2018

> CALIFORNIA FORM 4 460

SCHEDULE A

Page_ I.D. NUMBER

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NAME OF FILER 9/24/2018 9/10/2018 9/10/2018 9/24/2018 9/10/2018 Osborne for Mayor 2018 RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 652 University Dr Barry and Laurie Weaver 434 South G St Carol White Vacaville, CA 95687 30 Orange Tree circle Lompoc CA 93436 Molly Gerald Lompoc, CA 93436 1209 Stonebrook Barbara Nyman Lompoc, CA 93436 137 La Costa Lane Lompoc CA 93436 **IBEW Local Union 1245** CONTRIBUTOR
CODE * SCC PTH COM SCC PTY COM D SCCOM SCC PTY SCC DD SCC ON SCC ND Retired Retired Retired Retired IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL \$ AMOUNT RECEIVED THIS PERIOD 3000.00 3550.00 250.00 100.00 100.00 100.00 CALENDAR YEAR (JAN. 1 - DEC. 31) 1409061 PER ELECTION TO DATE (IF REQUIRED)

Schedule A Summary

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page Column A. Line 1.) TOTAL \$ 4200.00	350.00	1. Amount received this period – itemized monetary contributions. IND – Individual COM – Recipient Com	Schedule A Summary Contributor Codes
SCC - Small Contributor Committee	OTH – Other (e.g., business entity) PTY – Political Party	Individual Recipient Committee (other than PTY or SCC)	ibutor Codes

FPPC Form 460 (Jan/2016)

Monetary Contributions Received Schedule A (Continuation Sheet)

Amounts to wh

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SCHEDULE A (CONT.)

Monetary (Monetary Contributions Received	to whole dollars.	ollars.	Statement covers period	rs period	CALIFORNIA 460
				from//16/2018	810	FORM
				through 9/27	9/27/2018	Page5 of18
NAME OF FILER						I.D. NUMBER
Osborne for Mayor 2018	Mayor 2018				22.	1409061
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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 AR TO DATE 31) (IF REQUIRED)
8/22/2018	Katherine Smith 3827 Via Mondo Lompoc, CA 93436	□ COM □ PTY □ SCC	Retired	100.00		
9/11/2018	Pamela Buchanan 2207 Hermosa Court Lompoc CA 93436	□ COM □ PTY □ SCC	Retired	100.00		
9/11/2018	J Edwin Fields 5588 Campbell Road Lompoc, CA, 93436	□ COM □ OTH □ SCC	Wine Industry Self-Employed	100.00		2
		□ IND □ COM □ OTH □ PTY □ SCC				
		D COM SCC				
			SUBTOTAL \$	300.00		

*Contributor Codes

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

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Amounts may be rounded

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Loans Received		to whole dollars.	•	=	Statement covers period 7/16/2018	rs period 2018	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE				-	through 9/27	9/27/2018	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	(9) CUMULATIVE CONTRIBUTIONS TO DATE
NONE				PAID				CALENDAR YEAR
				\$	6	RATE	S	PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC		5	5	\$	DATE DUE		DATE INCURRED	\$
				PAID				CALENDAR YEAR
				FORGIVEN	(A)	RATE %		PER ELECTION**
[↑] ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	S		DATE DUE	\$	DATE INCURRED	S
				PAID				CALENDAR YEAR
				5 FORGIVEN	\$	RATE %	ĺ	PER ELECTION**
[↑] □ IND □ COM □ OTH □ PTY □ SCC		9	0	5	DATE DUE	Ĩ	DATE INCURRED	s
	•	SUBTOTALS \$	0.00 \$		\$	·		

Schedule B Summary

- N Loans received this period..... Loans paid or forgiven this period..... (Total Column (b) plus unitemized loans of less than \$100.) S
- ω Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

(Total Column (c) plus loans under \$100 paid or forgiven.)

(May be a negative number) 0.00

> IND – Individual COM – Recipient Committee †Contributor Codes

0.00

0.00

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

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

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

Schedule B - Part 2 **Loan Guarantors**

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Osborne for Mayor 2018

			to whole dollars.	Amounts may be rounded
		through 9/27/2018	Statement covers period from7/16/2018	
1409061	I.D. NUMBER	Page 7 of18	CALIFORNIA 460	SCHEDULE B - PART 2

	□scc	ПОТН	□ com		SCC	□PTY	ПОТН	СОМ		□scc	□ PTY	ПОТН	Сом		□scc	ПОТН	Сом		FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 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.	s	(IF REQUIRED)	\$	CALENDAR YEAR	*		(IF REQUIRED)	S	CALENDAR YEAR	\$		(IF REQUIRED)	8	CALENDAR YEAR	\$	(IF REQUIRED)	\$	CALENDAR YEAR	CUMULATIVE TO DATE
																			BALANCE OUTSTANDING TO DATE

Schedule C Nonmonetar

Amounts may be rounded to whole dollars.

SCHEDULE C

Nonmor	Nonmonetary Contributions Received			f	Statement covers period 7/16/2018		CALIFORNIA 460
SEE INSTRUCT	SEE INSTRUCTIONS ON REVERSE			· ·	through 9/27/2018		Page8 of18
NAME OF FILER	20					I.D	I.D. NUMBER
Osborne	Osborne for Mayor 2018					14	1409061
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)
9/10/2018	Rick and Lisa Osborn 115 E College Ave Lompoc, CA 93436	□ COM □ OTH □ PTY □ SCC	Retail Store Owners	Food	100.00		
		□ IND □ COM □ PTY □ SCC					
		□ IND □ COM □ PTY □ SCC					
		□ IND □ COM □ OTH □ PTY □ SCC					
Attach add	Attach additional information on appropriately labeled continuation sheets.	continuation s	sheets.	SUBTOTAL \$	100.00		

Schedule C Summary

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)TOTAL \$	10000	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.)\$ 100.00 CO	Collegate C Califficaty
	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

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

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 2000

SCHEDULE D

Supportir Candidate	Supporting/Opposing Other Candidates, Measures and Committees		o congres	from 7/16/2018	18	FORM 400
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through 9/27/2018		Page 9 of 18
NAME OF FILER	477.7				1.0	I.D. NUMBER
Osborne fo	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)
9/15/2018	Friends of Allan Hancock 800 S College Dr Santa Maria, CA 93454	Contribution Nonmonetary Contribution Independent	Measure Y	100.00		
	☑ Support ☐ Oppose					
		Contribution Nonmonetary Contribution Independent				
	☐ Support ☐ Oppose	Expenditure				
		☐ Monetary Contribution Nonmonetary				
	□ Support □ Oppose	Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL	\$ 100.00		

Schedule D Summary

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....\$ 100.00
- 2. Unitemized contributions and independent expenditures made this period of under \$100...... 0.00
- 100.00

Schedule D (Continuation Supportir Candidate Summary

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dollars.	be rounded

	Amounts may be rounded to whole dollars.	Statement covers period	SCHEDULE D (CONT.)
Summary of Expenditures	to writing dollars.	Statement covers period	CALIFORNIA A 60
Supporting/Opposing Other		from 7/16/2018	FORM
Candidates, Measures and Committees		through 9/27/2018	Page10 of18
NAME OF FILER			I.D. NUMBER

											v.			DATE	Osborne fo
	☐ Support ☐ Oppose			☐ Support ☐ Oppose			☐ Support ☐ Oppose				☐ Support ☐ Oppose			NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	Osborne for Mayor 2018
	1 -	Contribution Nonmonetary Contribution	Monetary	1111	Nonmonetary Contribution	Monetary Contribution	1 1	☐ Independent	Nonmonetary Contribution	Monetary Contribution		□ Nonmonetary Contribution □ Independent	Monetary Contribution	TYPE OF PAYMENT	
SUBTOTAL														DESCRIPTION (IF REQUIRED)	
\$ 0.00														AMOUNT THIS PERIOD	
														CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1409061
														PER ELECTION TO DATE (IF REQUIRED)	51

Payments Made Schedule E

Amounts may be rounded to whole dollars.

from through Statement covers period 7/16/2018 9/27/2018 Page 11 CALIFORNIA FORM

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SCHEDULE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Osborne for Mayor 2018 1409061 I.D. NUMBER

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Signs.com 1550 South Gladiola Street Salt Lake City, UT 84104	CMP	Banners and yard signs	1793.01
Vistaprint.com 95 Hayden Ave Lexington, MA 02421	듸		139.30
Home Depot 1701 E Ocean Lompoc CA 93436	CMP	Poles, posts, zip ties for signage	113.70
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	dule D.	SUBTOTAL \$	2046.01

Schedule E Summary

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

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3954.08

3649.01 305.07

Payments Made Schedule E (Continuation Sheet)

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA

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Statement covers period

NAME OF FILER **CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment Osborne for Mayor 2018 from_ through 7/16/2018 9/27/2018 1409061 Page __ I.D. NUMBER FORM 12 of. 18

(Tables of the Carlotte of the			The state of the s
1403.00	SUBTOTAL \$	dule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
100.00		СУС	Lompoc Community Education Foundation PO Box 185 Lompoc, CA 93436
825.00		Ę	City of Lompoc 100 Civic Center Plaza Lompoc CA 93436
150.00	Campaign signage design	CMP	Bottle Branding PO Box 2905 Lompoc CA 93436
228.00		OFC	THE UPS STORE 1305 NORTH H ST LOMPOC CA 93436
100.00		FND	Native Tongue 114 North F ST Lompoc CA 93436
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
candidate/sponsor	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 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 polling and survey and messenger services professional services (legal, accounting) print ads	CMP campaign paraphernalia/misc. CNS campaign consultants CNC civic donations FIL candidate filing/ballot fees FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and me PRO professional services (leg PRT print ads PRT print ads
	Otherwise, d	u may ente	CODES: If one of the following codes accurately describes the payment, you may enter the code.

Payments Made Schedule E (Continuation Sheet)

Amounts may be rounded to whole dollars.

Statement covers period FORM 460 SCHEDULE E (CONT.)

200.00	SUBICIAL	dule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
100.00	Supporting local Community College Bond Measure Y	ND	Friends of Allan Hancock 800 S College Dr Santa Maria, CA 93454
100.00		CVC	La Purisima Parish School 219 W Olive Ave Lompoc, CA 93436
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
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	COPES: 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 LIT campaign literature and mailings MRR 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
	1409061		Osborne for Mayor 2018
12a of 18	through 9/27/2018 Page 12a		SEE INSTRUCTIONS ON REVERSE
3	from 7/16/2018 FORM		Payments Made

SCHEDULE F

Accrued Expenses (Unpaid Bills) Schedule F

Amounts may be rounded to whole dollars.

from through Statement covers period 7/16/2018 9/27/2018

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER Osborne for Mayor 2018 I.D. NUMBER Page _ 1409061 9

* 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) D	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CMP campaign paraphemalia/misc. CNS campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CVC civic donations CVC civic donations CVC civic donations FIL candidate filing/ballot fees FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* FNO professional services (legal, accounting) PRO professional services (legal, accounting) FRT print ads MBR member communications RAD radio airtime and production RFD returned contributions FRD preturned contributions FRD petition circulating FRD phone banks FRC postage, delivery and messenger services FRC professional services (legal, accounting) FRT print ads WEB information technology costs
SUBTOTALS \$		CODE OR DESCRIPTION OF PAYMENT	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
0.00 \$		(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	enter the code. Other is ces arch ervices essenger services egal, accounting)
49		(b) AMOUNT INCURRED THIS PERIOD	wise, describe the payment RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at Staff/spouse travel, lodging, at TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration
		(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	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 staff/spouse travel odging, and meals ransfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
49		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	ls 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.).. accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)INCURRED TOTALS \$ PAID TOTALS \$ NET \$ May be a negative number 0.00 0.00
 - 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....

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

NAME OF FILER

Osborne for Mayor 2018

Amounts may be rounded to whole dollars.

from_ Statement covers period 7/16/2018

through

9/27/2018

CALIFORNIA 460 FORM

SCHEDULE F (CONT.)

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18

1409061

			NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, you may enter the code. Otherwise the payment, you may enter the code. Otherwise the payment, you may enter the code. Otherwise the payment of the p
SUBTOTALS \$			CODE OR DESCRIPTION OF PAYMENT	so be summarized on Schedu	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
0.00 \$			(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	le D.	ces ces gal, accounting)
			(b) AMOUNT INCURRED THIS PERIOD		RAD radio airtime and production RFD 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 transfer between committee VOT voter registration WEB information technology cost
es .			(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)		radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime 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		e candidate/sponsor

Schedule G

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Osborne for Mayor 2018

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

through

9/27/2018

CALIFORNIA FORM

SCHEDULE G

Page_ 1409061 I.D. NUMBER 15 9 18

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

TE B B F CVC CMP contribution (explain nonmonetary)* campaign paraphernalia/misc candidate filing/ballot fees civic donations campaign literature and mailings campaign consultants legal defense independent expenditure supporting/opposing others (explain)* fundraising events OFC MBR MTG POS POL PET office expenses meetings and appearances member communications polling and survey research print ads petition circulating professional services (legal, accounting) postage, delivery and messenger services phone banks SAL YOT TRS TRC 臣 RFD t.v. or cable airtime and production costs information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals 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.

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

^{*} 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.

FPPC Form 460 (Jan/2016)

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

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Schedule H Loans Made to Others*

Amounts may be rounded to whole dollars.

CALIFORNI

	through_	from
	9/27/2018	7/16/2018
ID NIMBER	Page 16 of 18	FORM 46

SEE INSTRUCTIONS ON REVERSE					through	817117118	Page 10	of 10
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) 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 %		PER ELECTION**
				40	DATE DUE	\$	DATE INCURRED	
				☐ PAID				CALENDAR YEAR
				S FORGIVEN		RATE %	5	PER ELECTION**
		9		5	DATE DUE	S	DATE INCURRED	\$
*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 en must also be	SUBTOTALS \$	\$ 0.00 \$	4	4	49		

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

Schedule H Summary

ω	5	. `
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.)
0.00	0.00	0.00

**If Required

(May be a negative number)

Schedule I Miscellaneo

Schodula	A mounte may			SCHEDULE I
Miscellaneo	Miscellaneous increases to Cash to whole dollars.	fro	Statement covers period 7/16/2018	CALIFORNIA 460
	בכפון ידע ב	lgh	9/27/2018	Page17 of18
NAME OF FILER	CN REVERYUE			I.D. NUMBER
Osborne for Mayor 2018	ayor 2018			1409061
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	CEIPT	AMOUNT OF INCREASE TO CASH
Attach additio	Attach additional information on appropriately labeled continuation sheets.		SUBTOTAL \$	0.00
1. Itemized increases to ca 2. Unitemized increases to 3. Total of all interest recei	Schedule I Summary 1. Itemized increases to cash this period	\$ and on the		
Summary Pa	Summary Page, Line 14.)	TOTAL \$	0	EDDC Form 460 (lan /2016)