Campaign Statement Recipient Committee

Cover Page from . Statement covers period 1/1/2018 Date of election if applicable: (Month, Day, Year) Date Stamp Page _ CALIFORNIA 460 FORM For Official Use Only of _ COVER PAGE 17

SEE INSTRUCTIONS ON REVERSE	7/31/2018			-	
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] ☐ General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Parts) Primarily Formed Candidate/	 □ Preelection Statement □ Semi-annual Statement ☑ Termination Statement (Also file a Form 410 Termination) □ Amendment (Explain below) 		☐ Quarter☐ Special	Quarterly Statement Special Odd-Year Report
General Purpose Committee O Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)				
3. Committee Information	I.D. NUMBER 1389176	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	Ξ)	Name of TREASURER			
Osborne for City Council 2010		MAILING ADDRESS			
		356 Ladera			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
1116 W Barton Ave		Lompoc	CA	93436	805-757-8863
CITY STATE Z	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY			
Lompoc CA 9	93436 805-452-7574	Jenelle Osborne			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	SOX	MAILING ADDRESS			
1305 North H St #A145		1116 W Barton Ave			
CITY STATE Z	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lompoc CA 9	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	Date	7/31/2018	7/31/2018 Date
BySignature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Of	By Signature of Treasurer or Assistant Treasurer

Recipient Committee Campaign Statement Cover Page — Part 2

Page -	CALI	
2	CALIFORNIA FORM	
of	The second second	
17	60	
	A SECTION	

	s if necessary	Attach continuation sheets if necessary	Attac	ZIP CODE AREA CODE/PHONE	STATE	CITY
				A F. C. DCX	O'REEL ADDRESS (NO DO: DOX)	COMMITTEE ADDRESS
□ SUPPORT □ OPPOSE	CHICE SOCIETY CHARLES		NAME OF OFFICEROLDER OR CANDIDATE	□ YES □ NO	010111111111111111111111111111111111111	NAME OF TATOOCALA
OPPOSE				CONTROLLED COMMITTEES		100
2 2 2 2 2 2	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER		COMMITTEE NAME
□ SUPPORT □ OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	ZIP CODE AREA CODE/PHONE	STATE	CITY
□ SUPPORT □ OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
	se is primarily formed.	for which this committe	officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER
ames of	Committee List no	date/Officeholder		I.U. NOMBER		COMMITTEE NAME
				I NI IMBED		OCCUPATION NAME
NY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committees Not Included in this Stateme not included in this statement that are controlled by you or are prontributions or make expenditures on behalf of your candidacy.	Related Committees not included in this staten contributions or make exp
		DATE, OR PROPONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Lompoc CA 9346	Lo	1116 W Barton Ave
nt, if any.	itate measure propone	ıolder, candidate, or s	Identify the controlling officeholder, candidate, or state measure proponent, if any.	CITY STATE ZIP	굞	RESIDENTIAL/BUSINESS AC
OPPOSE	□ or				Council Member	City of Lompoc City Council Member
SUPPORT	II su	JURISDICTION	BALLOT NO. OR LETTER	Jenelle Osborne OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	(INCLUDE LOCATION AND DIS	Jenelle Osborne OFFICE SOUGHT OR HELD
			NAME OF BALLOT MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	ttee	Measure Commit	6. Primarily Formed Ballot Measure Committee	mmittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Can

www.fppc.ca.gov

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

from_

Statement covers period 1/1/2018

SUMMARY PAGE

CALIFORNIA 460

FPPC Form 460 (Jan/2) FPPC Advice: advice@fppc.ca.gov (866/275-3		bove \$0	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).	erse \$0	Cash Equivalents and Outstanding Debts 18. Cash Equivalents
	filed for this calendar year, only carry over the amounts	Part 2 \$0	17. LOAN GUARANTEES RECEIVED Schedule B, F
	amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	φ	15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.
*Amounts in this section may be different from amounts reported in Column B.	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some		12. Beginning Cash Balance
\$			Current Cash Statement
€9	\$ 2316.00	ne 3 0 + 10 \$ 219.06	Nonmonetary Adjustment TOTAL EXPENDITURES MADE
Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Page of Election Total to Date	\$ 7131.39	1+7 \$ 219.06 0	7. Loans Made Schedule H. Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrised Expenses (Unpaid Bills) Schedule F. Line 3
Expenditure Limit Summary for State Candidates	\$ 7131.39	219.06.00	xpenditures Made Payments Made
21. Expenditures \$ \$	\$ 7082.00	7e 3 0	
20. Contributions Received \$ \$	\$ 7082.00	€9 	Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2
General Elections 1/1 through 6/30 7/1 to Date	\$ 7082.00	9	Monetary Contributions
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1.D. NUMBER 1389176			NAME OF FILER OSborne for City Council 2016
7/31/2018 Page 3 of 17	through		SEE INSTRUCTIONS ON REVERSE

orm 460 (Jan/2016) gov (866/275-3772) www.fppc.ca.gov

Mon Schedule A

Schedule A	Amounts	Amounts may be rounded			SCHEDULE A
Monetary Contributions Received	1		1/1/2018		FORM 460
			through7/31	7/31/2018 P	Page4 of17
NAME OF FILER				i.b	I.D. NUMBER
Osborne for City Council 2016					
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED	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)
	DDDDD SCC				
	□□ IND □□ OTH □□ SCC				
	DOTH SCC				
	DD OTH SCC				
	D SCC				
		\$UBTOTAL	\$		

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

FPPC Form 460 (Jan/2016)

0

0

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

*Contributor Codes

SCC - Small Contributor Committee

0

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary C	Monetary Contributions Received	to whole dollars.	Hars.	Statement covers period		CALIFORNIA 460
9				from 1/1/2018		FORW . (
				through7/31	7/31/2018	Page5 of17
						I.D. NUMBER
Osborne for (Me or Piter Osborne for City Council 2016					1389176
DATE	DDRESS AND ZIP CODE OF CONTRIBUTOR MITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
		□ COM □ SCC				
		DD COM SCC				
		D D D IND				
		COM				
		□ PTY				
		SCC SCC	>			
			\$ SUBTOTAL	.\$ 0		

*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

Sched Loans

١	
1	
ĺ	
	SCI
	由
	ULE
	B
	PAF
	27 1

	4	\$	S		0.00 \$	SUBTOTALS \$		
s	DATE INCURRED	8	DATE DUE	5		· ·		TO IND COM COTH PTY SCC
PER ELECTION**		RATE %		\$ ☐ FORGIVEN				
CALENDAR YEAR				PAID				
69	DATE INCURRED	8	DATE DUE	50	s	5		†□ IND □ COM □ OTH □ PTY □ SCC
PER ELECTION**	5	RATE %	\$	S				
CALENDAR YEAR				PAID				- 1
S	DATE INCURRED	\$	DATE DUE	5		9		TO IND COM OTH PTY SCC
PER ELECTION**	50	RATE		\$				
CALENDAR YEAR				☐ PAID				NONE
CUMULATIVE CONTRIBUTIONS TO DATE	ORIGINAL AMOUNT OF LOAN	(e) INTEREST PAID THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	AMOUNT RECEIVED THIS PERIOD	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 LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	1389176							Osborne for City Council 2016
	I.D. NUMBER							NAME OF FILER
of	Page 6	7/31/2018	through 7/3					SEE INSTRUCTIONS ON REVERSE
400	FORM	1/1/2018	from1/1/2					Loans Received
200	CALIFORNIA A SO	ers period	Statement covers period		. 1000	to whole dollars.	1	Schedule B – Part 1

Schedule B Summary

	<u>.</u>
(Total Column (b) plus unitemized loans of less than \$100.)	Loans received this period\$

2

Loans paid or forgiven this period.....

\$

0.00

0.00

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

(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

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

** If required.

(May be a negative number) 0.00

> COM – Recipient Committee
> (other than PTY or SCC)
> OTH – Other (e.g., business entity)
> PTY – Political Party
> SCC – Small Contributor Committee IND - Individual †Contributor Codes

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

Schedule B - Part 2 **Loan Guarantors**

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amour

•		
Page 7 of 17	7/31/2018	through_
FORM	1/1/2018	from
CALIFORNIA A	Statement covers period	Statem

1389176

	Enter on Summary Page,	0.00	SHRTOTAL			
	9				□ scc	
					□ PTY	
	(IF REQUIRED)		DATE		Потн	
	PER ELECTION				СОМ	
	CALENDAR YEAR		LENDER		□ NB	
					□scc	
					□ PTY	
	(IF REQUIRED)		DATE		Потн	
	SEB ELECTION				COM	
	CALENDAY		LENDER			
					ו	
	5				□scc	
					□ PTY	
	(IF REQUIRED)		DATE		Потн	
	PER ELECTION				COM	
	^	027	LENCEX		□IND	
	CALENDAR YEAR	1,000				
	5	80077			□scc	
					□ PTY	
	(IF REQUIRED)		DATE		Потн	
					COM	
	CALENDAR YEAR		LENDER		□IND	
OUTSTANDING	CUMULATIVE TO DATE	GUARANTEED THIS PERIOD	LOAN	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)
BALANCE	1000170					Osborne for City Council 2016
	1389176					

Schedule C **Nonmonetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Osborne for City Council 2016

8	STI
bol	3
0	YE
90	be
a	7
S	Ĕ
	ā
	ĕ

		through7/31/2018	from1/1/2018	to whole dollars. Statement covers period	nounts may be rounded
1389176	I.D. NUMBER	Page 8 of 17	FORM	CALIFORNIA ALCO	SCHEDOLE

Attach ado																	DATE RECEIVED
Attach additional information on appropriately labeled continuation sheets.																	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
continuation	□scc	T P T T	COM	□IND	□scc	□ PTY	HTO	COM	□scc	□ PTY	HTO	COM	□scc	□ PTY	HTO	COM	CONTRIBUTOR CODE *
sheets.																	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
SUBTOTAL \$																	DESCRIPTION OF GOODS OR SERVICES
\$																	AMOUNT/ FAIR MARKET VALUE
			D														CALENDAR YEAR (JAN 1 - DEC 31)
																	TO DATE (IF REQUIRED)

Schedule C Summary

	ω	2		4
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$ 0	2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	\$	1 Amount received this period – itemized nonmonetary contributions.
EBBC Form 460 (Jan /2016)	SCC - Small Collubulor Collingia	PTY - Political Party	(other than PTY or SCC)	IND - Individual

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

*Contributor Codes

Schedule D Summary of Expenditures

ole do	nay be
llars.	e rounde
	ded

ID NIMBER	
Page 9 of 17	7/31/2018
FORM	/1/2018
CALIFORNIA 460	overs period
SCHEDULE D	

Summary	Summary of Expenditures Supporting/Opposing Other	Amounts may be rounded to whole dollars.	rounded ars.	Statement covers period 1/1/2018		CALIFOR	CALIFORNIA 460
Candidate	Candidates, Measures and Committees			through 7/31/2018		Page 9	of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	S ON REVERSE					I.D. NUMBER	20
Osborne for	Osborne for City Council 2016					1305170	
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)	TO DATE YEAR C. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent			¥3	11	
	☐ Support ☐ Oppose	Expenditure					
		☐ Monetary Contribution					
	sē	□ Nonmonetary Contribution □ Independent					
	☐ Support ☐ Oppose	Expenditure					
		Monetary Contribution					
		☐ Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$ 0.00			

Schedule D Summary

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

www.fppc.ca.gov

₩

0.00

0.00

Schedule D (Continuation Summary of Supporting/C Candidates, I

0 ×	Inte
hole	may
dollars	be rou
•	ounded

I I I I I I I I I I I I I I I I I I I	Osborne for City Council 2016	NAME OF FILER	Candidates, Measures and Committees	Supporting/Opposing Other	Summary of Expenditures	(Continuation Sheet)
					to whole dollars.	Amounts may be rounded
			through 7/31/2018	from 1/1/2018	Statement covers period	
	1389176	I.D. NUMBER	Page 10 of 17	FORM	CALIFORNIA AGO	SCHEDULE D (CONT.)

													DATE
	☐ Support ☐			☐ Support ☐			☐ Support ☐			☐ Support ☐			NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE
	Oppose			Oppose			Oppose			Oppose			E, AND DISTRICT, OR R AND JURISDICTION, TEE
	11	Contribution	Monetary Contribution	1	Ontribution Independent	Monetary Contribution	1	Nonmonetary Contribution Independent	Monetary Contribution	1	□ Nonmonetary Contribution □ Independent	☐ Monetary Contribution	TYPE OF PAYMENT
SUBTOTAL \$					XI								DESCRIPTION (IF REQUIRED)
\$ 0.00													AMOUNT THIS PERIOD
		5											CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
													PER ELECTION TO DATE (IF REQUIRED)

Payments Made Schedule E

Amounts may be rounded to whole dollars.

from.

Statement covers period 1/1/2018 7/31/2018 Page 11 CALIFORNIA I.D. NUMBER FORM

9

17

460 SCHEDULE

through

1389176

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Osborne for City Council 2016

219.06	SUBTOTAL \$	dule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
19.06	Jenelle Osborne, 2018 Mayoral Campaign	СТВ	Osborne for Mayor 2018 1305 North H Street A145 Lompoc, CA 93436
200.00	annual filing fee and late fee	ΞE	Alex Padilla, Secretary of State Political Reform Division 1500 11th Street, #495, Sacramento CA 95814
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
indidate/sponsor	the code. 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 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)	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. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CNS campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)* CYC civic donations FIL candidate filing/ballot fees FIL candidate fravel, lodging, a staff/spouse travel, lodging, a staff/spouse travel, lodging, a staff/spouse travel, lodging and survey research FIC candidate fravel, lodging and survey research FIC candidate fravel, lodging, a staff/spouse travel, lodging and survey research FIC candidate fravel, lodging and survey research FIC candidate travel, lodging and survey research FIC candidate fravel, lodging and survey research FIC candidate travel, lodging and survey research FIC candidate fravel, lodging and survey re

Schedule E Summary

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...... 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$s 219.06 219.06 0.00 0.00

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

00	2
Ì	É
0	5
5	=
П	П
П	1
5	3
Ž	Š

Schedule E Payments Made Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

from Statement covers period 1/1/2018

CALIFORNIA FORM

Osborne for City Council 2016 through 7/31/2018 1389176 Page. I.D. NUMBER 12 of. 17

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

radio airtime and production costs

* Pay				1	LEG SAL CAR
* 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)	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings
be summ					MBR MTG OFC PET PHO POL PRO PRO
arized on Scho	84.				member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service postage, delivery and messenger service porfessional services (legal, accounting) print ads
edule D.				CODE C	nunications appearances es ating invey research ery and mess services (legal
				OR	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services porfessional services (legal, accounting) print ads
			a	DESCRIPTION	RAD SAL TRC TRS TRS TSF VOT WEB
SUBTOTAL \$				DESCRIPTION OF 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)
\$ 0.00				AMOUNT PAID	candidate/sponsor

Accrued Expenses (Unpaid Bills) Schedule F

Amounts may be rounded to whole dollars.

through Statement covers period 1/1/2018 7/31/2018 CALIFORNIA FORM

from

Page I.D. NUMBER 3 Q, 460 17

LEG FAR COMP SEE INSTRUCTIONS ON REVERSE NAME OF FILER CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, Osborne for City Council 2016 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) MTG OFC PET POS PHO DESCRIPTION OF PAYMENT professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks petition circulating office expenses meetings and appearances member communications print ads CODE OR OUTSTANDING BALANCE BEGINNING OF THIS PERIOD a (b)
AMOUNT INCURRED
THIS PERIOD TRS TEL RFD TSF SOT information technology costs (internet, e-mail) describe the payment 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 THIS PERIOD (ALSO REPORT ON E) AMOUNT PAID 0 1389176 OF THIS PERIOD OUTSTANDING

Schedule F Summary

summarized on Schedule D.

* Payments that are contributions or independent expenditures must also be

SUBTOTALS

0.00

40

69

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total uniterized accrued expenses under \$100.) accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... PAID TOTALS \$INCURRED TOTALS \$ 0.00 0.00 0.00
- ω Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... NET \$

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

May be a negative number

SCHEDULE F (CONT.

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

NAME OF FILER

Amounts may be rounded to whole dollars.

from through Statement covers period 1/1/2018 7/31/2018

CALIFORNIA FORM

I.D. NUMBER

of,

17

LEG BALL CAR CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, Osborne for City Council 2016 campaign paraphernalia/misc campaign consultants MTG member communications meetings and appearances RFD describe the payment radio airtime and production costs campaign workers' salaries returned contributions

independent expenditure supporting/opposing others (explain)* PHO OFC POL office expenses polling and survey research phone banks petition circulating

TEL

contribution (explain nonmonetary)*

candidate filing/ballot fees

fundraising events

legal defense

civic donations

print ads professional services (legal, accounting) postage, delivery and messenger services TRS TRS TRS

information technology costs (internet, e-mail)

voter registration

staff/spouse travel, lodging, and meals t.v. or cable airtime and production costs

candidate travel, lodging, and meals

transfer between committees of the same candidate/sponsor

campaign literature and mailings or independent expenditures must also be summarized on Schedule D.

> 1389176 Page _ 14

AMOUNT INCURRED AMOUNT PAID OUTSTANDING THIS PERIOD (ALSO REPORT ON E) (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD OF THIS PERIOD	(a) (b) OUTSTANDING AMOUNT IN BALANCE BEGINNING THIS PERIOD OF THIS PERIOD	CODE OR DESCRIPTION OF PAYMENT	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Osborne for City Council 2016

Amounts may be rounded to whole dollars.

from. Statement covers period

1/1/2018

CALIFORNIA 460 SCHEDULE G

through 7/31/2018 Page_ 1389176 I.D. NUMBER 15 으 17

Attach additional information on appropriately labeled continuation sheets.			NAME AND ADDRESS OF PAYEE OR CREDITOR (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 CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be summarized on Schedule 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 rized on Schedule D.
TOTAL*			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	;andidate/sponsor ail)

Attach additional information on appropriately labeled continuation sheets.

^{*} 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.

	v.
0	0
9	3
=3	0
S	Ö
-	=
5	=
0	Ø
0	т
de	-
15	
=	
0	
0	
$\overline{\mathcal{Q}}$	
=	
_	
Ø	
- 73	
S	
*	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be to whole doll

		rounded lars.
	through _	Statem from
	7/31/2018	Statement covers period 1/1/2018
I.D. NUMBER	Page 16 of	CALIFORNIA 4
	17	460

		49	49	4	\$ 0.00 \$	SUBTOTALS \$	or committee must en 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.
\$	DATE INCURRED		DATE DUE	5	5	ا		
PER ELECTION**	5	RATE %		FORGIVEN				
CALENDAR YEAR				PAID				
50	DATE INCURRED	<i>y</i>	DATE DUE	*	\$			
PER ELECTION**		RATE %	9	FORGIVEN				
CALENDAR YEAR				□ PAID				
CUMULATIVE LOANS TO DATE	ORIGINAL AMOUNT OF LOAN	INTEREST RECEIVED	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	AMOUNT LOANED THIS PERIOD	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)
(0)	1308170							Osborne for City Council 2016
	1290176							NAME OF FIELD

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

0.00

Schedule H Summary

- 1. Loans made this period......\$

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

**If Required

0.00

(May be a negative number)

0.00

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

Schedule I Miscellaneo

Amounts may be rounded

20	
8	
4	
	18
	122
	II
•	Ш
١.	
а	-۱
40	ı⊨
1	1
4	1111
	-

Miscellaneo	Miscellaneous Increases to Cash	to whole dollars.	Statement covers period 1/1/2018 from 1/31/2018	CALIFORNIA 460 FORM Page 17 of 17
NAME OF FILER	CN REVERVE			1389176
Osborne for Cit	Osborne for City Council 2016			1000
DATE	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D, NUMBER)	30	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7				
Attach addition	Attach additional information on appropriately labeled continuation sheets.		SUBTOTAL \$	\$ 0.00
Schedule I Summary 1. Itemized increases to ca	ish this period	\$		0 0
 Unitemized Total of all ir 	Unitemized increases to cash of under \$100 this period	edule H, Column (e).)	49 49	0 10
4. Total miscel	Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the	ld 3. Enter here and on the	TOTAL \$	0