Recipient Committee  
Campaign Statement  
Cover Page

Statement covers period  
from October 18, 2020  
through October 29, 2020  

Date of election if applicable:  
(Month, Day, Year)  
November 3, 2020

1. Type of Recipient Committee:  
☐ Officeholder, 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/Offictholder Committee  
☐ Political Party/Central Committee

2. Type of Statement:  
☐ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)  
☐ Quarterly Statement  
☐ Special Odd-Year Report

3. Committee Information  
L.D. NUMBER  
1427226  
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Miller for City Council 2020

STREET ADDRESS (NO P.O. BOX)  
CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

Petaluma  
CA  
94954

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

CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

Petaluma  
CA  
94955

4. Verification  
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge, belief, and personal belief, the information and data set forth, and the statements and 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: 
October 29, 2020

By:  
Signature of Treasurer

By:  
Signature of Controlling Offictholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By:  
Signature of Controlling Offictholder, Candidate, State Measure Proponent

By:  
Signature of Controlling Offictholder, 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

Kathy Miller

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

Petaluma City Council

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

Petaluma CA 94954

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 I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

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

CITY STATE ZIP CODE

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 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

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

Attach continuation sheets if necessary
**Campaign Disclosure Statement**

**Summary Page**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contributions Received</strong></td>
<td><strong>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</strong></td>
</tr>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>TOTAL TO DATE</td>
</tr>
<tr>
<td>Monetary Contributions Schedule A, Line 3</td>
<td>$450.00</td>
</tr>
<tr>
<td>Loans Received Schedule B, Line 3</td>
<td>$18,185.00</td>
</tr>
<tr>
<td>Subtotal Cash Contributions Add Lines 1 + 2</td>
<td>$450.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions Schedule C, Line 3</td>
<td>$18,185.00</td>
</tr>
<tr>
<td><strong>TOTAL CONTRIBUTIONS RECEIVED</strong> Add Lines 3 + 4</td>
<td>$450.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expenditures Made</strong></th>
<th><strong>Expenditure Limit Summary for State Candidates</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td><strong>Cumulative Expenditures Made</strong></td>
</tr>
<tr>
<td>Payments Made Schedule E, Line 4</td>
<td>$5108.05</td>
</tr>
<tr>
<td>Loans Made Schedule H, Line 3</td>
<td>$14,721.68</td>
</tr>
<tr>
<td>Subtotal Cash Payments Add Lines 6 + 7</td>
<td>$5108.05</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills) Schedule F, Line 3</td>
<td>$14,721.68</td>
</tr>
<tr>
<td>Nonmonetary Adjustment Schedule C, Line 3</td>
<td>$14,721.68</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES MADE</strong> Add Lines 8 + 9 + 10</td>
<td>$5108.05</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th><strong>Beginning Cash Balance</strong> Previous Summary Page, Line 16</th>
<th>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).</th>
</tr>
</thead>
<tbody>
<tr>
<td>$8121.37</td>
<td>$3,463.32</td>
</tr>
<tr>
<td>Cash Receipts Column A, Line 3 above</td>
<td><strong>Ending Cash Balance</strong> Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
<tr>
<td>450.00</td>
<td>If this is a termination statement, Line 18 must be zero.</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash Schedule I, Line 4</td>
<td></td>
</tr>
<tr>
<td>Cash Payments Column A, Line 8 above</td>
<td></td>
</tr>
<tr>
<td>5108.05</td>
<td></td>
</tr>
<tr>
<td><strong>LOAN GUARANTEES RECEIVED</strong> Schedule B, Part 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cash Equivalents and Outstanding Debts</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cash Equivalents</strong> See instructions on reverse</td>
<td></td>
</tr>
<tr>
<td><strong>Outstanding Debts</strong> Add Line 2 + Line 9 in Column B above</td>
<td></td>
</tr>
</tbody>
</table>

**Statement covers period from October 18, 2020 through October 29, 2020**

**I.D. NUMBER**

1427226

**NAME OF FILER**

Kathy Miller

**II.PAGE 3 of 5**

**CALIFORNIA FORM 460**

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

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

**Statement covers period from October 18, 2020 through October 29, 2020.**

### SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER:** Kathy Miller

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</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>10/26/20</td>
<td>James Choo</td>
<td>IND</td>
<td>Attorney, O'Brien Law, P.C.</td>
<td>50.00</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[Redacted]</td>
<td></td>
<td>[Redacted]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lafayette, CA 94549</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/28/20</td>
<td>Paul Andronico</td>
<td>IND</td>
<td>Attorney, Self-employed</td>
<td>200.00</td>
<td>200.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[Redacted]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Incline Village, NV 89451</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/28/20</td>
<td>Robin Andronico</td>
<td>IND</td>
<td>Teacher, Lake Tahoe School</td>
<td>200.00</td>
<td>200.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[Redacted]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Incline Village, NV 89451</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ......................................................................................................................... $ 450.00

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

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................................................................. TOTAL $ 450.00

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*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

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

Amounts may be rounded to whole dollars.

**NAME OF FILER**
Kathy Miller

**CALIFORNIA FORM**
460

**SCHEDULE E**

Statement covers period from October 18, 2020 through October 29, 2020

Page 5 of 5

**I.D. NUMBER**
1427228

**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>Ad-Vantage Marketing</td>
<td>LIT</td>
<td></td>
<td>3306.64</td>
</tr>
<tr>
<td>455 Teconi Circle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Rosa, CA 95401</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC Graphic Design</td>
<td>LIT</td>
<td></td>
<td>159.87</td>
</tr>
<tr>
<td>50 Old Courthouse Square, Ste. 203</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Rosa, CA 95404</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printmarket Solutions</td>
<td>LIT</td>
<td></td>
<td>1614.04</td>
</tr>
<tr>
<td>5733 Evening Way</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Rosa, CA 95409</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL** $ 5080.55

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 5080.55
2. Unitemized payments made this period of under $100... $ 27.50
3. Total interest paid this period on loans. (Enter 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 $ 5108.05

FPPC Form 460 (Jan/2016))
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www.fppc.ca.gov