Recipient Committee
Campaign Statement
Cover Page

Statement covers period from July 1, 2022, through September 24, 2022.

Date of election if applicable: (Month, Day, Year)
November 8, 2022.

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [X] Officeholder, Candidate Controlled Committee
   - [X] State Candidate Election Committee
   - [ ] Recall
     (Also Complete Part 5)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored
     (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [X] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Amendment (Explain below)
     A few items were incomplete on the original filing

3. Committee Information
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Lynnette Shaw for Fairfax Town Council 2022
   I.D. NUMBER

   STREET ADDRESS (NO P.O. BOX)

   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
   OPTIONAL: FAX/E-MAIL ADDRESS

   NAME OF TREASURER
   Lynnette Shaw
   MAILING ADDRESS
   CITY  STATE  ZIP CODE  AREA CODE/PHONE
   Fairfax  CA  94930

   NAME OF ASSISTANT TREASURER, IF ANY
   MAILING ADDRESS
   CITY  STATE  ZIP CODE  AREA CODE/PHONE

   OPTIONAL: FAX/E-MAIL ADDRESS

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 10/6/22
   Date

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on 10/6/22
   Date

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   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
Lynnette Shaw

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

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

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
Lynnette Shaw for Fairfax Town Council 2022

I.D. NUMBER
Pending

NAME OF TREASURER
Lynnette Shaw

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

IDENTIFY THE CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT, IF ANY.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

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

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
**Campaign Disclosure Statement**  
**Summary Page**

Amounts may be rounded to whole dollars.

**Statement covers period** from July 1, 2022 through September 24, 2022

**SUMMARY PAGE**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
</tbody>
</table>

### Contributions Received

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$2247</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$1373</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$3620</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$4500</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$8120</td>
</tr>
</tbody>
</table>

### Expenditures Made

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$3620</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$3620</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$3620</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>

---

**CALIFORNIA FORM 460**

Page 3 of 8

**I.D. NUMBER**

---

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td>$</td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td>$</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td>(If Subject to Voluntary Expenditure Limit)</td>
</tr>
<tr>
<td>Date of Election (mm/dd/yy)</td>
<td>Total to Date</td>
</tr>
<tr>
<td>/ / /</td>
<td>$</td>
</tr>
<tr>
<td>/ / /</td>
<td>$</td>
</tr>
</tbody>
</table>

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

---

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.) .................................................. $800

2. Amount received this period – unitemized monetary contributions of less than $100 .................................................. $1,447

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................................................. TOTAL $2,247
## Schedule B - Part 1

### Loans Received

Amounts may be rounded to whole dollars.

**Statement covers period**

from 7/1/2022 ___________ through 9/24/2022 ___________

**CALIFORNIA FORM 460**

**Page 5** of **3**

**I.D. NUMBER**

### See Instructions on Reverse

**NAME OF FILER**

Lynnette Shaw

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**

<table>
<thead>
<tr>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynnette Shaw</td>
<td>$__________ 1373</td>
<td>$__________ 0</td>
<td>$__________ 0</td>
<td>$__________ 0%</td>
<td>$__________ 1373</td>
<td>$__________ 1373</td>
</tr>
<tr>
<td>Fairfax CA 94930</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PER ELECTION**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PER ELECTION**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PER ELECTION**</td>
</tr>
</tbody>
</table>

**SUBTOTALS $**

$ 1373

---

### Schedule B Summary

1. Loans received this period .......................................................... $ 1373
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ............................................... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. **(Subtract Line 2 from Line 1.)** ............ NET $ 1373
   Enter the net here and on the Summary Page, Column A, Line 2.

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

**If required.

---

**FPPC Form 460 (Jan/2016)**

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

www.fppc.ca.gov
Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/22 through 9/24/22

NAME OF FILER

<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 OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</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>9/22/22</td>
<td>Deer Park Villa, Fairfax, CA 94930</td>
<td>☐ IND</td>
<td>Event Venue</td>
<td>4500</td>
<td>4500</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $4500

Schedule C Summary

1. Amount received this period — itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) ................................................................. $4500

2. Amount received this period — unitemized nonmonetary contributions of less than $100 .................................................. $0

3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .............................................. TOTAL $4500

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

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

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/22 through 9/24/22

NAME OF FILER
Lynnette Shaw

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</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</td>
</tr>
<tr>
<td></td>
<td>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/spONS</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>

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marin All Stars</td>
<td>FND</td>
<td>Event Entertainment</td>
<td>900</td>
</tr>
<tr>
<td>Sebastopol CA 95472</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tom Finch Band</td>
<td>FND</td>
<td>Event Entertainment</td>
<td>700</td>
</tr>
<tr>
<td>Fairfax CA 94930</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 $1600

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................... $3620

2. Unitemized payments made this period of under $100 ............................................................................. $0

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .............. $0

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ................................... TOTAL $3620
## Schedule E (Continuation Sheet)
### Payments Made

#### Codes:
- **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
- **OFH**: 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:

<table>
<thead>
<tr>
<th>Name and Address of Payee</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Depot, San Rafael CA 94901</td>
<td>CMP</td>
<td></td>
<td>460</td>
</tr>
<tr>
<td>Eric Franz, Fairfax, CA 94930</td>
<td>SAL</td>
<td></td>
<td>960</td>
</tr>
<tr>
<td>Lew Tremaine, Fairfax CA 94930</td>
<td>CNS</td>
<td></td>
<td>600</td>
</tr>
</tbody>
</table>

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

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CALIFORNIA FORM 460 Statement covers period from 7/1/22 through 9/24/22. Page 8 of 8

FPPC Form 460 (Jan/2016)
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