Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460 FORM
	Statement covers period from Sept 23, 2018	Date of election if applicable: (Month, Day, Year)	OCT 2·3 2018	Page 1 of 17 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	throughOct 20, 2018	Nov 6, 2018	SONOMA CITY OL	. rrK
1. Type of Recipient Committee: All Committees - Con	pplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	E Spe ermination)	rterly Statement cial Odd-Year Report
a Communee mormanon i	NUMBER 406757	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	and the second s	NAME OF TREASURER		
Cribb for Council, 2018		Sue A Simon		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		PO Box 1465		
149 East Spain Street		CITY	STATE ZIP C	
CITY STATE ZIP COL	DE AREA CODE/PHONE	Sonoma NAME OF ASSISTANT TREASURE	CA 954	76 707-225-7140
Sonoma CA 95476		WANTE OF AGGIGTANT TREAGUNE	N ₁ II. WILL	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	707 220 7110	MAILING ADDRESS		
PO Box 1465				
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
Sonoma CA 95476	707-225-7140			
OPTIONAL: FAX / E-MAIL ADDRESS	, , , , , , , , , , , , , , , , , , , ,	OPTIONAL: FAX / E-MAIL ADDRES	SS -	
		sue@votecribb.com		
4. Verification				
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of C	g this statement and to the best of my k California that the foregoing is true and c	nowledge the information contained or ect.	herein and in the attached so	hedules is true and complete. I
Executed on October 23, 2018	Ву			
Executed on October 23, 2018	BySignature of Control	ling Office blder, Candidate, State Measure Pro	pponent or Responsible Officer of Spon	sor
Executed onDate	BySig	nature (Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed on	Ву			

Date

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460

Page 2 of 17

Officeholder or Candidate Controlled Committee	6	6.	Primarily Formed Ballot	: Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
James K Cribb							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
City Council Member, City of Sonoma, CA							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY Sonoma, CA 954	STATE ZIP		Identify the controlling office	holder, candid	late, or state	measure pro	oponent, if any.
			NAME OF OFFICEHOLDER, CANE	DIDATE, OR PRO	PONENT		
Related Committees Not Included in this Statement: Lead in this statement that are controlled by you or are primarily contributions or make expenditures on behalf of your candidacy.			OFFICE SOUGHT OR HELD	***************************************		DISTRICT NO	D. IF ANY
COMMITTEE NAME I.D. NUMBE	R						
NA							
NAME OF TREASURER CONTROLL	ED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office	eholder Co	mmittee primarily form	List names of ned.
☐ YES	□ NO				Tarriar call		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CA	MOIDATE	OFFICE SOU	GHT OR HELE	SUPPORT OPPOSE
CITY STÂTE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELE	SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBE	R		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	
NA							SUPPORT OPPOSE
NAME OF TREASURER CONTROLL	ED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD) SUPPORT
YES	□ NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)							
CITY STATE ZIP CODE	AREA CODE/PHONE		Δtta	ch continuatio	ın sheets if n	ecessarv	
			Alla	,, Jonanaan	oncoto n n	occooury	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

State	ment covers period	CALIFORNIA 4 CO
from	Sept 23, 2018	california 460
through	Oct 20, 2018	Page3 of17
 1	,	I.D. NUMBER
		1406757

Sue A Simon. Treasurer **Calendar Year Summary for Candidates** Column A Column B Contributions Received CALENDAR YEAR TOTAL TO DATE TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 5644 1/1 through 6/30 7/1 to Date 1000 20. Contributions 3471 6644 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ NA s NA Received 0 0 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures NA s NA 3471 6644 Made 5. TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 3387 1234 **Candidates** 0 0 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 1234 3387 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ ___ (If Subject to Voluntary Expenditure Limit) 7598 1354 Date of Election Total to Date 0 0 (mm/dd/yy) 2588 10985 NA NA **Current Cash Statement** 1020 To calculate Column B. 3471 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 1234 15. Cash Payments Column A, Line 8 above amounts in Column A may 3257 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ 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 \$ 8598 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) www.fppc.ca.gov

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	Statement coverage Sept 2:	ers period 3, 2018	CALIF FC	FORNIA 460
SEE INSTRUCTIO	ONS ON REVERSE			throughOct 2	20, 2018	Page .	4 of 17
NAME OF FILER	_	1				I.D. NUI	
Sue A Sim	non, Treasurer					14067	57
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 YE (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
Sept 23	Noreen Feig Sonoma CA 95476	☑IND □COM □OTH □PTY □SCC	Retired	100	10	00	
Sept 26	Constance Peirce Belvedere CA 94920	☑IND □COM □OTH □PTY □SCC	Retired	100	10	00	
Sept 26	Robert Peirce Belvedere CA 94920	☑IND □COM □OTH □PTY □SCC	CEO Ocadian Inc	100	10	00	
Sept 28	Sam Morphy Sonoma CA 95476	☑IND □COM □OTH □PTY □SCC	Owner Red Grape	100	10	00	
Sept 28	Carol Morphy Sonoma CA 95476	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Owner Red Grape	100	10	00	
			SUBTOTAL \$	500			
Schedule	A Summary				*Contr	ibutor C	odes
(Include al	ceived this period – itemized monetary contributions. Il Schedule A subtotals.) ceived this period – unitemized monetary contribution			1500 1971	COM -	other (Other (ent Committee than PTY or SCC) e.g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			3471		Political	Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

				from Sept 23	3, 2018	FC	DRM 400	
				through Oct 2	0, 2018	Page _	5 of 17	
NAME OF FILER						I.D. NU	MBER	
Sue A Simo	n, Treasurer					14067	57	
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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Oct 11	Northcoast Alliance for a Better Economy 1030 Apollo Way Santa Rosa CA 95407 ID#810957	☐IND ☐OTH ☐PTY ☐SCC		200	2	00		
Oct 11	California Real Estate PAC -525 South Virgil Avenue Los Angeles CA 90020 ID#890106	☐IND ☐COM ☐OTH ☐PTY ☐SCC		200	21	00		
Oct 11	Ruth Edwards Sonoma CA 95476	☑IND □COM □OTH □PTY □SCC	Commercial Banker Bank of Marin	100	10	00		
Oct 11	Chuck Young Sonoma CA 95476	☑IND □COM □OTH □PTY □SCC	Retired	100	10	00		
Oct 11	Judy Young Sonoma CA 95476	☑IND □COM □OTH □PTY □SCC	Retired	100	10	00		
SUBTOTAL\$ 700								

*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 A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received			Statement coverage Sept 2	ers period 3, 2018	CALI F	FORNIA 460
SEE INSTRUCTIO	NS ON REVERSE			through Octobe	er 20, 2018	Page	5a of 17
NAME OF FILER						I.D. NU	
Sue A Sim	on, Treasurer					14067	757
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 YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
Oct 15	Tony Westfall Sonoma CA 95476	☑IND □COM □OTH □PTY □SCC	CEO Good Company Wine	100	10	00	
Oct 16	Barbara White-Perry Sonoma CA 95476	☑IND □COM □OTH □PTY □SCC	Artist	100	_ 10	00	
Oct 19	Michael Jenkins Sonoma CA 95476	☑IND □COM □OTH □PTY □SCC	Owner M. Jenkins Construction	100	10	00	
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					,
			SUBTOTAL \$	300			
Schedule /	A Summary				*Cont	ributor (Codes
	ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	See page 4			ient Committee
	ceived this period – unitemized monetary contribution			See page 4		- Other	than PTY or SCC) (e.g., business entity)
3. Total mone	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col			See page 4		- Politica Small	al Party Contributor Committee

-	Δm	nounts may be ro	unded				SCHE	DULE B - PART
Schedule B – Part 1	, and	to whole dollars			Statement cov	^{IA} 460		
Loans Received					from Sept 2	23, 2018	FORM	4,00
SEE INSTRUCTIONS ON REVERSE					through Oct	20, 2018	Page 6	of17
NAME OF FILER							I.D. NUMBER	
Sue A Simon, Treasurer							1406757	
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 PA OR FORGIVI THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
James Cribb Sonoma CA 95476	Owner Sonoma Dog Camp			PAID \$(FORGIVEN	500	na %	\$500	\$ 500 PER ELECTION*
TO IND COM OTH PTY SCC		\$500	\$ <u>0</u>	\$	O na DATE DUE	\$0	7.11.18 DATE INCURRED	\$500
James Cribb Sonoma CA 95476	Owner Sonoma Dog Camp			PAID \$(FORGIVEN	500	na% RATE	\$500	\$ 1000 PER ELECTION*
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$500	\$ <u>0</u>	\$	O na DATE DUE	\$0	9.7.18 DATE INCURRED	\$1000
NA				PAID \$ FORGIVEN	\$		\$	CALENDAR YEAR \$ PER ELECTION*
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	1000 \$	\$	0 \$ 1000			
Schedule B Summary 1. Loans received this period				\$	0	(Enter (e) on Schedule E, Line 3)		
 (Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha) 3. Net change this period. (Subtract Lin) 	00 paid or forgiven.) t are also itemized on Sche	edule A.)				- IN C	Contributor Codes ID – Individual OM – Recipient C (other than I TH – Other (e.g., TY – Political Part CC – Small Contri	ommittee PTY or SCC) business entity) y
Enter the net here and on the Summar	y Page, Column A, Line 2.	***************************************			(May be a negative number)	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	- Ontan Outili	Dator Committee

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

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					•	SCF	IEDULE B - PART 2
Schedule B – Part 2		Amounts may be rounded to whole dollars.			nent covers period	CALIFOR	RNIA 460
Loan Guarantors				from	Sept 23, 2018	FORM	400
SEE INSTRUCTIONS ON REVERSE				through.	Oct 20, 2018	Page	' of17
NAME OF FILER						I.D. NUMBER	₹
Sue A Simon, Treasurer						1406757	
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
NA	☐ IND ☐ COM		LENDER			CALENDAR YEAR	
	□отн □рту		DATE			PER ELECTION (IF REQUIRED)	
	□scc	,				s	
NA	□IND		LENDER			CALENDAR YEAR	
-	□сом					\$ PER ELECTION	
	□ОТН □РТҮ		DATE			(IF REQUIRED)	
	□scc			· · · · · · · · · · · · · · · · · · ·		\$	
NA	□IND		LENDER			CALENDAR YEAR	
	СОМ					PER ELECTION	
	□ OTH □ PTY		DATE			(IF REQUIRED)	
	□scc´					\$	
NA	□IND		LENDER			CALENDAR YEAR	
	□сом					\$	
	□отн		DATE			PER ELECTION (IF REQUIRED)	
	□ PTY						
	∣⊟scc		1		i	١ ,	1

Enter on Summary Page, Line 17 only.

0

SUBTOTAL \$

Schedule C Amounts may be rounded SCHEDULE C to whole dollars. **Nonmonetary Contributions Received** Statement covers period CALIFORNIA **FORM** Sept 23, 2018 Oct 20, 2018 Page 8 of 17 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Sue A Simon, Treasurer 1406757 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR DATE **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * RECEIVED GOODS OR SERVICES CALENDAR YEAR (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) (JAN 1 - DEC 31) □ IND NA □ COM □ OTH □ PTY □scc NA □ COM OTH □ PTY □scc NA □ COM OTH □ PTY □scc □ IND NA ☐ COM OTH □ PTY □ SCC **SUBTOTAL \$** Attach additional information on appropriately labeled continuation sheets. 0 *Contributor Codes

Schedule C Summary

1.	Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$	0
2.	Amount received this period – unitemized nonmonetary contributions of less than \$100\$	
	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 \$	0

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Summar Supporti	Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		rounded lars.	Statement covers from Sept 23,	•	CALIFORNIA 460		
NAME OF FILER	rions on reverse R mon, Treasurer			through Oct 20,	2018	Page I.D. NUME 140675		
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	CUMULATIVI CALENDA (JAN. 1 - E	R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	NA Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	NA	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	NA Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL \$	0				
1. Itemized	e D Summary contributions and independent expenditures made	. ,	•				0	

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** Sept 23, 2018 from **Candidates, Measures and Committees** Oct 20, 2018 Page ____10__ of ___17 through NAME OF FILER I.D. NUMBER Sue A Simon, Treasurer 1406757 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION (IF REQUIRED) DATE TYPE OF PAYMENT AMOUNT THIS MEASURE NUMBER OR LETTER AND JURISDICTION, CALENDAR YEAR TO DATE PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary NA Contribution Nonmonetary Contribution Independent Expenditure ☐ Support Oppose ■ Monetary NA Contribution ■ Nonmonetary Contribution Independent Expenditure ☐ Oppose ☐ Support ☐ Monetary NA Contribution Nonmonetary Contribution Independent Expenditure ☐ Oppose ☐ Support ■ Monetary NΑ Contribution Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose

SUBTOTAL \$

Schedule	E
Payments	Made

CMP campaign paraphernalia/misc.

CNS campaign consultants

Amounts may be rounded

MBR member communications

MTG meetings and appearances

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

SCHEDULE E Statement covers period **CALIFORNIA FORM** Sept 23, 2018 Oct 20, 2018 through I.D. NUMBER

RAD radio airtime and production costs

RFD returned contributions

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Sue A Simon, Treasurer 1406757

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		lating urvey researd very and mes	ch ssenger services al, accounting)	SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodgi TSF transfer between commi VOT voter registration WEB information technology of	production costs g, and meals ing, and meals ttees of the same	,
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
Frenchie Sonoma 521 B Broadway Sonoma CA 95476		FND	Invitations for ev	ent at Sigh		102
Sigh 120 West Napa Street Sonoma CA 95476		FND	Event on Octobe	er 17		164
SC Graphic Design 50 Old Courthouse Square Santa Rosa CA 95404		CMP.	Logo, sign and r	nailer design		956
* Payments that are contributions or independent expenditures must also	be summarized on Sche	dule D.			SUBTOTAL \$	1222
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedu				\$	1222	
2. Unitemized payments made this period of under \$100					\$	12
3. Total interest paid this period on loans. (Enter amount fro	om Schedule B, Par	t 1, Colum	n (e).)		\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3.					1234	

Schedule E	Amounts may be	e rounded	SCHEDULE E (CC			
(Continuation Sheet) Payments Made	to whole do		Statement covers pe from Sept 23, 201	CALIFORNIA A		
SEE INSTRUCTIONS ON REVERSE			through Oct 20, 20	18 Page 12 of 17		
Sue A Simon, Treasurer		,	,	I.D. NUMBER 1406757		
CODES: If one of the following codes accurately describ	oes the payment, yo	ou may enter the code. (Otherwise, describe the pa	yment.		
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member com		RAD radio airtime and p RFD returned contribution			
CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expens	l appearances es	SAL campaign workers			
CVC civic donations	PET petition circul	ating	TEL t.v. or cable airtime	and production costs		
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks		TRC candidate travel, lo			
ND independent expenditure supporting/opposing others (explain)*		urvey research very and messenger services		, lodging, and meals committees of the same candidate/sponsor		
EG legal defense	1	services (legal, accounting)	VOT voter registration	on the dame dandadto, opened		
LIT campaign literature and mailings	PRT print ads		WEB information techno	logy costs (internet, e-mail)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
NIA						

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NA				
NA				
NA				
NA				
NA				
* Payments that are contributions or independent expenditures must also be summarized on	Schedule D.		SUB	TOTAL\$ 0

Schedule F		
Accrued Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period
From Sept 23, 2018

CALIFORNIA 460 FORM

through Oct 20, 2018

Page 13 of 17

I.D. NUMBER 1406757

Sue A Simon, Treasurer

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants RFD returned contributions MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor IND POS postage, delivery and messenger services TSF legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
GW2 Printing 1350 Central Avenue Santa Rosa CA 95401	СМР	3704	0	0	3704
Print Marketing Solutions 5733 Evening Way Santa Rosa CA 95409	CMP and POS	2540	0	0	2540
Ad-Vantage Marketing 455 Tesconi Circle Santa Rosa CA 95401	LIT	6244	1354	0	1354
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	6244	1354	0	\$ 7598

Schedule F Summary

 Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	TALS \$1354
 Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	ΓALS \$0
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	.NET \$ 1354

May be a negative number

Schedule F	Amounts may be rounded	SCHEDULE F (CONT			
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from Sept 23, 2018	CALIFORNIA 460		
, , ,		throughOct 20, 2018	Page 14 of 17		
NAME OF FILER			I.D. NUMBER		
Sue A Simon, Treasurer			1406757		
CODES: If one of the following codes accurately describes	s the payment, you may enter the code. Oth	herwise, describe the payment.			
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	costs		
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries			
CVC civic donations FIL candidate filing/ballot fees	PET petition circulating PHO phone banks	TEL t.v. or cable airtime and production TRC candidate travel, lodging, and			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		of the same candidate/sponsor		
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration	s and same same data date openion		

PRT print ads

LEG legal defense
LIT campaign literature and mailings

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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NA					
NA					
NA					
NA		,			
	SUBTOTALS	0	\$ 0	\$ 0	\$ O

WEB information technology costs (internet, e-mail)

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

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		nts may be ro whole dollar		fron	Statement covers period Sept 23, 2018 Oct 20, 2018	CALIFO FOR	M 400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMBE	
Sue A Simon, Treasurer						1406757	
NAME OF AGENT OR INDEPENDENT CONTRACTOR NA							·
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	MBR member co MTG meetings a DFC office expe PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	ommunications nd appearanc nses culating ks survey resear elivery and me al services (lec	es	RAD RFD SAL TEL TRC TRS TSF VOT	describe the paymer radio airtime and production returned contributions campaign workers' salariest. v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committee voter registration information technology cost	on costs s oduction costs and meals g, and meals es of the same o	·
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			DR	DESCRIPTION	N OF PAYMENT		AMOUNT PAID
NA							
NA							
NA		82.7					
NA ·				•			

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		Amounts may be rounded to whole dollars.			Statement co	•	CALIFORN	IIA 460
Loans Made to Others*		to wife	ne dollars.		from Sept	23, 2018	FORM TO U	
					Oc	t 20, 2018	_ 16	of
SEE INSTRUCTIONS ON REVERSE					through		Page 16	of
NAME OF FILER							I.D. NUMBER	
Sue A Simon, Treasurer							1406757	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	(a) OUTSTANDING	(b) AMOUNT	(c) REPAYMENT C	(d) OR OUTSTANDING	(e) INTEREST	(f) ORIGINAL	(g) CUMULATIVE
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	LOANED THIS PERIOD	FORGIVENES THIS PERIOD	S CLOSE OF THIS	RECEIVED	AMOUNT OF LOAN	LOANS TO DATE
NA				☐ PAID				CALENDAR YEAR
				\$. \$	RATE.	\$	\$
				FORGIVEN		KAIE		PER ELECTION**
		\$	\$	\$	DATE DUE	. \$	DATE INCURRED	\$
NA				☐ PAID				CALENDAR YEAR
				\ s	\$	%	s	s
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\ s		. \$		\$
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate								
also be summarized on Schedule D. Loans forgive reported on Schedule E.	en must also be	SUBTOTALS	\$ 0	\$	0 \$	\$ 0		
						(Enter (e) on Schedule I, Line 3)	1	
Schedule H Summary								
1. Loans made this period					\$	0		
(Total Column (b) plus unitemized loan		••••••			Ψ		_	**If Required
2. Payments received on loans					\$ _	0	_	
(Total Column (c) plus unitemized payr								
3. Net change this period. (Subtract Line	2 from Line 1.)				NET \$_	0		
(Enter the net here and on the Summa						May be a negative number))	

Schedule I	Amounts may be rou	nded		SCHEDULE I			
	eous Increases to Cash	to whole dollars.		Statement covers p	period	california 46	
				fromSept 23, 20	018		
SEE INSTRUCTION	NO ON DEVEDOE		th			Page 17 of 17	7
NAME OF FILER	NS ON REVERSE					I.D. NUMBER	
Sue A Simor	n, Treasurer					1406757	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOUR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH	Н
	NA						
		·					
	NA						
	IVA						
	NA						
	NA						
	NA						
				<u>.</u> .			
Attach addi	tional information on appropriately labeled continuation sl	heets.		· s	SUBTOTAL \$		0
Schedule I	Summary		1				
1. Itemized in	creases to cash this period			\$	0		
2. Unitemized	increases to cash of under \$100 this period			\$			
3. Total of all	interest received this period on loans made to other	rs. (Schedule H, Column (e)	.)	\$	0		
	ellaneous increases to cash this period. (Add Lines [.] Page, Line 14.)			TOTAL \$	0		