

**Recipient Committee
Campaign Statement
Cover Page**

FILE
Date Stamp
OCT 25 2016

CALIFORNIA FORM **460**

Page 1 of 10

For Official Use Only

CITY OF ALAMEDA
CITY CLERK'S OFFICE

Statement covers period
from 9/25/16
through 10/22/16

Date of election if applicable
(Month, Day, Year)
11/8/16

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1384224

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alameda Renters Coalition

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

Alameda

CA 94501

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jeanne Nader

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Alameda CA 94501

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/25/16 Date
 Executed on _____ Date
 Executed on _____ Date
 Executed on _____ Date

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

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

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

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
Charter Amendment to Establish Rent Control, a Rent Control Board and..

BALLOT NO. OR LETTER M1	JURISDICTION City of Alameda	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------------	---------------------------------	--

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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 9/25/16 through 10/22/16	CALIFORNIA FORM 460
	Page 3 of 10
I.D. NUMBER 1384224	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alameda Renters Coalition

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 9,948	\$ 22,180.87
2. Loans Received..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 9,948	\$ 22,180.87
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 9,948	\$ 22,180.87

**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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 4,607.46	\$ 11,759.21
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 4,607.46	\$ 11,759.21
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3		
10. Nonmonetary Adjustment..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 4,607.46	\$ 4,607.46

**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	\$ 5,173.72
13. Cash Receipts..... Column A, Line 3 above	9,948
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	4,607.46
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 10,514.26

If this is a termination statement, Line 16 must be zero.

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).

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

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>9/25/16</u> through <u>10/22/16</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1384224

Alameda Renters Coalition

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/16	Judy Tam [REDACTED] Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Global Officer Independent Television Series	800	800	
9/26/16	Joy Moore [REDACTED] Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Human Resources On Lok	100	100	
9/26/16	Kirsten Fairbanks [REDACTED] Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed	100	100	
9/27/16	Meredith Orthwein [REDACTED] Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	500	500 5000	
9/28/16	Pamela Perry [REDACTED] Oakland CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Therapist Self-Employed	1000	1000	
SUBTOTAL \$				2500		

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 7019
2. Amount received this period - unitemized monetary contributions of less than \$100	\$ 2929
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$ 9948

*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)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>9/25/16</u> through <u>10/22/16</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>10</u> I.D. NUMBER 1384224
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NAME OF FILER
Alameda Renters Coalition

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/16	Nikki Pooshs ██████████ Alameda CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	95	165	
9/29/16	Glenn Wichman ██████████ Alameda CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Architect Zynca, Inc	90	165	
10/1/16	Cynthia Bonta ██████████ Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
10/4/16	Kim Sloan ██████████ Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of IT La Clínica de La Raza	100	100	
10/5/16	Donalda Murphy ██████████ Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buyer S&C Electric	50	100	
SUBTOTAL \$				435		

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IND - Individual
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SCC - Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>9/25/16</u> through <u>10/22/16</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alameda Renters' Coalition

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/6/16	Patricia Grey ██████████ Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	
10/6/16	Sarah Sherburn-Zimmer ██████████ San Francisco CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ED Study Center	350	350	
10/8/16	David Brashear ██████████ Alameda CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Education Consultant Self Employed	300	300	
10/9/16	Renewed Hope ██████████ Alameda, CA 94501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200	200	
10/5/16	Gabrielle Dolphin ██████████, Alameda CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Division Manager Childrens Hospital Oakland	304	404	
SUBTOTAL \$				1254		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
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SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>9/25/16</u> through <u>10/22/16</u>	CALIFORNIA FORM 460
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NAME OF FILER
Alameda Renters' Coalition

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/16	Robert Armstrong [REDACTED] Alameda CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Sandia National Lab	100	100	
10/10/16	Brian McDonald [REDACTED], Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1700	2650	
10/11/16	Steven M. Gerstle [REDACTED] Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Librarian Peralta Community Colleges	100	200	
10/16/16	Debra Arbuckle [REDACTED] Alameda, CA, 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200	200	
10/16/16	Alison Greene [REDACTED] Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Genentech	200	300	
SUBTOTAL \$				2300		

*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
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>9/25/16</u> through <u>10/22/16</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alameda Renters' Coalition

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/16	Bob Barics ██████████ Alameda, CA, 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Musician Self-Employed	500	500	
10/20/16	Eric Strimling ██████████ Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carpenter Alameda County	30	130	
		<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				
SUBTOTAL \$				530		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	9/25/16	
through	10/22/16	Page <u>9</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Alameda Renters Coalition		1384224

SEE INSTRUCTIONS ON REVERSE

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
SpeedPro East Bay ██████████ Alameda, CA 94501	LIT	Printing Flyers	629.63
Pacific Printing ██████████ San Jose, CA 95110	LIT	Printing Services	1471.50
Bradley J. Hirn ██████████ Alameda, CA 94501	CNS	Campaign consulting	2000.00
SUBTOTAL \$			4101.13

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 4296.13
2. Unitemized payments made this period of under \$100.....	\$ 311.13
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ 4607.46

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

Amounts may be rounded
to whole dollars.

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through	10/22/16	Page <u>10</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Alameda Renters Coalition		1384224

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 | 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
Election Digest [REDACTED] Torrance, CA 90501	LIT	Feature in mailer	195

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 195**