Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from: 09/20/2020
through 10/17/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
- [✓] Officeholder, Candidate Controlled Committee
- [ ] Primarily Formed Ballot Measure Committee
- [ ] Controlled
- [ ] Sponsored
- (Also Complete Part 5)
- [ ] General Purpose Committee
- [ ] Primarily Formed Candidate/Officeholder Committee
- [ ] Sponsored
- [ ] Small Contributor Committee
- [ ] Political Party/Central Committee
- (Also Complete Part 7)

2. Type of Statement:
- [✓] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Quarterly Statement
- [ ] Amendment (Explain below)
- [ ] Special Odd-Year Report
- (Also file a Form 410 Termination)

3. Committee Information

I.D. NUMBER
1430798

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Chance Cutrano for Fairfax Town Council 2020

STREET ADDRESS (NO P.O. BOX)
Fairfax

CITY STATE ZIP CODE AREA CODE/PHONE
Fairfax CA 94930

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE
Fairfax CA 94930

OPTIONAL: FAX/E-MAIL ADDRESS
chanceforfairfax@gmail.com

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true.

Executed on 10/22/2020

By ____________________________
Signature of Treasurer or Assistant Treasurer

Executed on ____________________________
Date

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

Executed on ____________________________
Date

By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ____________________________
Date

By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Chance Cutrano

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Fairfax Town Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Fairfax CA 94930

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.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PRO不同于

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary
## Contributions Received

1. Monetary Contributions .......... Schedule A, Line 3 $2,347.50 $8,851.50
2. Loans Received ................. Schedule B, Line 3 0.00 0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 $2,347.50 $8,851.50
4. Nonmonetary Contributions .......... Schedule C, Line 3 0.00 350.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 $2,347.50 $9,201.50

## Expenditures Made

6. Payments Made .......... Schedule E, Line 4 $5,552.56 $6,645.64
7. Loans Made ..................... Schedule H, Line 3 0.00 0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 $5,552.56 $6,645.64
9. Accrued Expenses (Unpaid Bills) .......... Schedule F, Line 3 0.00 0.00
10. Nonmonetary Adjustment .......... Schedule C, Line 3 0.00 0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 $5,552.56 $6,645.64

## Current Cash Statement

12. Beginning Cash Balance .......... Previous Summary Page, Line 16 $5,410.92
13. Cash Receipts .................. Column A, Line 3 above $2,347.50
14. Miscellaneous Increases to Cash .......... Schedule I, Line 4 0.00
15. Cash Payments .................. Column A, Line 6 above $5,552.56
16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 $2,205.86

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

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .......... See instructions on reverse $0.00
19. Outstanding Debts .......... Add Line 2 + Line 9 in Column B above $0.00

---

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

1. Loans Received $0.00 $9,201.50
2. Expenditures Made $0.00 $6,645.64

**Expenditure Limit Summary for State Candidates**

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

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/03/2020</td>
<td>$6,654.64</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.
### Schedule A
Monetary Contributions Received

**NAME OF FILER**
Chance Cutrano for Fairfax Town Council 2020

**I.D. NUMBER**
1430798

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/26/2020</td>
<td>Judy Schriebrman&lt;br&gt;San Rafael, CA 94903</td>
<td>✔ IND&lt;br&gt;COM&lt;br&gt;OTH&lt;br&gt;PTY&lt;br&gt;SCC</td>
<td>Homeopath Judy Schriebrman Classical Homeopathy</td>
<td>200.00</td>
<td>299.00</td>
<td></td>
</tr>
<tr>
<td>9/28/2020</td>
<td>Larry Fahn&lt;br&gt;Mill Valley, CA 94941</td>
<td>✔ IND&lt;br&gt;COM&lt;br&gt;OTH&lt;br&gt;PTY&lt;br&gt;SCC</td>
<td>Retired</td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
<tr>
<td>10/02/2020</td>
<td>Lawrence Bragman&lt;br&gt;Fairfax, CA 94930</td>
<td>✔ IND&lt;br&gt;COM&lt;br&gt;OTH&lt;br&gt;PTY&lt;br&gt;SCC</td>
<td>Lawyer Lawrence Bragman Law Office</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>10/05/2020</td>
<td>Susan Hopp&lt;br&gt;Mill Valley, CA 94941</td>
<td>✔ IND&lt;br&gt;COM&lt;br&gt;OTH&lt;br&gt;PTY&lt;br&gt;SCC</td>
<td>Adjunct Faculty Presidio Graduate School</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>10/06/2020</td>
<td>Acne Szupernak&lt;br&gt;Chicago Ridge, IL 60415</td>
<td>✔ IND&lt;br&gt;COM&lt;br&gt;OTH&lt;br&gt;PTY&lt;br&gt;SCC</td>
<td>Legal Assistant Fitzgerald Law Group PC</td>
<td>200.00</td>
<td>200.00</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 1100.00**

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .......................................................... $2050.00

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................... $297.50

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 2347.50
Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 9/20/2020
through 10/17/2020

NAME OF FILER
Chance Cutrano for Fairfax Town Council 2020

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/07/2020</td>
<td>Sandy Handsher, Fairfax, CA 94930</td>
<td>☑ IND</td>
<td>Retired</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>10/09/2020</td>
<td>Kathryn Huber, Corte Madera, CA 94925</td>
<td>☑ IND</td>
<td>Entreprenuer Kathryn Huber</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>10/12/2020</td>
<td>Charles Cornwell, Fairfax, CA 94930</td>
<td>☑ IND</td>
<td>Network Systems Administration, KCM Investment Services</td>
<td>150.00</td>
<td>650.00</td>
<td></td>
</tr>
<tr>
<td>10/12/2020</td>
<td>Thomas Thorp, Merrionette Park, IL 60655</td>
<td>☑ IND</td>
<td>Professor, Saint Xavier University</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>10/13/2020</td>
<td>Marin Professional Firefighters Political Action Committee; ID #930791, 555 Capitol Mall, Ste 400. Sacramento, CA 95814</td>
<td>☑ IND</td>
<td>ID #930791</td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 950.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
## Schedule E Payments Made

**NAME OF FILER**
Chance Cutrano for Fairfax Town Council 2020

**I.D. NUMBER**
1430798

**STATEMENT COVERS PERIOD**
From 9/20/2020 through 10/17/2020

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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/spONS
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

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### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>Payee</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prestige Printing</td>
<td>LIT</td>
<td></td>
<td>2,005.60</td>
</tr>
<tr>
<td>12925 Alcosta Blvd, Suite 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Ramon, CA 94583</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susan Ives Communications</td>
<td>LIT</td>
<td></td>
<td>300.00</td>
</tr>
<tr>
<td>232 Miller Ave #13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mill Valley, CA 9491</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Solidarity</td>
<td>LIT</td>
<td></td>
<td>3,064.06</td>
</tr>
<tr>
<td>6531 Tremont St.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oakland, CA 94609</td>
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</tr>
</tbody>
</table>

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

**SUBTOTAL:** $5,369.66

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**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $5,369.66
2. Unitemized payments made this period of under $100 ...................................................................................................... $182.90
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..................................... $0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ................ TOTAL: $5,552.56