Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 7.1.2019
through 12.31.19

Date of election if applicable:
(Month, Day, Year)
N/A

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall
    (Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee

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

3. Committee Information
I.D. NUMBER
1361583

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Mike Harris for Mayor of Petaluma 2018

STREET ADDRESS (NO P.O. BOX)
297 Cambridge Lane

CITY
Petaluma

STATE
CA

ZIP CODE
94952

AREA CODE/PHONE
707.773.3196

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 751361

CITY
Petaluma

STATE
CA

ZIP CODE
94975

AREA CODE/PHONE
707.773.3196

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

Treasurer(s)
NAME OF TREASURER
Mike Harris

MAILING ADDRESS
PO Box 751361

CITY
Petaluma

STATE
CA

ZIP CODE
94975

AREA CODE/PHONE
707.773.3196

NAME OF ASSISTANT TREASURER, IF ANY
N/A

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 1.29.20

By ________________________________
Signature of Treasurer/Deputatl Treasurer

Executed on 1.29.20

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

Executed on ________________________

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

Executed on ________________________

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

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

**NAME OF OFFICEHOLDER OR CANDIDATE**

Mike Harris

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

Mayor of Petaluma 2018

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

297 Cambridge Lane Petaluma CA 94952

**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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

### 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER JURISDICTION**

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

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT**

**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.

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

Attach continuation sheets if necessary

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

1. Monetary Contributions ........................................ Schedule A, Line 3 $ 0 $ 0
2. Loans Received .................................................. Schedule B, Line 3 $ 0 $ 0
3. SUBTOTAL CASH CONTRIBUTIONS ........................ Add Lines 1 + 2 $ 0 $ 0
4. Nonmonetary Contributions .................................. Schedule C, Line 3 $ 0 $ 0
5. TOTAL CONTRIBUTIONS RECEIVED ........................ Add Lines 3 + 4 $ 0 $ 0

Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $ 1,393.45 $ 1,523.45
7. Loans Made ....................................................... Schedule H, Line 3 $ 0 $ 0
8. SUBTOTAL CASH PAYMENTS .............................. Add Lines 6 + 7 $ 1,393.45 $ 1,523.45
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 $ 0 $ 0
10. Nonmonetary Adjustment ..................................... Schedule C, Line 3 $ 0 $ 0
11. TOTAL EXPENDITURES MADE .............................. Add Lines 8 + 9 + 10 $ 1,393.45 $ 1,523.45

Current Cash Statement

12. Beginning Cash Balance ..................................... Previous Summary Page, Line 16 $ 2,788.67
13. Cash Receipts ................................................... Column A, Line 3 above $ 0 $ 0
14. Miscellaneous Increases to Cash ......................... Schedule I, Line 4 $ 0 $ 0
15. Cash Payments .................................................. Column A, Line 8 above $ 1,393.45 $ 1,449.22
16. ENDING CASH BALANCE ................................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 1,449.22

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED ............................. Schedule B, Part 2
18. Cash Equivalents ............................................... See instructions on reverse
19. Outstanding Debts ............................................... Add Line 2 + Line 9 in Column B above

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

20. Contributions Received ...................................... $ $ 
21. Expenditures Made ............................................. $ $ 

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) $ 

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

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).

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

<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>Petaluma Educational Foundation</td>
<td>CVC</td>
<td>Civic Donation to PEF</td>
<td>$1100.00</td>
</tr>
<tr>
<td>200 Douglas St. Petaluma, CA 94952</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COTS</td>
<td>CVC</td>
<td>Civic Donatio to COTS</td>
<td>$105.45</td>
</tr>
<tr>
<td>900 Hopper St. Petaluma, CA 94952</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretary of State</td>
<td>FIL</td>
<td>Annual Fee on active committees with the Secretary of State</td>
<td>$50.00</td>
</tr>
<tr>
<td>1500 11th St., Room 495 Sacramento, CA 95814</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 $ 1,255.45

#### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 1,255.45
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 $ 1,255.45
**Schedule E (Continuation Sheet)**

**Payments Made**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 7.1.2019</td>
<td>460</td>
</tr>
<tr>
<td>through 12.31.19</td>
<td>Page 5 of 5</td>
</tr>
</tbody>
</table>

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**

Friends of Mike Harris for Mayor of Petaluma 2018

**I.D. NUMBER**

1361583

**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 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>

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

<table>
<thead>
<tr>
<th>Wells Fargo Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 S. McDowell Blvd., Suite B</td>
</tr>
<tr>
<td>Petaluma, CA 94954</td>
</tr>
</tbody>
</table>

**CODE OR DESCRIPTION OF PAYMENT**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFC</td>
<td>Banking Fees 6 months x $14</td>
</tr>
</tbody>
</table>

**AMOUNT PAID**

$84.00

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

**SUBTOTAL**

$84.00

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