Recipient Committee
Campaign Statement
Cover Page

STATEMENT COVERS PERIOD

From 10/18/2020

Through 12/31/2020

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.

   - [ ] Officelholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
   - [ ] General Purpose Committee
       - [ ] Sponsored
       - [ ] Small Contributor Committee
   - [ ] Primarily Formed Ballot Measure Committee
       - [ ] Controlled
       - [ ] Sponsored
   - [ ] Primarily Formed Candidate/Officelholder Committee

   **(Also Complete Part 5)**

2. **Type of Statement:**

   - [ ] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Termination Statement
     - (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. **Committee Information**

   **ID NUMBER**

   1430798

   **COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)**

   Chance Cutrano for Fairfax Town Council 2020

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

   [ ]

   **CITY**

   Fairfax

   **STATE**

   CA

   **ZIP CODE**

   94930

   **AREA CODE/PHONE**

   [ ]

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

   [ ]

   **CITY**

   [ ]

   **STATE**

   [ ]

   **ZIP CODE**

   [ ]

   **AREA CODE/PHONE**

   [ ]

   **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 and 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**

   12/31/2020

   **Date**

   By [Signatures]

   Signature of Treasurer or Assistant Treasurer

   By [Signatures]

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

   By [Signatures]

   Signature of Controlling Officelholder, Candidate, State Measure Proponent

   By [Signatures]

   Signature of Controlling Officelholder, 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**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Chance Cutrano</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Fairfax Town Council</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
<tr>
<td>Fairfax</td>
<td>CA</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. **Primarily Formed Ballot Measure Committee**

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>Identify the controlling officeholder, candidate, or state measure proponent, if any.</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</td>
</tr>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
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<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

**Attach continuation sheets if necessary**
### Contributions Received

1. Monetary Contributions .................................................. Schedule A, Line 3 $10.00 $8,361.50
   - Schedule B, Line 3 (500.00) $8,361.50
2. Loans Received .......................................................... Schedule B, Line 3 $0.00
3. SUBTOTAL CASH CONTRIBUTIONS .................................. Add Lines 1 + 2 $490.00 $7,861.50
4. Nonmonetary Contributions ........................................... Schedule C, Line 3 $0.00 $350.00
5. TOTAL CONTRIBUTIONS RECEIVED ................................ Add Lines 3 + 4 $490.00 $8,211.50

### Expenditures Made

6. Payments Made .......................................................... Schedule E, Line 4 $1,715.86 $8,211.50
7. Loans Made .............................................................. Schedule H, Line 3 $0.00
8. SUBTOTAL CASH PAYMENTS .......................................... Add Lines 6 + 7 $1,715.86 $8,211.50
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 $1,715.86 $8,211.50

### Current Cash Statement

12. Beginning Cash Balance ............................................... Previous Summary Page, Line 16 $2,205.86
13. Cash Receipts ........................................................... Column A, Line 3 above (490.00)
14. Miscellaneous Increases to Cash .................................... Schedule I, Line 4 $0.00
15. Cash Payments ........................................................... Column A, Line 8 above $1,715.86
16. ENDING CASH BALANCE ............................................. Add Lines 12 + 13 + 14, then subtract Line 15 $0.00

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).

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) $7,861.50
   - Date of Election (mm/dd/yy) 11/03/2020

*Amounts in this section may be different from amounts reported in Column B.

### 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

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

1. Amount received this period – itemized monetary contributions. 
   (Include all Schedule A subtotals) .................................................. $0.00
2. Amount received this period – unitemized monetary contributions of less than $100 ........................................ $10.00
3. Total monetary contributions received this period. 
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ......................... TOTAL $ 10.00
## Schedule B – Part 1

### Loans Received

**Amounts may be rounded to whole dollars.**

**Statement covers period**

- from 10/18/2020
- through 12/31/2020

**Name of Filer**

Chance Cutrano for Fairfax Town Council 2020

**I.D. Number**

1430798

### Loans Table

| 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 | Amount Paid or Forgiven This Period | Outstanding Balance at Close of This Period | Interest Paid This Period | Original Amount of Loan | Cumulative Contributions to Date | Calendar Year | Per Election** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Chance Cutrano | Director of Programs, Resource Renewal Institute | $500.00 | $0.00 | $0.00 | 0.00 | 0% | $500.00 | $1,155.00 |

| | | | | Paid | Forgiven | Date Due | | Date Incurred |
|---|---|---|---|---|---|---|---|

| | | | | Paid | Forgiven | Date Due | | Date Incurred |
|---|---|---|---|---|---|---|---|

| | | | | Paid | Forgiven | Date Due | | Date Incurred |
|---|---|---|---|---|---|---|---|

| | | | | Paid | Forgiven | Date Due | | Date Incurred |
|---|---|---|---|---|---|---|---|

### Schedule B Summary

1. Loans received this period .......................................................... $0.00
2. Loans paid or forgiven this period .............................................. $500.00
3. Net change this period. **(Subtract Line 2 from Line 1)** .................. NET $ (500.00)

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

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

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

**If required.**
Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Chance Cutrano for Fairfax Town Council 2020

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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Way Station, Fairfax, CA 94930</td>
<td>FND</td>
<td></td>
<td>$376.37</td>
</tr>
<tr>
<td>Revolution 9, Fairfax, CA 94930</td>
<td>LIT</td>
<td></td>
<td>$200.32</td>
</tr>
<tr>
<td>Marin City Cooperation Team, Sausalito, CA 94965</td>
<td>CVC</td>
<td></td>
<td>$275.00</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $851.69

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $1,501.69
2. Unitemized payments made this period of under $100 $214.17
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 $1,715.86

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule E  
(Continuation Sheet)  
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Chance Cutrano for Fairfax Town Council 2020

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

<table>
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<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play Marin</td>
<td>CVC</td>
<td></td>
<td>$250.00</td>
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<tr>
<td>Sausalito, CA 94966</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canal Alliance</td>
<td>CVC</td>
<td></td>
<td>$100.00</td>
</tr>
<tr>
<td>San Rafael, CA 94901</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Action Marin</td>
<td>CVC</td>
<td></td>
<td>$100.00</td>
</tr>
<tr>
<td>San Rafael, CA 94903</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Turtle Island Restoration Network</td>
<td>CVC</td>
<td></td>
<td>$100.00</td>
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<tr>
<td>Forest Knolls, CA 94933</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Trust for Public Land</td>
<td>CVC</td>
<td></td>
<td>$100.00</td>
</tr>
<tr>
<td>San Francisco, CA 94104</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 650.00