<b>Recipient Committee</b>						COVER PAG
Campaign Statement Cover Page					Date Stamp	FORM 460
			Statement covers period	Date of election if applicable:	Filed Date:	Page1 of20
			from01/01/2020	(Month, Day, Year)	09/24/2020 07:09 PM	For Official Use Only
SEE INSTRUCTIONS ON REVERSE			through09/19/2020			
1. Type of Recipient Comr	nittee: All	Committees -	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
<ul> <li>✓ Officeholder, Candidate Contr</li> <li>○ State Candidate Election (</li> <li>○ Recall</li> <li>(Also Complete Part 5)</li> <li>☐ General Purpose Committee</li> <li>○ Sponsored</li> <li>○ Small Contributor Commit</li> <li>○ Political Party/Central Cor</li> </ul>	Committee		Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	✓ Preelection Statement  ☐ Semi-annual Statement  ☐ Termination Statement  (Also file a Form 410 Te  ☐ Amendment (Explain be	Spec	terly Statement ial Odd-Year Report
3. Committee Information		1.	D. NUMBER 1430098	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE	S NAME IF NO C	COMMITTEE)		NAME OF TREASURER		
Amos White for Alameda Ci	ty Council 20	020		Stacy Owens		
				MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)				CITY	STATE ZIP CODE	AREA CODE/PHONE
OLTY	OTATE	7ID 00DE	ADEA CODE/DUONE	Oakland	CA 94607	(510)423-4300
CITY <b>Oakland</b>	STATE CA	ZIP CODE 94607	AREA CODE/PHONE (510)423-4300	NAME OF ASSISTANT TREASURE	=R, IF ANY	
MAILING ADDRESS (IF DIFFERENT)			(310)423-4300	Peter Sullivan  MAILING ADDRESS		
MAILING ADDITEGS (II DITTERENT) I	IO. AND STREE	11 OK F.O. BOX		WAILING ADDRESS		
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY Oakland	STATE ZIP CODE CA 94607	AREA CODE/PHONE (510)423-4300
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDRE	ss	
filings@seowenscompany.co	om					
4. Verification						
certify under penalty of perjury ur	der the laws of		ng this statement and to the best of my California that the foreg <u>oing</u> is true and		nerein and in the attached sche	dules is true and complete. I
Executed on0	9/24/2020 Date		Ву	Cinnelius of Transport	A T	
O	9/24/2020			Signature of Treasurer or Assistar	ıı ireasurer	
Executed on	Date		By Signature of Co	ntrolling Officeholder, Candidate, State Measure P	roponent or Responsible Officer of Spon	sor
Executed on						
Executed on	Date		Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

Executed on \_

Date

COVER PAGE - PART 2								
	FORNIA DRM	4	<b>460</b>					
Page	2	of _	20					

Officeholder or Candidate Controlled 0	Committee	6.	Primarily Formed Balle	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE Amos White			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND City Council Member : City of Alameda, CA	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP Oakland CA 94607		Identify the controlling offic	eholder, candi	date, or state n	neasure propo	onent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of your needs of the notation of the needs of the ne	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	F ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(				
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP COD	E AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO	B C BOY						OPPOSE

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.	Statemen	t covers period	CALIFORNIA	460
, ,		from	01/01/2020	FORM	400
EE INSTRUCTIONS ON REVERSE		through	09/19/2020	Page3 of	f20
AME OF FILER				I.D. NUMBER	
Amos White for Alameda City Council 2020				1430098	

Contributions Received	,	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	8,714.00	\$	8,714.00	
2. Loans Received		0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	8,714.00	\$	8,714.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions		100.00		100.00	21 Evponditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	8,814.00	\$	8,814.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made	\$	3,563.29	\$	3,563.29	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	3,563.29	\$	3,563.29	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		4,272.00		4,272.00	Date of Election Total to Date
10. Nonmonetary Adjustment		100.00		100.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	7,935.29	\$	7,935.29	\$
Current Cash Statement					/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	То	calculate Column B,	, , , \$
13. Cash Receipts Column A, Line 3 above		8,714.00	ado	I amounts in Column the corresponding	——————————————————————————————————————
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	am	ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		3,563.29	am	our last report. Some ounts in Column A may	
<b>16. ENDING CASH BALANCE</b> Add Lines 12 + 13 + 14, then subtract Line 15	\$	5,150.71		negative figures that ould be subtracted from	
If this is a termination statement, Line 16 must be zero.			pre	vious period amounts. If is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	only	d for this calendar year, y carry over the amounts in Lines 2, 7, and 9 (if	
Cash Equivalents and Outstanding Debts			any		
18. Cash Equivalents See instructions on reverse	\$				FPPC Form 460 (Jan/2016
19. Outstanding Debts	\$	4,272.00			FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

Schedule	A		Amount	s may be rounded				SCHEDULE A	
	Contributions Received		to v	whole dollars.	Statement cove	rs period	CALI		
monotar y	Continuations (Cocolvod				from01/6	01/2020		FORNIA 460	
SEE INSTRUCTION	NS ON REVERSE				through09/	19/2020	Page	4 of	
NAME OF FILER							I.D. NU	JMBER	
Amos White	e for Alameda City Council 2020						143009	98	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	1	NTRIBUTOR	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)	
8/25/2020	Philip Auerbach	<u>~</u>	) IND ) COM ) OTH	President The Auerbach Global-Impact Foundation	100.00		100.00		
	Alameda CA 94501	-	PTY SCC						
9/10/2020	Jen Blackburn		IND COM OTH PTY	Event Planning Animyst	100.00		100.00		
	Sleepy Hollow IL 60118		) scc						
9/16/2020	Peter Brand		] IND ] COM ] OTH ] PTY	Not Employed N/A	100.00		100.00		
9/8/2020	Alameda CA 94501  Christine Buck		) SCC ) IND ) COM ) OTH ) PTY	Owner Christine Buck Communications	100.00		100.00		
	Alameda CA 94501		scc						
9/19/2020	Cathy Lee Cibelli Walnut Creek CA 94597		COM OTH PTY	Home Staging C.L. Design Services	100.00		100.00		
	VValidit Cleek CA 94597		) scc						
				SUBTOTAL	\$ 500.00				
<ol> <li>Amount rec (Include all</li> <li>Amount rec</li> </ol>	A Summary  ceived this period – itemized monetary contribution Schedule A subtotals.)  ceived this period – unitemized monetary contribution tary contributions received this period.				7,050.00 1,664.00	IND – COM OTH - PTY -	(other - Other (e - Political	ent Committee than PTY or SCC) e.g., business entity)	
	tary contributions received this period.  1 and 2. Enter here and on the Summary Page, Col	umr	n A, Line ´	1.) <b>TOTAL \$</b>	8,714.00 Fi	PPC Advice: adv		PC Form 460 (Jan/2016) oc.ca.gov (866/275-3772) www.fppc.ca.gov	

Schedule A (Continuation Sheet)			s may be rounded	SCHEDULE A (CONT.			
	Contributions Received	to whole dollars.		Statement cover	ers period C	ALIFORNIA 460	
					19/2020 F	Page 5 of 20	
NAME OF FILER Amos Whi	ite for Alameda City Council 2020					D. NUMBER 30098	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
9/18/2020	Andrew Cohodes  Columbus OH 43206	✓ IND  COM  OTH  PTY  SCC	Investor Andrew B. Cohodes	500.00	500	.00	
9/11/2020	Federica Colla  Alameda CA 94501	IND COM OTH PTY	Retired N/A	100.00	100	.00	
8/23/2020	Donna Marie Ferro Alameda CA 94502	IND COM OTH PTY SCC	Retired N/A	100.00	100	.00	
9/3/2020	Peter Fletcher Alameda CA 94502	✓ IND  COM  OTH  PTY  SCC	Real Estate Broker Windermere Real Estate	250.00	250	.00	
9/15/2020	Jay Garfinkle Alameda CA 94502	✓ IND  COM  OTH  PTY  SCC	Retired N/A	1,000.00	1,000	.00	

SUBTOTAL \$

1,950.00

\*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

Schedule	A (Continuation Sheet)		ts may be rounded whole dollars.	SCHEDULE A (CONT.				
Monetary	Contributions Received			Statement covers period		california 460		
				through09/	19/2020	Page6 of20		
NAME OF FILER Amos Whi	te for Alameda City Council 2020					I.D. NUMBER 1430098		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE		
8/25/2020	Mark Greenside Alameda CA 94501	✓ IND  COM  OTH  PTY  SCC	Not Employed N/A	250.00	29	50.00		
8/21/2020	Sheila Jacobs Alameda CA 94501	IND COM OTH PTY SCC	Counselor-Marriage and Family Therapy Self-Employed/Same Name	100.00	10	00.00		
8/26/2020	Sheila Jordan  Berkeley CA 94703	✓ IND  COM  OTH  PTY  SCC	Superintendent Emerita Alameda County Office of Education	100.00	10	00.00		
8/29/2020	Emily Journey Bexley OH 43209	✓ IND  ☐ COM ☐ OTH ☐ PTY ☐ SCC	Wordpress Trainer and Coach EJ&A   WordPress Training	100.00	10	00.00		
9/14/2020	Teresa Kennedy  Alameda CA 94501	✓ IND  COM  OTH  PTY	Retired N/A	100.00	10	00.00		

IND – Individual

COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

650.00

SUBTOTAL \$

Schedule A (Continuation Sheet)			nts may be rounded	SCHEDULE A (CONT			
	Contributions Received	to whole dollars.		Statement cover	ers period 01/2020	ALIFORNIA 460	
					19/2020	Page7 of20	
NAME OF FILER Amos Whi	ite for Alameda City Council 2020			,		D. NUMBER 30098	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TE PER ELECTION TO DATE (IF REQUIRED)	
8/29/2020	Brian Kenny	IND COM OTH PTY	Director of Collections and Archives Hearst Western Properties	100.00	100	0.00	
8/21/2020	Alameda CA 94502  Janet Koike  Berkeley CA 94705	SCC IND COM OTH PTY SCC	Executive Director/Founder Rhythmix	100.00	100	0.00	
9/17/2020	Bruce Langley Alameda CA 94501	IND COM OTH PTY	Senior Power House Operator San Francisco Municipal Transportation Agency	100.00	100	0.00	
9/3/2020	Eric Lerner Alameda CA 94501	IND COM OTH PTY	Northern California Organizing Director California Faculty Association	100.00	100	0.00	
8/28/2020	Warren Linney Alameda CA 94501	IND COM OTH PTY SCC	Director Forever Redwood Restoration Forestry, Inc.	250.00	250	0.00	

SUBTOTAL \$

650.00

\*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

Schedule A (Continuation Sheet)			ts may be rounded	SCHEDULE A (CONT				
	Contributions Received	to	whole dollars.	Statement cove	· C	CALIFORNIA 460		
				from	01/2020	FORIVI 100		
				through09/	19/2020 F	age8 of0		
NAME OF FILER Amos Whi	ite for Alameda City Council 2020					). NUMBER 30098		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA' CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
8/31/2020	Heather Macleod	IND COM OTH PTY	Tutor Self Employed/Same Name	100.00	100	.00		
	Oakland CA 94605	SCC						
9/1/2020	Francis Matarrese	IND COM OTH PTY	Principal Consultant and Owner GxP Base	100.00	100	.00		
	Alameda CA 94501	SCC						
9/3/2020	Joyce McConeghey  Alameda CA 94501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Circulation Manager Alameda Sun	100.00	100	.00		
9/8/2020	Louise Music Oakland CA 94618	IND COM OTH PTY	Executive Director of Integrated Learning Department Alameda County Office of Education	250.00	250	.00		
	Robert Paine	SCC IND COM	Principal Program Manager Kaiser Permanente					
9/3/2020	Alameda CA 94501	☐ OTH ☐ PTY ☐ SCC		500.00	500	.00		

IND – Individual

COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

1,050.00

SUBTOTAL \$

Schedule	A (Continuation Sheet)		s may be rounded	SCHEDULE A (CONT.				
	Contributions Received	to	whole dollars.	Statement cove	ers period	CALIFORNIA ACO		
				from01/	01/2020	FORM 460		
				through09/	19/2020	Page 9 of 20		
NAME OF FILER Amos Whit	te for Alameda City Council 2020					I.D. NUMBER 1430098		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 31	R TO DATE		
9/3/2020	Betty Riback Alameda CA 94501	✓ IND  COM  OTH  PTY  SCC	Retired N/A	100.00	10	00.00		
8/29/2020	Tom Riley St Petersburg FL 33713	IND COM OTH PTY SCC	Owner Riley's Retreat, LLC	100.00	10	00.00		
8/28/2020	Jennifer Roloff  Alameda CA 94501	IND COM OTH PTY SCC	Strategic Account Executive Salesforce	250.00	25	50.00		
9/3/2020	Sandra Russell Alameda CA 94501	✓ IND  COM  OTH  PTY  SCC	Owner The Fireside Lounge	100.00	10	00.00		
9/1/2020	Jim Walberg  Danville CA 94506-1328	✓ IND  COM  OTH  PTY  SCC	Realtor Compass	100.00	10	00.00		

IND – Individual

COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

650.00

**SUBTOTAL**\$

Schedule A (Continuation Sheet)			s may be rounded whole dollars.	SCHEDULE A (CONT.				
Monetary	Contributions Received	to miore deliates		Statement covers period		california 460		
				through09/	19/2020	Page10 of20		
NAME OF FILER Amos Whi	te for Alameda City Council 2020					D. NUMBER 430098		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	TO DATE		
8/27/2020	Penelope Washbourn  Alameda CA 94502	✓ IND  COM  OTH  PTY  SCC	Retired N/A	200.00	30	0.00		
9/6/2020	Penelope Washbourn Alameda CA 94502	IND COM OTH PTY	Retired N/A	100.00	30	0.00		
9/4/2020	Bill Weber Alameda CA 94501	IND COM OTH PTY SCC	Artist Self Employed	100.00	10	0.00		
9/9/2020	Janine White Gahanna OH 43230	IND COM OTH PTY SCC	Project Manager American Electric Power	1,000.00	1,00	0.00		
9/10/2020	Kathy White Alameda CA 94501	IND COM OTH PTY SCC	Senior Content Marketing Writer SDL Plc	100.00	10	0.00		

IND – Individual

COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

1,500.00

**SUBTOTAL**\$

Schedule A (Continuation Sheet)		Amounts may be rounded			SCHEDULE A (CONT.)			
	y Contributions Received	to	to whole dollars.  Statement covers p  from01/01/2			CALIFORNIA / CO		
				through09/	19/2020	Page	11 of20	
NAME OF FILER Amos Wh	R hite for Alameda City Council 2020			•		I.D. NU 143009		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
9/11/2020	Roderick Willcox  Morganton NC 28655	✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney LeCroy and Willcox, PLLC	100.00		100.00		
		IND   COM   OTH   PTY   SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
		IND   COM   OTH   PTY   SCC						
			SUBTOTAL	\$ 100.00				
*************	1				<u> </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

### Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA** 

					from	01/01/20	20	FUI	KIVI	
SEE INSTRUC	TIONS ON REVERSE				throu	ugh09/19/20	20	Page	12 of	20
NAME OF FILE								I.D. NUMB 1430098	BER	
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 SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DAT CALENDA (JAN 1 - [	ΓΕ AR YEAR	то	ELECTION DATE EQUIRED)
8/27/2020	Kimberlee MacVicar Alameda CA 94501	IND COM OTH PTY SCC	Grants Consultant The Fundraising Diva	Bill Paid By Third	Party	100.00		100.00		
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC								
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC								
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC								
Attach add	litional information on appropriately labeled	continuation .	sheets.	SUBTO	TAL \$	100.00				
1. Amount	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)				\$	100.0	OTH	ributor Cod Individual - Recipient (other that - Other (e.ç	t Committe an PTY or	SCC)

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

3. Total nonmonetary contributions received this period. 100.00 

PTY - Political Party

SCC - Small Contributor Committee

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

# Schedule C (Continuation Sheet) Notes

CALIFORNIA 460

NOTES

Dago	13	of	20	
Page		of	20	

NAME OF FILER

Amos White for Alameda City Council 2020

I.D. NUMBER 1430098

8/27/2020 - MacVicar Kimberlee - 100.00 - Payment made to Red Tie Printing, 741 Buena Vista Ave., Alameda, CA 94501

	A consistency of the constant		SCHEDULE E						
Schedule E	Amounts may be rounded to whole dollars.	Staten	nent covers period	CALIFORNIA	460				
Payments Made		from		FORM	400				
SEE INSTRUCTIONS ON REVERSE		through <sub>.</sub>	09/19/2020	_ Page <u>14</u> o	of				
NAME OF FILER				I.D. NUMBER					

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
СТВ	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 C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID	
Kimberlee MacVicar				
Alameda CA 94501		Campaign Worker	1,000.00	
Red Tie Printing	6.45		2 224 24	
Alameda CA 94501	CMP		2,221.21	
Stripe				
San Francisco CA 94103	FND		45.29	
Stripe				
San Francisco CA 94103	FND		30.94	

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 3,297.44

#### **Schedule E Summary**

Amos White for Alameda City Council 2020

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	3,513.29
2. Unitemized payments made this period of under \$100\$	50.00
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.)	3,563.29

1430098

		_							:	SCHEDU	LE E (CONT.)
Schedul	- <del>-</del>	Amounts may be rounded to whole dollars.			Statement covers period C				ORNIA		
(Continu Payment	ıation Sheet) ts Made					from	-	01/01/2020	FO	RM	400
-	IONS ON REVERSE					throu	ıgh	09/19/2020	Page	15 o	f <u>20</u>
NAME OF FILER									I.D. NUN		
Amos vvn	nite for Alameda City Council 2020								1430098	3	
CODES: If	one of the following codes accurately describes	the payn	nent, you r	may enter tl	he code. Otherwise	, descr	ibe the	payment.			
CNS campa CTB contrib CVC civic do FIL candida FND fundrai IND indepe	nign paraphernalia/misc. nign consultants nution (explain nonmonetary)* onations ate filing/ballot fees ising events endent expenditure supporting/opposing others (explain)* efense nign literature and mailings	MTG OFC PET PHO POL POS PRO	meetings and office expensions circular phone banks polling and spostage, deli	ılating s survey researc	h senger services	RAD RFD SAL TEL TRC TRS TSF VOT WEB	returne campa t.v. or c candida staff/sp transfe voter re	irtime and production of contributions ign workers' salaries cable airtime and producte travel, lodging, and touse travel, lodging, and touse travel of the committees egistration technology costs	luction costs d meals and meals s of the sam	e candida	te/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE O	R DE	SCRIPTIO	ON OF PA	YMENT		AMO	UNT PAID
Stripe San Francisc	co CA 94103			FND							20.70
Stripe											
San Francisc	20 CA 94103			FND							10.65
Stripe	0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
Stripe				1							

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 129.11

FND

FND

FND

San Francisco CA 94103

San Francisco CA 94103

San Francisco CA 94103

Stripe

Stripe

58.63

8.10

31.03

		_								SCHEDU	LE E (CONT.
	edule E	Amounts may be rounded to whole dollars.			s	Statement covers period CA			CALIFORNIA		
•	ntinuation Sheet) ments Made					from		01/01/2020	FO	RM	460
•	STRUCTIONS ON REVERSE					thro	ugh	09/19/2020	_ Page _	<u>16</u> o	f <u>20</u>
	of FILER nos White for Alameda City Council 2020					•			I.D. NUI 143009		
CODE	ES: If one of the following codes accurately describes	the pay	ment, you i	may enter t	he code. Otherwi	se, desci	ribe the	payment.			
СТВ	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO PRT	meetings an office expen petition circu phone banks polling and s postage, del	ulating s survey researc ivery and mes		RAD RFD SAL TEL TRC TRS TSF VOT WEB	returne campa t.v. or c candida staff/sp transfe voter re	irtime and production of contributions ign workers' salaries cable airtime and proate travel, lodging, ar between committee egistration attentions.	duction cost nd meals and meals es of the sam	ne candida	te/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE C	PR	DESCRIPTION	ON OF PA	AYMENT		AMO	UNT PAID
Stripe San F	rancisco CA 94103			FND							41.86
Stripe San F	rancisco CA 94103			FND							16.19
Stripe				FND							12.56

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 82.54

FND

FND

San Francisco CA 94103

San Francisco CA 94103

San Francisco CA 94103

Stripe

Stripe

7.73

4.20

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may b to whole do		Statement covers period	CALIFORNIA FORM 460  Page 17 of 20  I.D. NUMBER
Amos White for Alameda City Council 2020				1430098
CODES: If one of the following codes accurately described 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 of meetings at OFC office experiment of PHO phone bank POL polling and postage, department of the phone bank POL postage, department of the postage, department of the postage, department of the postage, department of the postage of the	ommunications and appearances anses culating	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a staff/spouse travel, lodging	oduction costs nd meals , and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe San Francisco CA 94103		FND		4.20

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

**SUBTOTAL**\$

4.20

Schedule	e F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

| CALIFORNIA FORM | 460 | CALI

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amos White for Alameda City Council 2020

campaign literature and mailings

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 airline and production costs.

PRT print ads

CIVII	campaign paraphemalia/misc.	MIDIX	member communications	IVAD	radio all'une 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

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
S. E. Owens & Company Oakland CA 94607	PRO	0.00	1,000.00	0.00	1,000.00
Giorgia Sala White Alameda CA 94501	WEB	0.00	272.00	0.00	272.00
Kimberlee MacVicar Alameda CA 94501	Campaign Worker	0.00	1,000.00	0.00	1,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00	\$ 2,272.00	\$ 0.00	\$ 2,272.00

#### **Schedule F Summary**

<ol> <li>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.)</li></ol>	4,272.00
2. 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.)	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.)	4,272.00

May be a negative number

## Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

		( /
Statement covers period		CALIFORNIA 160
from	01/01/2020	FORM 400
through	09/19/2020	Page 19 of 20
		I.D. NUMBER
		1430098

NAME OF FILER

Amos White for Alameda City Council 2020

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 meetings and appearances 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 candidate travel, lodging, and meals

FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals roughly 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
Kimberlee MacVicar Alameda CA 94501	Campaign Worker	0.00	2,000.00	0.00	2,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00	\$ 2,000.00	\$ 0.00	\$ 2,000.00

#### Form 460 Additional Notes

CALIFORNIA 460

NOTES

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NAME OF FILER

Amos White for Alameda City Council 2020

I.D. NUMBER 1430098

Pursuant to updated regulations effective 8/21/2020, the committee has disclosed the responsible officer (individual primarily responsible for approving the political activity of the limited liability company) in the occupation field of each schedule for contributions received from each limited liability company who has given \$100 or more.