Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 01/1/19
through 06/30/19

Date of election if applicable:
(Month, Day, Year)
11/6/18

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☑ Officerholder, Candidate Controlled Committee
☐ 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:
   ☐ Prelection Statement
   ☐ Semi-annual Statement
   ☐ Termination Statement
      (Also file a Form 410 Termination)
   ☐ Amendment (Explain below)

3. Committee Information

I.D. NUMBER 14077666

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
Scott Alan & Petaluma City Council

STREET ADDRESS (NU/PO. BOX)
Petaluma, CA 94954

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
JENNIFER SYMONS

MAILING ADDRESS

CITY Petaluma STATE CA ZIP CODE 94954

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 and correct.

Executed on 7/16/19
Date

Executed on 7/16/19
Date

Executed on 7/16/19
Date

Executed on 7/16/19
Date

Signature of Treasurer or Assistant Treasurer
JENNIFER SYMONS

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

Signature of Controlling Officierholder, Candidate, State Measure Proponent

Signature of Controlling Officierholder, 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>Scolari B.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Culver City</td>
</tr>
<tr>
<td>RESIDENTIAL BUSINESS ADDRESS (STREET AND STREET)</td>
<td>[Address]</td>
</tr>
<tr>
<td>CITY</td>
<td>Culver City</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP</td>
<td>90230</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>STREET ADDRESS (NO P.O. BOX)</td>
<td>YES</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>SUPPORT</td>
</tr>
</tbody>
</table>

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

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

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A ( TOTAL \ THIS \ PERIOD ) ( FROM \ ATTACHED \ SCHEDULES )</th>
<th>Column B ( CALIFORNIA \ FORM ) ( TO \ DATE )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A ( TOTAL \ THIS \ PERIOD ) ( FROM \ ATTACHED \ SCHEDULES )</th>
<th>Column B ( CALIFORNIA \ FORM ) ( TO \ DATE )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$125.00</td>
<td>$125.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td></td>
<td>$125.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$125.00</td>
<td>$125.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$125.00</td>
<td>$125.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A ( TOTAL \ THIS \ PERIOD ) ( FROM \ ATTACHED \ SCHEDULES )</th>
<th>Column B ( CALIFORNIA \ FORM ) ( TO \ DATE )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$168.32</td>
<td>$168.32</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$291.42</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Date of Election ( mm/dd/yy )</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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

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

**Statement covers period from**

<table>
<thead>
<tr>
<th>Date</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>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>2/28/19</td>
<td>Scott Walters, Peteline, City, CA 91710</td>
<td>IND</td>
<td>Public Interest Other</td>
<td>50.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) $ 50
2. Amount received this period – unitemized monetary contributions of less than $100 $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $ 50

*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

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Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/19 through 06/30/19
Page 5 of 6

NAME OF FILER: Scott Alonso Petelu smear Comm 2018

I.D. NUMBER: 1407766

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</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petelu smear Services Center 1500 Petelu Blvd South Petelu 94950</td>
<td>FIL</td>
<td>annual fee</td>
<td>50.00</td>
</tr>
<tr>
<td>California Secretary of State 1500 11th St Sacramento 95814</td>
<td>FIL</td>
<td>annual fee</td>
<td>50.00</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 125

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ __________
2. Unitemized payments: made this period of under $100 $ __________
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 $ 125.00

FPSC Form 460 (Jan/2016)
FPSC Advice: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov
## Schedule I
### Miscellaneous Increases to Cash

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

**Statement covers period**
- from **01/01/19**
- through **06/30/19**

**California Form 460**
- Page 6 of 6

### See Instructions on Reverse

**NAME OF FILER**
- Scott Alonso

**City/State/Caption Year**
- Petaluma/City/Carnal 2018

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/6/19</td>
<td>City of Petaluma</td>
<td>Graduate Statement Refd</td>
<td><strong>198.10</strong></td>
</tr>
<tr>
<td></td>
<td>11 English St Petaluma, CA 94953</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Attach additional information on appropriately labeled continuation sheets.*

### Schedule I Summary

1. Itemized increases to cash this period. .................................................. $  
2. Unitemized increases to cash of under $100 this period. .................................. $  
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) $  
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) $  

**TOTAL $** 198.10