Recipient Committee Campaign Statement Cover Page		PI L	FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from September 25, 2016 through October 27, 2016	Date of election if applicable: (Month, Day, Year) November 8, 2016 CITY OF ALA CITY CLERK'S	AMEDA
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	mplete Parts 1, 2, 3, and 4. trimarily Formed Ballot Measure committee 2 Controlled 3 Sponsored lso Complete Part 6) trimarily Formed Candidate/ officeholder Committee lso 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	. NUMBER 352188	Treasurer(s) NAME OF TREASURER Tony Daysog MAILING ADDRESS	

Alameda

CITY

MAILING ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY

OPTIONAL: FAX / E-MAIL ADDRESS

Signature of Controlling Officeholder, Candidate, State Measure Proponent

tony_daysog@alum.berkeley.edu

4. Verification

CITY

CITY

Alameda

STREET ADDRESS (NO P.O. BOX)

OPTIONAL: FAX / E-MAIL ADDRESS

Executed on .

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

I have used all reasonable diligence in preparing and reviewing this statement and to the best of mystroy/dedge 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 foregreen and on the state of California that the foregreen and

AREA CODE/PHONE

AREA CODE/PHONE

ZIP CODE

94501

STATE ZIP CODE

STATE

Ca

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

ZIP CODE

94501

STATE ZIP CODE

Ca

AREA CODE/PHONE

AREA CODE/PHONE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM	460
Page o	f

5.	Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Balle	ot Measure	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		:		440000000000000000000000000000000000000
	Tony Daysog					ż	1 2	
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N		SUPPORT
	Alameda City Council						L	OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling offic	eholder candi	date or state	measure pror	onent, if any
	Alameda	a, CA 94501		NAME OF OFFICEHOLDER, CAN				
				NAME OF OFFICEROLDER, CAI	ODATE, OR FR	OFONEN		
	Related Committees Not Included in this State not included in this statement that are controlled by you or			OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
	contributions or make expenditures on behalf of your candi							
	COMMITTEE NAME	I.D. NUMBER		NO			<u> </u>	
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offic	eholder Co	mmittee Li	st names of
	NAME OF TREASURER	YES NO		officeholder(s) or candidate(s) for which this	committee is	primarily forme	ed.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT
								OPPOSE
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT
								OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT
								OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	
		YES NO						☐ SUPPORT ☐ OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)						
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		***	ach continuet	on choote if -		
	one all or	rinarioopan Homa		Att	ach continuati	on sneets if i	recessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period September 25, 2016

SUMMARY PAGE CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Tony Daysog

rough _	October 27, 2016	Page of
		I.D. NUMBER
		1352188

Tony Daysog			1002100
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
Monetary Contributions	\$ 3,463	3,662	General Elections
2. Loans Received	1,775	7448.61	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 5,238	\$ 11,110.61	20. Contributions Received \$ 0 \$11,110.6
4. Nonmonetary Contributions			21 Evpenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$5,538	\$11,110.61	Made \$ 0 \$7,748.6
Expenditures Made		7.440.04	Expenditure Limit Summary for State
5. Payments Made Schedule E, Line 4	\$1,775	\$7,448.61	Candidates
7. Loans Made Schedule H, Line 3	4 775	7,448.61	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7			(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3			Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment		7,448.61	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	\$	<u>11 / 8 / 20</u> \$7,748.61
Current Cash Statement			\$
12. Beginning Cash Balance Previous Summary Page, Line 16		To calculate Column B,	
13. Cash Receipts Column A, Line 3 above	5,538	add amounts in Column A to the corresponding	Catalogue II
14. Miscellaneous Increases to Cash Schedule I, Line 4	0	amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	2,075	of your last report. Some amounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$3,463	be negative figures that 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	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	:
18. Cash Equivalents See instructions on reverse	\$		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Form 460 (Jan/20
		1	FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.

Schedule	Α	
Monetary	Contributions	Received

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period September 25, 2016

October 27, 2016 through_

5,238

SCHEDULE A CALIFORNIA **FORM**

Page I.D. NUMBER 1352188

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
10/20/2016	Lynn Anders, Ca 94501	☑IND □COM □OTH □PTY □SCC	self-employed \ residential real estate	250.00	250.00	
10/26/2016	Pat Gannon, 94502	IND COM OTH PTY SCC	retired	500.00	500.00	
10/26/2016	Reyla Graber, Alameda, Ca 94501	☑IND □COM □OTH □PTY □SCC	retired	800.00	800.00	
10/26/2016	James Hager, Alameda, Ca 94502	IND COM OTH PTY	retired	1000.00	1000	
10/24/2016	Jeptha Boone, Ca 94501	☑IND □COM □OTH □PTY □SCC	retired	100	100	
			SUBTOTAL	\$ 2,650		
Amount re (Include al Amount re	A Summary ceived this period – itemized monetary contribution. I Schedule A subtotals.)			4,875	(other OTH – Other PTY – Politics	ual ient Committee than PTY or SCC) (e.g., business entity)
Total mone	etary contributions received this period.			5 238	(

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ ____

Schedule	A (Continuation	n Sheet)
	Contributions	

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from September 25, 2016	CALIFORNIA 460
through October 27, 2016	Page of
	1.D. NUMBER 1352188

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-EMPLOYEO, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2016	Angela Boone Alameda, Ca	IND COM OTH PTY		100		
10/17/2016	James Davis Ca 94502	OTH SCC	retired	100		
10/26/2016	Marie Kane, Alameda, Ca 94502	IND COM OTH PTY	retired	250	,	
9-29-2016	Tony Daysog, Alameda, Ca 94501	IND COM OTH PTY SCC	urban planner, Applied Development Economics	950		
10/13/2016	Tony Daysog, Alameda, Ca 94501	IND COM OTH PTY	urban planner, Applied Development Economics	825		
			SUBTOTALS	2,225	Walter Street Caret	

*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 B – Part 1 Loans Received	Am	ounts may be ro to whole dollar			Statement cov from September	er 25, 2016	Name and Address of the Owner, which was a party	^{1A} 460
SEE INSTRUCTIONS ON REVERSE					through Octobe	er 27, 2016	Page	of
NAME OF FILER						;	I.D. NUMBER	
							1352188	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, 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 PAIL OR FORGIVER THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
Tony Daysog	urban planner, Applied			☐ PAID		,		CALENDAR YEAR
Alameda, Ca	Development Economics			s0	s_7,448.61	3.5 % RATE	S	PER ELECTION
	*	s_5,673.61	s1,775	FORGIVEN 0		s		\$
TIND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
				☐ PAID			,	CALENDAR YEAR
				S	S	RATE %	\$	PER ELECTION
	,		,					,
TO IND COM OTH PTY SCC				,	DATE DUE		DATE INCURRED	
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	, s	RATE	\$	PER ELECTION
† IND COM OTH PTY SCC		s	s	s	DATE DUE	s	DATE INCURRED	s
		SUBTOTALS S	7,448.61	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	1,775	_		
(Total Column (b) plus unitemized loa	ns of less than \$100.)					CtO	Contributor Codes	

Enter the net here and on the Summary Page, Column A, Line 2.

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

** If required.

(Include loans paid by a third party that are also itemized on Schedule A.)

(Total Column (c) plus loans under \$100 paid or forgiven.)

2. Loans paid or forgiven this period.....\$

†Contributor Codes

IND - Individual

1,775 (May be a negative number)

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

SCHEDULE B - PART 1

SCHEDI	ш	E	R-	PΔ	RT	2

Schedule B – Part 2 Loan Guarantors

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period from September 25, 2016

CALIFORNIA 460

through October 27, 2016

Page _____ of ____

					1352188	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. 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
; ; ;	□IND □COM □OTH □PTY □SCC		LENDER DATE		S PER ELECTION (IF REQUIRED)	
	OTH SCC		LENDER DATE		S PER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER		SPER ELECTION (IF REQUIRED)	
	□IND □COM □OTH □PTY □SCC		LENDER DATE		SPER ELECTION (IF REQUIRED)	
			SUBTOTAL	\$	Enter on Summary Page, Line 17 only.	

SEE INSTRUCTIONS NAME OF FILER	ary Contributions Received		Amounts may be rounded to whole dollars.		from	Statement covers page 25 page 27 page	5, 2016	CALIFO FO Page	of
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEL-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TIVE TO TE IR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC					/		
		DIND COM OTH PTY SCC		-					
		□IND □COM □OTH □PTY □SCC							
Attach addition	al information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$				

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

3. Total nonmonetary contributions received this period.

(Include all Schedule C subtotals.).....\$

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

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$ _

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

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Contributor Codes

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

Amounts may be rounded to whole dollars.

Statement covers period from September 25, 2016 CALIFORNIA FORM 460 through October 27, 2016 Page of

SEE INSTRUCTIONS ON REVERSE	through October 27, 2016	Page of
NAME OF FILER	5	I.D. NUMBER
		1352188

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)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure			The second secon	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		,		
SUBTOTAL \$						

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$
	· ·

2. Unitemized contributions and independent expenditures made this period of under \$100......\$

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may to whole o		Statement covers from September statement covers through October 2	25, 2016	SCHEDULE D (CONT. CALIFORNIA 460 FORM Page of	
	:					135218	8
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	CUMULATIV CALENDA (JAN, 1 - E	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	□ Support □ Coppes	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure					

SUBTOTAL \$

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from September 25, 2016

CALIFORNIA FORM

SEE INSTRUCTIONS ON REVERSE	through October 27, 2016	Page of
NAME OF FILER	:	I.D. NUMBER
		1352188
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwards	vise, describe the payment.	

CNS campaign consultants CTB contribution (explain nonmonetary)* CTC contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* MTG meetings and meetings and office expenditure o	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)			aries I production costs g, and meals ging, and meals	e candidate/sponsor mail)			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LO, NUMBER)	CODE	OR DESCRIPTION	I OF PAYMENT		AMOUNT PAID			
Alameda Sun	PRT	inserts			1,375			
Office Depot	PRT	printing			400			
* Payments that are contributions or independent expenditures must also be summarized on Sche	edule D.			SUBTOTAL \$	1,775			
Schedule E Summary	Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E subtotals.)	•••••	\$	1,775					
2. Unitemized payments made this period of under \$100		\$	0					
3. Total interest paid this period on loans. (Enter amount from Schedule B, Par		\$	0					
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	6.)	TOTAL \$	1,775					

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Tony Daysog	Amounts may l to whole d		Statement covers period from September 25, 2016 through October 27, 2016	CALIFORNIA 460 FORM of of 1.D. NUMBER 1352188
CODES: If one of the following codes accurately CMP campaign paraphemalia/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 (exp LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings an OFC office expen PET petition circt PHO phone bank POL polling and s POS postage, de	nmunications d appearances ses plating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, an TRS	duction costs Id meals and meals so of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
f				

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

SUBTOTAL \$

S	N LI				-
31		IJυ	и.	_	г

						SCHEDULE
Schedule F Amounts may be rounded to whole dollars.			Statement cove	ers period	CALIF	ORNIA 460
Accrued Expenses (Unpaid Bills)	to whole donars.		from Septembe	r 25, 2016	FC	DRM TOU
			through Octobe		Page	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				* :		
			*		I.D. NUI	
Tony Daysog					13521	88
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	ns nces arch nessenger services	RAD radio airtime at RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production co butions kers' salaries time and producel, lodging, and re evel, lodging, and en committees o	tion costs neals d meals f the sam	e candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	. (b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT F THIS PERI (ALSO REPORT	OD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
:						
, t _a ,						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	5		\$
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.)						
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subtot	als for payments on				

... NET \$ ______May be a negative number FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from September 25, 2016

SCHEDULE F (CONT.) CALIFORNIA 460

Calle Selections de contra de la					RM	٠,	
	2006	2. AH. 10	(friends)	88.	150337	6 34	

NAME OF FILER	through October 27, 2016	Page of
		I.D. NUMBER
Tony Daysog		1352188
CODES II	The state of the s	

COL	ES: If one of the following	codes accurately	describes the p	payment, you may enter	r the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.			member communications			radio airtime and production costs
	campaign consultants		MTG	meetings and appearances			returned contributions
	contribution (explain nonmonetary)	•	OFC	office expenses		SAL	campaign workers' salaries
	civic donations			petition circulating		TEL	t.v. or cable airtime and production costs
	candidate filing/ballot fees			phone banks		TRC	candidate travel, lodging, and meals
	fundraising events		POL	polling and survey research			staff/spouse travel, lodging, and meals

IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings POS postage, delivery and messenger services PRO professional services (legal, accounting) TSF transfer between committees of the same candidate/sponsor VOT voter registration 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 CREDITOR (IF COMMITTEE, ALSO ENTER LD, 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				
•									
	·		2						
	SUBTOTALS	\$	\$	\$	s s				

Schedule G							SCHEDULE (
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	t Amou	nts may be on whole dollar		fr	Statement covers period om September 25, 2016	CALIFO	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		*		. ti	October 27, 2016	Page	of
Tony Daysog						1.D. NUMB 135218	
NAME OF AGENT OR INDEPENDENT CONTRACTOR				*	;		
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	MBR member of meetings at OFC office experition cirin PHO phone ban POL polling and POS postage, di PRO professional PRT print ads	ommunication and appearant nses culating ks survey resea elivery and mal services (le	ns ces	RAI RFI SAI TEI TRO TRS TSF	O radio airtime and production o returned contributions campaign workers' salaries t.v. or cable airtime and proc c candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee	costs duction costs d meals and meals s of the same	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID
						v	
		,					

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 Loans Made to Others*	Amounts may be rounded to whole dollars.			Irom	er 25, 2016	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Tony Daysog)			through October	er 27, 2016	I.D. NUMBER 1352188	of
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. 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 O FORGIVENESS THIS PERIOD	BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		s	\$	PAID S	S		S	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	PAID S FORGIVEN	\$DATE DUE	% RATE	\$DATE INCURRED	CALENDAR YEAR S PER ELECTION** \$
*Loans that are contributions to another candidate c also be summarized on Schedule D. Loans forgiver reported on Schedule E.	or committee must in must also be	SUBTOTALS	\$	\$	\$	\$		
Schedule H Summary 1. Loans made this period								
2. Payments received on loans\$ (Total Column (c) plus unitemized payments of less than \$100.) 3. Net change this period. (Subtract Line 2 from Line 1.)								
(Enter the net here and on the Summar	y rage, Column A, Line 7.)				(May	be a negative number)		

Schedule		Amounts may be rounded			SCHEDULE
Miscelland	eous Increases to Cash	to whole dollars.	Statement covers	period	
			from September 2	5, 2016	FORM 460
SEE INSTRUCTION	NS ON REVERSE		through October 2	7, 2016	Page of
					I.D. NUMBER
Tony Daysog					1352188
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
	1				
	·				
Attach additi	I ional information on appropriately labeled continuation sheets	S.		SUBTOTAL \$	
Schedule I	Summary				
	creases to cash this period.		•		
2. Unitemized	increases to cash of under \$100 this period		······································		
3. Total of all in	nterest received this period on loans made to others. (S	Schedule H, Column (e).)	ss		
Total miscel	laneous increases to cash this period. (Add Lines 1, 2, age, Line 14.)	and 3. Enter here and on the			
					FPPC Form 460 (Jan/2016)
			FPPC A	Advice: advice	@fppc.ca.gov (866/275-3772) www.fppc.ca.gov