

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILE

Date Stamp
OCT 24 2016

CALIFORNIA
2001/02
FORM **460**

Page 1 of 5

For Official Use Only

CITY OF ALAMEDA
CITY CLERK'S OFFICE

Statement covers period

from 9/25/2016

through 10/22/2016

Date of election if applicable:
(Month, Day, Year)

11/8/2016

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small>

<input checked="" type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input checked="" type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small>

<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
|--|---|

2. Type of Statement:

- | | |
|--|---|
| <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) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

3. Committee Information

I.D. NUMBER
1275389

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
CITY OF ALAMEDA DEMOCRATIC CLUB

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY <u>ALAMEDA</u>	STATE <u>CA</u>	ZIP CODE <u>94501</u>	AREA CODE/PHONE <u>(510) 523-2263</u>
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[REDACTED]

CITY <u>ALAMEDA</u>	STATE <u>CA</u>	ZIP CODE <u>94501</u>	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
mike.mcmahon@yahoo.com

Treasurer(s)

NAME OF TREASURER
Mike McMahon

MAILING ADDRESS
[REDACTED]

CITY <u>Alameda</u>	STATE <u>CA</u>	ZIP CODE <u>94501</u>	AREA CODE/PHONE <u>(510) 523-2263</u>
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
Treasurer: mike.mcmahon@yahoo.com

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 10/23/2016 Date _____
 Executed on _____ Date _____
 Executed on _____ Date _____
 Executed on _____ Date _____

By _____
 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**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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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 _____

BALLOT NO. OR LETTER	JURISDICTION	<input 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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>6</u>
I.D. NUMBER 1275389	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CITY OF ALAMEDA DEMOCRATIC CLUB

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$8,358.00	\$8,358.00
2. Loans Received Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$8,358.00	\$8,358.00
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$8,358.00	\$8,358.00

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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$8,404.00	\$8,404.00
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$8,404.00	\$8,404.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$8,404.00	\$8,404.00

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yyyy)	Total to Date
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$321.50
13. Cash Receipts Column A, Line 3 above	\$8,358.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00
15. Cash Payments Column A, Line 8 above	\$8,404.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 <i>If this is a termination statement, Line 16 must be zero.</i>	\$275.50
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00

To calculate Column B, add amounts in Column A to the corresponding amount 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.

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	\$0.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CITY OF ALAMEDA DEMOCRATIC CLUB

I.D. NUMBER
1275389

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)
10/3/2016	IAFF Local 689 PAC Alameda, CA 94501 COMMITTEE ID: 890076	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,358.00	\$8,358.00	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$8,358.00
2. Amount received this period - unitemized monetary contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$8,358.00

*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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**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 9/25/2016 through 10/22/2016	CALIFORNIA FORM 460 Page 6 of 6
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SEE INSTRUCTIONS ON REVERSE

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CITY OF ALAMEDA DEMOCRATIC CLUB

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 |
| 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
Kathy Shipley Firefighters Print & Design Sacramento, CA 95833	LIT		\$8,368.00

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

SUBTOTAL \$

Schedule E Summary

- | | |
|--|------------|
| 1. Itemized payment made this period. (Include all Schedule E subtotals.) | \$8,368.00 |
| 2. Unitemized payments made this period of under \$100 | \$36.00 |
| 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.) | \$8,404.00 |

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)