

**Recipient Committee
Campaign Statement
Cover Page**

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COVER PAGE

CALIFORNIA FORM **460**

OCT 28 2016

CITY CLERK
CITY OF EMERYVILLE

Page 1 of 14

For Official Use Only

Statement covers period from <u>09/30/2016</u> through <u>10/27/2016</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/2016</u>
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SEE INSTRUCTIONS ON REVERSE

<p>1. Type of Recipient Committee: All Committees -- Complete Parts 1, 2, 3, and 4.</p> <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small></p> <p><input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small></p>	<p>2. Type of Statement:</p> <p><input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below)</p> <p><input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report</p>
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<p>3. Committee Information</p> <p>I.D. NUMBER <u>1388088</u></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Engel For Emeryville City Council, 2016; Louise</u></p> <p>STREET ADDRESS (NO P.O. BOX) <u>[REDACTED]</u></p> <p>CITY <u>Emeryville</u> STATE <u>CA</u> ZIP CODE <u>94608</u> AREA CODE/PHONE <u>[REDACTED]</u></p> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX <u>[REDACTED]</u></p> <p>CITY <u>Emeryville</u> STATE <u>CA</u> ZIP CODE <u>94662</u> AREA CODE/PHONE <u>[REDACTED]</u></p> <p>OPTIONAL: FAX / E-MAIL ADDRESS <u>[REDACTED]</u></p>	<p>Treasurer(s)</p> <p>NAME OF TREASURER <u>Louise Engel</u></p> <p>MAILING ADDRESS <u>[REDACTED]</u></p> <p>CITY <u>Emeryville</u> STATE <u>CA</u> ZIP CODE <u>94662</u> AREA CODE/PHONE <u>[REDACTED]</u></p> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>MAILING ADDRESS</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE</p> <p>OPTIONAL: FAX / E-MAIL ADDRESS <u>[REDACTED]</u></p>
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4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and 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 complete.

Executed on <u>10/28/2016</u> Date	By <u>[REDACTED]</u>
Executed on <u>10/28/2016</u> Date	By <u>[REDACTED]</u> Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Engel For Emeryville City Council, 2016; Louise

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council, Emeryville, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] **Emeryville, CA 94662**

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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/30/2016</u> through <u>10/27/2016</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>14</u>	I.D. NUMBER <u>1388088</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Engel For Emeryville City Council, 2016; Louise

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 1,310.00	\$ 1,885.00
2. Loans Received..... Schedule B, Line 3	7,325.00	7,575.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 8,635.00	\$ 9,460.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 8,635.00	\$ 9,460.00

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 7948.93	\$ 8,713.93
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 7948.93	\$ 8,713.93
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	22.95	22.95
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 7971.88	\$ 8,736.88

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 60.00
13. Cash Receipts..... Column A, Line 3 above	8,635.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	.00
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 8,695.00
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0.00

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0.00
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 22.95

*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.

SCHEDULE A

Statement covers period
from 09/30/2016
through 10/27/2016

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Engel For Emeryville City Council, 2016; Louise

I.D. NUMBER **1388088**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. 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)	PER ELECTION TO DATE (IF REQUIRED)
10/14/16	Richard K. Robbins and affiliated entities, including Wareham Property Group, Inc. 120 Nye Street, Suite 400 San Rafael, CA 94901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
10/25/16	Peace Officers Research Association of California Political Action Committee (PORAC PAC) Small Contributor Committee ID# 810830. 4010 Truxel Road Sacramento, CA 95834-3725	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC XX		\$500.00	\$500.00	
10/17/16	Oaks Card Club 4097 San Pablo Ave. Emeryville, CA 94608	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
SUBTOTAL \$				\$1,250.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.).....	\$ <u>1,250.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>60.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$ <u>1,310.00</u>

*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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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>09/30/2016</u> through <u>10/27/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Engel For Emeryville City Council, 2016; Louise

I.D. NUMBER

1388088

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Louise Engel [REDACTED] Emeryville, CA 94662 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed M.P. Dreams, Inc.	\$ 250.00	\$ 7,325.00	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 7,575.00 12/31/16 DATE DUE	\$ 0 RATE \$ 0	\$ 7,575 10/17/16 10/20/16 DATE INCURRED	CALENDAR YEAR \$ 7,575.00 PER ELECTION** \$ 7,575.00
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	\$ _____ RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	\$ _____ RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$ 7,325.00	\$ 0	\$ 0	\$ 7,575.00	\$ 0		

Schedule B Summary

1. Loans received this period \$ 7,325.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 7,325.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

(Enter (e) on Schedule E, Line 3)

†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

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

**Schedule B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/30/2016
through 10/27/2016

CALIFORNIA FORM 460
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I.D. NUMBER
1388088

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Engel For Emeryville City Council, 2016; Louise

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
No Activity.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	No Activity.	LENDER _____ DATE _____	\$0.00	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION (IF REQUIRED) \$ <u>0.00</u>	\$0.00
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL				\$ 0.00		

Enter on
Summary Page,
Line 17 only.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period
from 09/30/2016
through 10/27/2016

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Engel For Emeryville City Council, 2016; Louise

I.D. NUMBER

1388088

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
No Activity	No Activity	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	No Activity	No Activity	\$0.00	\$0.00	\$0.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ 0.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0.00
- 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 \$ 0.00**

*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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www.fppc.ca.gov

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period
09/30/2016
 from _____
 through **10/27/16**

CALIFORNIA **460**
 FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Engel For Emeryville City Council, 2016; Louise

I.D. NUMBER
1388088

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
no activity	no activity. <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	no activity.	\$0.00	0.00	\$0.00
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
				SUBTOTAL \$ 0.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0.00
2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... TOTAL.. \$ 0.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>09/30/2016</u> through <u>10/27/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Engel For Emeryville City Council, 2016; Louise

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	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL 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
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Design a Sign, 983 San Pablo, Albany, CA 94706	CMP	Campaign signs: 12.	548.90
Well Fargo Bank, 5801 Christie Ave., Emeryville, CA 94608	OFC	Bank fees and checks: Checking accounts.	\$36.00
City of Emeryville, 1333 Park Ave., Emeryville, CA 94608	F/L	Filing fee and fines.	\$10.00

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

SUBTOTAL \$ 594.90

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	(\$594.90+\$7,354.03)	\$ 7,948.93
2. Unitemized payments made this period of under \$100.....		\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....		\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL	\$ 7,948.93

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**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	09/30/2016	
through	10/27/16	Page <u>10</u> of <u>14</u>
NAME OF FILER		I.D. NUMBER
Engel For Emeryville City Council, 2016; Louise		1388088

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Engel For Emeryville City Council, 2016; Louise

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	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL 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
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Copy Central, 5801 Christie Ave., Ste. 100, Emeryville, CA 94608	L/T	Bulk mailing, first class mailing, 3,542 registered voters; design services - Flyers.	6,993.78
USPS, 1585 62nd St., Emeryville, CA 94608.	POS	Stamps and delivery services.	\$0.00
Office Depot, 1318 10th St., Berkeley, CA 94710; 3535 Hollis St., Emeryville, CA 94608	OFC	Stationery, office supplies.	20.25
Political Data, PO Box 59570, Norwalk, CA 90652	L/T	Mailing data base: registered voters, Emeryville, CA.	175.00
Marc Babin, Guitar Musician and Guitar Teacher. 8 Captain Dr. #E253, Emeryville, CA 94608	PRO	Music performance during street campaign 10/26/16, 7A-9A, Christie Ave and 40th streets areas..	165.00

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

SUBTOTAL \$ 7,354.03

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

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>09/30/2016</u> through <u>10/27/2016</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 1388088

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Engel For Emeryville City Council, 2016; Louise

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	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL 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
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

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
Nordstrom Bank, PO Box 79137 Phoenix, AZ 85062-9137, Credit Card Account of Louise Engel: USPS postage to S.O.S., 8/1/16.	POS	\$22.95	0.00	0.00	\$22.95
SUBTOTALS \$		22.95	\$ 0.00	\$ 0.00	\$ 22.95

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

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.).....**INCURRED TOTALS \$** 22.95
- 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.).....**PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....**NET \$** 22.95
May be a negative number.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from <u>09/30/2016</u> through <u>10/27/2016</u>	CALIFORNIA FORM 460
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NAME OF AGENT OR INDEPENDENT CONTRACTOR Not applicable.

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 | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL 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 |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
No activity.		No activity.	0

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0.00

* 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
Loans Made to Others***

Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period
from 09/30/2016
through 10/27/2016

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NAME OF FILER

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1388088

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 OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
No Activity.	No Activity.	\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____ \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____ \$ _____
		SUBTOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period.....\$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans.....\$ 0.00
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.).....NET \$ 0.00
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

****If Required**

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 09/30/2016
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
NO activity	No Activity.	No Activity.	0

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule I Summary

1. Itemized increases to cash this period.	\$ 0.00
2. Unitemized increases to cash of under \$100 this period.	\$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 0.00

FPPC Form 460 (Jan/2016)
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