

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>8/14/18</u>	CALIFORNIA FORM 460
through <u>9/23/18</u>	Page <u> </u> of <u> </u>
I.D. NUMBER <u>1408781</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON II, RESTORE MILLBRAE REC CENTER 2018

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ 19020	\$ 19020
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ 19020	\$ 19020
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ 191	\$ 191
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ 19211	\$ 19211

Expenditures Made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ 1654	\$ 1654
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ 1654	\$ 1654
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$ 0	\$ 0
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ 1654	\$ 1654

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 0
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ 0
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 0
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 0
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 0

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$ 0
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$ _____
/ /	\$ _____

*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 amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON II, RESTORE MILLBRAE REC CENTER 2018

Statement covers period
from 8/14/18
through 9/23/18

CALIFORNIA
FORM

Page _____ of _____
I.D. NUMBER
1408781

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)
8/6/18	WAYNE J. LEE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100	100	100
8/8/18	VIRGINIA PAPAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY STATE OF CALIFORNIA	100	100	100
8/8/18	MAUREEN DAVIS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR MASHALL REALTY	500	500	500
8/14/18	TOM WILLIAMS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY MANAGER CITY OF MILLBRAE	100	100	100
8/14/18	ANNE OLIVA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS OWNER MARSHAL REALTY	2000	2000	2000
				SUBTOTAL \$	2800	

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 19000
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 20
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 19020**

*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

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON II, RESTORE MILLBRAE REC CENTER 2018

Statement covers period from _____	through _____	Page _____ of _____
I.D. NUMBER 1408781		

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)
9/9/18	JOE AND SHERI TERESI [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	250	250	250
9/9/18	JANET FOGARTY [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF	100	100	100
9/9/18	DANIEL AND CATHERINE QUIGG [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	250	250	250
9/17/18	Angelo K Tsakopoulos and Affiliates Entities 770 COLLEGE TOWN DR. STE 101 SACRAMENTO, CA 95826	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500	2500	2500
9/15/18	URSULA C JUDKINS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100	100	100
				SUBTOTAL \$ 3200		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ _____**

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(other than PTY or SCC)
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>8/14/18</u>	through <u>9/23/18</u>	Page <u> </u> of <u> </u>
CALIFORNIA FORM 460		I.D. NUMBER <u>1408781</u>

NAME OF FILER

YES ON II, RESTORE MILLBRAE REC CENTER 2018

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)
8/22/18	CHRISTOPHER DEL NAGRO [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ONCOLOGY SCIENTIST MEDIMMUNE	100	100	100 ✓
9/2/18	REUBEN HOLOBER FOR CITY COUNCIL [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	100 ✓
9/3/18	BLUE LINE TRANSFER, INC 500 EAST JAMIE COURT SOUTH SAN FRANCISCO, CA 94083-0348	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000	2000	2000 ✓
9/9/18	WONDERFUL 270 BROADWAY MILLBRAE, CA 94030	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200	200	200 ✓
9/9/18	DIANE PAPAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF EMPLOYED	100	100	100 ✓
				SUBTOTAL \$ <u>2500</u>		

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 OTH – Other (e.g., business entity)
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Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

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Statement covers period
from _____

through _____

SEE INSTRUCTIONS ON REVERSE

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YES ON II, RESTORE MILLBRAE REC CENTER 2018

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)
9/21/18	LF GEORGE PROPERTIES CORP 159 EL CAMINO REAL MILLBRAE, CA 94030	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000	2000	2000
9/22/18	MAGGIE AND ED MUSA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED	100	100	100
9/19/18	INDUK KIM [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MILLS CLEANERS SELF EMPLOYED	100	100	100
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				2200		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

***Contributor Codes**

IND – Individual

IND – Individual

COM - Recipient Committee
(other than PTY or SCC)

OTH – Other (e.g., bu

PTY – Political Party

SCC – Small Contributor Committee

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON II, RESTORE MILLBRAE REC CENTER 2018

Statement covers period from _____	CALIFORNIA FORM 460
through _____	Page _____ of _____
I.D. NUMBER	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/18	ELENI KOUNAKAKIS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AMBASSADOR SELF EMPLOYED	2500	2500	2500
9/10/18	KAZO AND KATHLEEN KIMURA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETired	100	100	100
9/19/18	LYNN FERRARIO [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETired	100	100	100
9/18/18	GROUND FLOOR PUBLIC AFFAIRS CORP 58 2ND ST 4TH FLOOR SAN FRANCISCO, CA 94105	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500	2500	2500
9/18/18	ALICE KUANG [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3000	3000	3000
SUBTOTAL \$				8200		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
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(other than PTY or SCC)
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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

YES ON II, RESTORE MILLBRAE REC CENTER 2018

Statement covers period
from 8/14/18

through 9/23/18

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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
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

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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CAL SAL 22410 HAWTHORNE BLVD STE 5 TORRANCE, CA 90505	LIT		MAILERS	235
BUDGET WATCHDOGS 22410 HAWTHORNE BLVD STE 5 TORRANCE, CA 90505	LIT		MAILERS	546
LARRY LEVINE'S ELECTION DIGEST G2018 22410 HAWTHORNE BLVD STE 5 TORRANCE, CA 90505	LIT		MAILERS	344

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

SUBTOTAL \$ 1125

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$ 1604
2. Unitemized payments made this period of under \$100..... \$ 50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ 1654**

