Recipient Committee Campaign Statement **Cover Page**

Date Stamp RECEIVED JUL 31 2019

CALIFORNIA FORM

Page _	1	_ of _	17
Fo	or Officia	al Use O	nly

Statement covers period Date of election if applicable: (Month, Day, Year) 1/1/2019 from CITY CLERK 6/30/2019 11/06/2018 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee ☐ Preelection Statement Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall O Controlled ☐ Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) General Purpose Committee Amendment (Explain below) Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1407262 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Fischer for Council 2018 Lomesh Shah MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE Rohnert Park CA 94928 CITY ZIP CODE NAME OF ASSISTANT TREASURER, IF ANY STATE AREA CODE/PHONE Petaluma CA 94952 Beverly Schor MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE CITY AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE Petaluma CA 94952 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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

4.	eri			

Executed on	7/30/2019 Date	By Signature of Treasurer or Assistant Treasurer
Executed on	7/30/19 Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent

Officeholder or Candidate Controlled Committee		6. Primarily For	med Ballot Measure	e Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	710.11 - 1	NAME OF BALLOT	MEASURE		
D' Lynda Fischer					
OFFICE SOUGHT OR HELD (INCLUDE, LOCATION AND DISTRICT NUMBER	ER IF APPLICABLE)	BALLOT NO. OR LE	TTER JURISDICT	ION	SUPPORT
Petaluma City Council					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	lalamáifi. Alaa a ana		11.1-4	
Petaluma	CA 94952	•		didate, or state measure pr	oponent, if any.
78 100 100		NAME OF OFFICE	IOLDER, CANDIDATE, OR P	ROPONENT	
Related Committees Not Included in this Statemen not included in this statement that are controlled by you or are prin contributions or make expenditures on behalf of your candidacy.	t: List any committees narily formed to receive	OFFICE SOUGHT (PR HELD	DISTRICT N	D. IF ANY
COMMITTEE NAME I.D. NU	MBER				
Fischer for Council 2018 1407	7262		10 11 100		
NAME OF TREASURER CONTR	ROLLED COMMITTEE?	7. Primarily For officeholder(s) or	med Candidate/Offi candidate(s) for which th	ceholder Committee is committee for its committee is primarily for its committee is primarily for its contract.	List names of ned.
Lomesh Shah	res 🗌 no				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICER	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT
CITY STATE ZIP CODE	AREA CODE/PHONE	NAME OF OFFICE	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
Petaluma CA 94952					SUPPORT OPPOSE
COMMITTEE NAME I.D. NU	MBER	NAME OF OFFICER	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		NAME OF OTTIOL	OLDER OR GANDIDATE	OFFICE SOUGHT ON TILE!	· SUPPORT
NAME OF TREASURER CONTR	ROLLED COMMITTEE?	NAME OF OFFICE	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
.	ES NO				SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			•		
CITY STATE ZIP CODE	AREA CODE/PHONE				
OITT STATE ZIP CODE	AKEN CODEILUONE		Attach continua	tion sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

from 6/30/19

Statement covers period 1/1/2019

CALIFORNIA 460

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SUMMARY PAGE

www.fppc.ca.gov

through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER D'Lynda Fischer 1407262 Column A Column B **Calendar Year Summary for Candidates** Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1/1 through 6/30 7/1 to Date 20. Contributions 0 \$____ Received 21. Expenditures 867 \$ ____ Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State Candidates** 22. Cumulative Expenditures Made* 275 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 592 Date of Election Total to Date (mm/dd/vv) 867 11. TOTAL EXPENDITURES MADE...... Add Lines 8 + 9 + 10 \$ _____ Current Cash Statement 848 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column A to the corresponding 364 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 937 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ _ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents...... See instructions on reverse \$ _ 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A		nts may be rounded			SCHEDULE			
Monetary	Contributions Received	to	whole dollars.	Statement cov	vers period /2019		FORNI ORM	⁴ 460
SEE INSTRUCTION	ONS ON REVERSE			through6/3	30/2019	Page	4	_ of17
NAME OF FILER			·			I.D. NU	IMBER	
D'Lynda F						14072		
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)		7	ELECTION TO DATE REQUIRED)
	•	☐IND ☐COM ☐OTH ☐PTY ☐SCC	•					•
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
	·		SUBTOTAL	\$				
Schedule	A Summary			•	*Con	tributor C	Codes	
	eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$		IND -	- Individu – Recipi	ial ent Comi	nittee ′ or SCC)
2. Amount re	eceived this period – unitemized monetary contribution	ns of less than	\$100\$	<u> </u>			(e.g., bus	iness entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$					or Committee

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

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole o	dollars.	from1/1/2019		FORM 4	
				through6/30)/2019	Page_	5 of 17
NAME OF FILER			<u> </u>			I.D. NU	MBER
D'Lynda Fis	cher					14072	62
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC	·	·			·
•	·	□IND □COM □OTH . □PTY □SCC					
		•	SUBTOTAL \$)			

*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

SCH	EDUL	EB-	PART
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Schedule B – Part 1 Loans Received	An		Statement cov	ers period 2019	CALIFORNIA 460			
					from17 17	2019	FORM	
SEE INSTRUCTIONS ON REVERSE					through6/3	0/2019	Page 6	of17
NAME OF FILER							I.D. NUMBER	
D'Lynda Fischer							1407262	
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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION: TO DATE
•				PAID				CALENDAR YEAR
				\$. \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION*
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID			.,	CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION*
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION*
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	5 5	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	1. 1547 10 Pt 1	
Loans received this period	•			· \$				
(Total Column (b) plus unitemized loan			•••••	Ψ		(+)	Contributor Codes	
Loans paid or forgiven this period				, o		I	Contributor Codes VD – Individual	
(Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	00 paid or forgiven.)			Ф		С	OM – Recipient C	PTY or SCC)
		ŕ		NET ¢		P	TY – Political Part CC – Small Contri	у
Net change this period. (Subtract Line Enter the net here and on the Summar		•••••			May be a negative number)	ره		Dator Committee

Amounts may be rounded

*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 B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Stater	nent covers period 1/1/2019	CALIFOR	
SEE INSTRUCTIONS ON REVERSE				through ₋	6/30/2019	Page7	of
IAME OF FILER						I.D. NUMBER	
D'Lynda Fischer						1407262	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
·	□ IND	·	LENDER		,	CALENDAR YEAR	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND		LENDER			CALENDAR YEAR	
	□ COM □ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc			,		\$CALENDAR YEAR	
	☐ IND		LENDER	•		\$	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
			LENDED			\$CALENDAR YEAR	
•	☐ IND ☐ COM	•	LENDER			\$	
	□OTH □PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc					\$	
			SUB	TOTAL \$	B	Enter on Summary Page, Line 17 only.	

Schedule C	•	Amounts may be rounded			•		SCHEDULE (
Nonmone	etary Contributions Received		to whole dollars.			Statement covers _l	period	CALIF	ORNIA 460
					fron	n1/1/201	9	FO	
	DNS ON REVERSE				thro	ough6/30/20	019	Page	8 of 17
NAME OF FILER								I.D. NUME	BER
D'Lynda Fis	scher							140726	2
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)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	DA CALENDA	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
	•	□IND □COM □OTH □PTY □SCC	·	·					
Attach additi	ional information on appropriately labeled	continuation :	sheets.	SUBTO	OTAL \$	•			
Cabadala (C C								
1. Amount re	C Summary eceived this period – itemized nonmonetary II Schedule C subtotals.)				\$_		IND		nt Committee
2. Amount re	ceived this period – unitemized nonmonet	tary contributi	ons of less than \$100		\$		OTH	I - Other (e.	an PTY or SCC) g., business entity)
	nonetary contributions received this period s 1 and 2. Enter here and on the Summary		nn A, Lines 4 and 10.)	TOTA	\L \$ _			– Political F – Small Co	entributor Committee

Supportin	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be ro to whole dollar		Statement cover	•	california 460		
SEE INSTRUCTION	ONS ON REVERSE			through 6/30/	1 age		9 of 17	
D'Lynda Fis	scher					1.D. NUME 140726		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - E	R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure						
	·		SUBTOTAL	\$				
1. Itemized co	D Summary ontributions and independent expenditures made							

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period CALIFORNIA **Supporting/Opposing Other FORM** 1/1/2019 from **Candidates, Measures and Committees** 6/30/2019 Page ____10__ of ___17 through NAME OF FILER I.D. NUMBER D'Lynda Fischer 1407262 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) CALENDAR YEAR TO DATE **PERIOD** OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary Contribution Nonmonetary Contribution ☐ Independent Expenditure ☐ Support □ Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose ☐ Monetary Contribution □ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support □ Oppose Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Support Oppose SUBTOTAL \$

Schedule E	Amounts may be rounded				Stateme	ent covers period	OALUE	SCHEDULE,
Payments Made	to whole d	ollars.		fro		1/1/2019		ORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER D'Lynda Fischer			<u></u> .	thr	ough	6/30/2019	Page _ I.D. NUM 140726	MBER
CODES: If one of the following codes accurately describe 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 com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	imunications d appearance ses lating urvey researd very and mes	s	RAD RFD SAL TEL TRC TRS TSF VOT	radio a returne campa t.v. or c candid staff/sp transfe voter re	irtime and production of contributions ign workers' salaries cable airtime and pro- ate travel, lodging, ar bouse travel, lodging,	duction cost nd meals and meals ss of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE ()R	DESCRIPTIO	n of Pay	'MENT		AMOUNT PAID
See Attached Schedule								
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.	•			SI	JBTOTAL S	
Schedule E Summary			•					•
1. Itemized payments made this period. (Include all Schedule	•						·	
2. Unitemized payments made this period of under \$100							·	
3. Total interest paid this period on loans. (Enter amount from								
4. Total payments made this period. (Add Lines 1, 2, and 3. E	Enter here and on	the Summa	ary Page, Colu	umn A, Line	6.)	TC	TAL \$_	

SCHEDU	HEE	(CONT)
SOUTED		

Schedule E	Amounts may be rounded	SCHEDULE E (
(Continuation Sheet) Payments Made	to whole dollars.	from _	1/1/2019	FORM 460		
SEE INSTRUCTIONS ON REVERSE		throug	gh6/30/2019	Page of17		
NAME OF FILER	•	- -	•	I.D. NUMBER	_	
D'Lynda Fischer				1407262		
CODES: If one of the following codes accurately describes	s the payment, you may enter the code. Of	therwise, d	escribe the payment.		defea	
CMP campaign paraphernalia/misc.	MBR member communications	RAD	radio airtime and productio	n costs		
CNS campaign consultants	MTG meetings and appearances	RFD	returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses		campaign workers' salaries			
CVC civic donations	PET petition circulating		t.v. or cable airtime and pro			
FIL candidate filing/ballot fees	PHO phone banks		candidate travel, lodging, a			
FND fundraising events	POL polling and survey research		staff/spouse travel, lodging			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF	transfer between committe	es of the same candidate/sponsor	٢	

VOT voter registration

WEB information technology costs (internet, e-mail)

PRO professional services (legal, accounting)

PRT print ads

campaign literature and mailings

legal defense

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
·				
			•	
•				
<u> </u>				
			•	
		•		•

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills)	to whole dollars.	αεα	Statement coverage from1/1/2	ers period 2019	california 460	
SEE INSTRUCTIONS ON REVERSE			through6/30	0/2019	Page 13 of 17	
NAME OF FILER	•			•	I.D. NUMBER	
D'Lynda Fischer					1407262	
CODES: If one of the following codes accurately describes 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	s the payment, you may MBR member communicatio MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I	ns nces earch nessenger services	RAD radio airtime ai RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production cost butions kers' salaries time and productivel, lodging, and meavel, lodging, and en committees of ton	on costs eals meals the same candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PA THIS PERIO (ALSO REPORT O	D BALANCE AT CLOSE	
See Attached Schedule - Highlighted in Yellow						
•						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	; ;	\$	3	\$	
Schedule F Summary						
1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a			INCL	JRRED TOTAL	_S \$	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p				PAID TOTAL	_S \$	
3. Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	er the difference here and			NE	ET\$	

		OF THIS PERIOD		(ALGO REFORT ON E)	OF THIS PERIOD
,			,		
			•		
•	•				
			_		
	•		·		
	SUBTOTALS	\$	\$	\$	\$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	t Amou to	nts may be ro o whole dollar		fror		t covers perion 1/1/2019 6/30/2019	F0	SCHEDULE ORNIA 460
NAME OF FILER		•					. I.D. NUM	
D'Lynda Fischer							140726	32
NAME OF AGENT OR INDEPENDENT CONTRACTOR							·	
CODES: If one of the following codes accurately describes	s the payment,	you may er	nter the code.	Otherwise,	describ	e the paym	nent.	
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 * Payments that are contributions or independent expenditures must also be	POS postage, de PRO professiona PRT print ads	nd appearance nses culating ks survey resear blivery and me al services (leg	es	RFD SAL TEL TRC TRS TSF VOT	returned campaigr t.v. or call candidate staff/spou transfer b voter regi	e travel, lodgin ise travel, lodg etween comm stration	ries production costs g, and meals ging, and meals	e candidate/sponsor mail)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R	DESCRIPTION	N OF PAYM	ENT	· ·	AMOUNT PAID
							-	
				·				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

								SCHEDULE H
Schedule H Loans Made to Others*			nay be rounded ble dollars.		Statement co	vers period /2019	CALIFORN FORM	
SEE INSTRUCTIONS ON REVERSE					through6/3	30/2019	Page 16	of17
NAME OF FILER	, , , , , , , , , , , , , , , , , , , ,						I.D. NUMBER	
D'Lynda Fischer							1407262	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID \$	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID \$	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)	•	
Schedule H Summary	•							
(Total Column (b) plus unitemized loans	s of less than \$100.)					·		**If Required
Payments received on loans (Total Column (c) plus unitemized paym					\$		_ ·	
3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summar	2 from Line 1.)y Page, Column A, Line 7.)				y be a negative number)	-	

Schedule I	Amounts may be i	SCHEDULE I			
Miscellan	eous Increases to Cash	to whole dolla		Statement covers period	CALIFORNIA 460
				from1/1/2019	FORM 400
•				through 6/30/19	Page 17 of 17
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE			anough	I.D. NUMBER
D'Lynda Fisc	cher				1407262
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
4/16/2019	City of Petaluma PO Box 61 Petaluma, CA 94953	•	Refund-11/18 Ca	andidate Statement Fee	198
4/16/2019	City of Petaluma PO Box 61 Petaluma, CA 94953		01/16-18/19 LOC	CC CONF EXP REIMB	165
6/07/19	Umpqua Bank		Interest Credit		.70
6/30/19	Umpqua Bank	·	Interest Credit		.01
4/23/19	Stripe via NonProfit Easy Fundly Fundraising		Transfer .		.16
Attach addi	itional information on appropriately labeled continuation sheets.			SUBTOTAL	\$ 364
Schedule I	Summary	•			
1. Itemized in	creases to cash this period		·	\$364	
2. Unitemized	l increases to cash of under \$100 this period			\$	
	interest received this period on loans made to others. (Sc				
4. Total misce	ellaneous increases to cash this period. (Add Lines 1, 2, a	nd 3. Enter here an	d on the	TOTAL \$ 364	

Business	Amount	Purchase	Date	Paid by	Reimbursed?
Umpqua Bank	\$10.00	Bank Fee	1/31/19	Direct	
Umpqua Bank	· \$10.00	Bank Fee	2/28/19	Direct	
Umpqua Bank	\$10.00	Bank Fee	3/31/19	Direct	
Umpqua Bank	\$10.00	Bank Fee	4/30/19	Direct	
Umpqua Bank	\$10.00	Bank Fee	5/31/19	Direct	
Squarespace	\$16.00	Website	7/19/18	D'L	TBR
Squarespace	\$16.00	Website	8/20/18	D'L	TBR ·
Squarespace	\$16.00	Website	9/19/18	D'L	TBR
Squarespace	\$16.00	Website	10/22/18	D'L	TBR
Squarespace	\$16.00	Website	11/19/18	D'L	TBR
Squarespace	\$16.00	Website	12/20/18	D'L	TBR
Squarespace	\$16.00	Website	1/22/19	D'L	TBR
Squarespace	\$16.00	Website	2/19/19	D'L	TBR
Squarespace	\$16.00	Website	3/19/19	D'L	TBR
Squarespace	\$16.00	Website	4/22/19	D'L	TBR
Squarespace	\$16.00	Website	5/20/19	D'L	TBR
Squarespace	\$16.00	Website	6/19/19	D'L	TBR
Fundly	\$400.00	Data export fro	2/14/19	D'L	TBR
Suberb	\$25.00	Domain migrati	1/30/19	Check 2502	
State of CA	\$200.00	Fine	2/26/19	Cashiers Check	
State of CA	-\$198.10	Reimbursemen	4/16/19	Deposit	LOCC Conf Exp
Sate of CA	-\$164.80	Refund	4/16/19	Deposit	11/18 Candidate Statement Fee
Stripe	-\$0.16	Transfer	4/23/19		
Umpqua Bank	-\$0.70	Interest	06/07/19	:	• •