

Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
Filed Date: 09/23/2020 08:47 PM	
Page <u>1</u> of <u>20</u>	
For Official Use Only	

Statement covers period	Date of election if applicable:
from <u>01/01/2020</u>	(Month, Day, Year)
through <u>09/19/2020</u>	<u>11/03/2020</u>

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Sponsored |
| <i>(Also Complete Part 5)</i> | <i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored | <i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | |
| <i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER 1430096

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

Codiga for Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Alameda	CA	94501	(510)356-8070

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

gig4council@gmail.com

Treasurer(s)

NAME OF TREASURER

William Dal Porto

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Alameda	CA	94502	(510)521-5564

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

dalportobill@gmail.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 09/23/2020
Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on 09/23/2020
Date

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

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gig Codiga

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member : Alameda

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[REDACTED]	Alameda	CA	94501

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	09/19/2020	Page <u>3</u> of <u>20</u>
NAME OF FILER Codiga for Council 2020		I.D. NUMBER 1430096

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Codiga for Council 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 18,465.00	\$ 18,465.00
2. Loans Received Schedule B, Line 3	\$ 5,500.00	\$ 5,500.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 23,965.00	\$ 23,965.00
4. Nonmonetary Contributions Schedule C, Line 3	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 23,965.00	\$ 23,965.00

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	\$ 13,547.79	\$ 13,547.79
7. Loans Made Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 13,547.79	\$ 13,547.79
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	\$ 13,547.79	\$ 13,547.79

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	\$ 0.00
13. Cash Receipts Column A, Line 3 above	\$ 23,965.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0.00
15. Cash Payments Column A, Line 8 above	\$ 13,547.79
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 10,417.21

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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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	\$ 5,500.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	09/19/2020	Page <u>4</u> of <u>20</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Codiga for Council 2020	I.D. NUMBER 1430096
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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)
7/30/2020	Richard Sherratt [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 Retired	500.00	500.00	
8/12/2020	Susan Sherratt [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	President/CEO/CFO NorCal Swap Meets/Pacific Financial	700.00	1,450.00	
8/12/2020	William Dal Porto [REDACTED] Alameda CA 94502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	500.00	500.00	
8/21/2020	Bob Brown [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	President/CEO Team EES, Inc.	500.00	500.00	
8/21/2020	Joe Sherratt [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	National Sales Manager Ertec Environmental Systems	400.00	400.00	
SUBTOTAL \$				2,600.00		

Schedule A Summary

1. Amount received this period – itemized monetary contribution (Include all Schedule A subtotals.)	\$	17,260.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	1,205.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	18,465.00

*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)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	09/19/2020	Page 5 of 20

NAME OF FILER Codiga for Council 2020	I.D. NUMBER 1430096
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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)
8/21/2020	Kristen Thorson [REDACTED] Oakland CA 94605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Care Alameda Health Care Systems	350.00	350.00	
8/21/2020	Vince Morris [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	President/CEO Ertec Environmental Systems	700.00	700.00	
8/28/2020	Chris Seiwald [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 Retired	1,000.00	1,000.00	
8/28/2020	Eric Cross [REDACTED] Alameda CA 94502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	
8/28/2020	Joseph Campbell [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	Lawyer Law Offices of Joseph W. Campbell	100.00	100.00	
SUBTOTAL \$				2,250.00		

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IND – Individual
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(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		CALIFORNIA FORM 460
from	01/01/2020	
through	09/19/2020	Page <u>6</u> of <u>20</u>

NAME OF FILER Codiga for Council 2020	I.D. NUMBER 1430096
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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)
8/28/2020	Linda Soulages [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	Realtor Soulages Company	500.00	500.00	
8/28/2020	Michael Witt [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 Operating Officer Blaisdell,s Business Products	1,000.00	1,000.00	
8/28/2020	Victor Jin [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	Realtor Property Investment Services	100.00	100.00	
8/28/2020	Will Sherratt [REDACTED] Austin TX 78704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed 1708 Media	150.00	150.00	
8/30/2020	Ken Cala [REDACTED] Alameda CA 94502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Advisor Lowery Thomas LLC	1,000.00	1,000.00	
SUBTOTAL \$				2,750.00		

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 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		CALIFORNIA FORM 460
from _____	01/01/2020	
through _____	09/19/2020	Page <u>7</u> of <u>20</u>

NAME OF FILER Codiga for Council 2020	I.D. NUMBER 1430096
--	------------------------

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)
8/31/2020	Kurt Braun [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 Retired	500.00	500.00	
8/31/2020	William Schmitz [REDACTED] Alameda CA 94502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	
9/1/2020	Chris Seelenbacher [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	Jeweler Seelenbacher Jewelers	200.00	200.00	
9/1/2020	Gig Codiga [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	Associate Director Real Estate Assets Genentech	110.00	610.00	
9/1/2020	Karen Miller [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	Realtor Windemere Bay Area Properties	100.00	100.00	
SUBTOTAL \$				1,010.00		

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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		CALIFORNIA FORM 460
from	01/01/2020	
through	09/19/2020	Page 8 of 20

NAME OF FILER Codiga for Council 2020	I.D. NUMBER 1430096
--	------------------------

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)
9/1/2020	Kathleen Henderson [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 Retired	500.00	500.00	
9/3/2020	Rob Moody [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 Technology Risk Consulting Services	250.00	250.00	
9/4/2020	Benjamin Fish [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	Business Development Manager Able Services	250.00	250.00	
9/4/2020	Dan Westerlin [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 Retired	100.00	100.00	
9/8/2020	Dan Tuazon [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 Francois Restaurant & Creamery	200.00	200.00	
SUBTOTAL \$				1,300.00		

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	09/19/2020	Page 9 of 20

NAME OF FILER Codiga for Council 2020	I.D. NUMBER 1430096
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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)
9/8/2020	Jeannie Graham [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 Retired	100.00	100.00	
9/8/2020	Kathy Boothby [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 Retired	100.00	100.00	
9/11/2020	Jay Garfinkle [REDACTED] Alameda CA 94502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,000.00	1,000.00	
9/12/2020	Linda Thurston [REDACTED] Alameda CA 94502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	500.00	500.00	
9/12/2020	Thomas Charron [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 Retired	100.00	100.00	
SUBTOTAL \$				1,800.00		

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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		CALIFORNIA FORM 460
from	01/01/2020	
through	09/19/2020	Page 10 of 20

NAME OF FILER Codiga for Council 2020	I.D. NUMBER 1430096
--	------------------------

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)
9/13/2020	Sally Damsen [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 Retired	1,000.00	1,000.00	
9/14/2020	Felicia Reid [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	Research Assistant Genentech	100.00	100.00	
9/14/2020	Nancy McKinley [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	Insurance Alameda Associates	500.00	500.00	
9/16/2020	Anna Woo [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 Retired	100.00	100.00	
9/16/2020	Italo Calpestri [REDACTED] Kensington CA 94708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Italo Calpestri Architect	250.00	250.00	
SUBTOTAL \$				1,950.00		

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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		CALIFORNIA FORM 460
from	01/01/2020	
through	09/19/2020	Page 11 of 20

NAME OF FILER Codiga for Council 2020	I.D. NUMBER 1430096
--	------------------------

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)
9/16/2020	Kip Nelson [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	Analyst Ertec Environmental Systems	400.00	400.00	
9/16/2020	Melinda Samuelson [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 Retired	500.00	500.00	
9/16/2020	Priyanka Nepal [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	Executive Assistant Robert Lippert Foundation	500.00	500.00	
9/16/2020	Susan Sherratt [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	President/CEO/CFO NorCal Swap Meets/Pacific Financial	750.00	1,450.00	
9/17/2020	Cristine Baker [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 Retired	100.00	100.00	
SUBTOTAL \$				2,250.00		

*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)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Codiga for Council 2020	I.D. NUMBER 1430096
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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)
9/18/2020	Leslie Thornton [REDACTED] Walnut Creek CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,000.00	1,000.00	
9/19/2020	Barrett Parker [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 Retired	100.00	100.00	
9/19/2020	Dick Berman [REDACTED] Alameda CA 94502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	250.00	250.00	
		<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				
SUBTOTAL \$				1,350.00		

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

Schedule A (Continuation Sheet)
Notes

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7/30/2020 - Sherratt Richard - 500.00 - Check 5325

8/12/2020 - Dal Porto William - 500.00 - Check 681

8/12/2020 - Sherratt Susan - 700.00 - NorCal Swap Meets check #5495

8/21/2020 - Morris Vince - 700.00 - Ertec Environmental Sysytems check #7916

8/21/2020 - Brown Bob - 500.00 - Team EES, Inc. check #3329

8/21/2020 - Thorson Kristen - 350.00 - Check #2022

8/21/2020 - Sherratt Joe - 400.00 - Check #2012

8/28/2020 - Seiwald Chris - 1000.00 - Check #4616

8/28/2020 - Sherratt Will - 150.00 - Check 114

8/28/2020 - Jin Victor - 100.00 - Check 1394

8/28/2020 - Cross Eric - 100.00 - Check 5890

8/28/2020 - Soulages Linda - 500.00 - Check 1836

8/28/2020 - Witt Michael - 1000.00 - Check #3789

8/28/2020 - Campbell Joseph - 100.00 - Check #5225

8/30/2020 - Cala Ken - 1000.00 - Check #415

8/31/2020 - Schmitz William - 100.00 - PayPal

8/31/2020 - Braun Kurt - 500.00 - PayPal 8/31

9/1/2020 - Henderson Kathleen - 500.00 - Check #3423

9/1/2020 - Codiga Gig - 110.00 - Stripe

Schedule A (Continuation Sheet)
Notes

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NAME OF FILER	I.D. NUMBER
Codiga for Council 2020	1430096
9/1/2020 - Miller Karen - 100.00 - Stripe	
9/4/2020 - Westerlin Dan - 100.00 - Stripe	
9/3/2020 - Moody Rob - 250.00 - Stripe	
9/8/2020 - Graham Jeannie - 100.00 - Stripe	
9/8/2020 - Boothby Kathy - 100.00 - Stripe	
9/4/2020 - Fish Benjamin - 250.00 - Stripe	
9/8/2020 - Tuazon Dan - 200.00 - Stripe	
9/11/2020 - Garfinkle Jay - 1000.00 - Check #5977	
9/13/2020 - Damsen Sally - 1000.00 - PayPal	
9/12/2020 - Thurston Linda - 500.00 - Stripe	
9/12/2020 - Charron Thomas - 100.00 - Stripe	
9/14/2020 - McKinley Nancy - 500.00 - Stripe	
9/14/2020 - Reid Felicia - 100.00 - PayPal	
9/16/2020 - Nelson Kip - 400.00 - CCheck #105	
9/16/2020 - Calpestri Italo - 250.00 - Check #3305	
9/16/2020 - Samuelson Melinda - 500.00 - Check #4024	
9/16/2020 - Sherratt Susan - 750.00 - Pacific Financial check #3254	
9/16/2020 - Nepal Priyanka - 500.00 - Check #102	
9/16/2020 - Woo Anna - 100.00 - check #494	

Schedule A (Continuation Sheet)
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NAME OF FILER Codiga for Council 2020	I.D. NUMBER 1430096
9/18/2020 - Thornton Leslie - 1000.00 - Stripe	
9/19/2020 - Berman Dick - 250.00 - Stripe	
9/19/2020 - Parker Barrett - 100.00 - PayPal	
9/17/2020 - Baker Cristine - 100.00 - Stripe	

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

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SEE INSTRUCTIONS ON REVERSE
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Codiga for Council 2020

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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Gig Codiga [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	Associate Director Real Estate Assets Genentech	\$ 0.00	\$ 500.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 500.00 11/03/2020 DATE DUE	0.00 % RATE \$ 0.00	\$ 500.00 07/30/2020 DATE INCURRED	CALENDAR YEAR \$ 610.00 PER ELECTION** \$
Gayle Codiga [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	Lawyer Gayle Godfrey Codiga, Esq.	\$ 0.00	\$ 5,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 DATE DUE	0.00 % RATE \$ 0.00	\$ 5,000.00 09/16/2020 DATE INCURRED	CALENDAR YEAR \$ 5,000.00 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	DATE DUE	0.00 % RATE \$	DATE INCURRED	CALENDAR YEAR PER ELECTION** \$
SUBTOTALS		\$	\$ 5,500.00	\$ 0.00	\$ 5,500.00	\$ 0.00		

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

Schedule B Summary

- Loans received this period \$ 5,500.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 5,500.00**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

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

Schedule B1 (Continuation Sheet)
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7/30/2020 - Codiga Gig - 500.00 - Loan to his own campaign

9/16/2020 - Codiga Gayle - 5000.00 - Check #2808

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

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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
City of Alameda [REDACTED] Alameda CA 94501	FIL	\$25 Filing Fee and \$100 Deposit	125.00
Joe Camicia [REDACTED] Henderson NV 89011	CMP	Voter Guide Slate Cards	4,750.00
Joe Camicia [REDACTED] Henderson NV 89011	CMP	Lawn Signs and Flyers	2,491.90
Ana Carlton [REDACTED] Sacramento CA 95820	CNS	July/August Consulting	3,000.00

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

SUBTOTAL \$ 10,366.90

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	13,366.90
2. Unitemized payments made this period of under \$100	\$	180.89
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	13,547.79

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

Amounts may be rounded
to whole dollars.

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1430096

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
Tara Lenoir [REDACTED] Sacramento CA 95820	CNS	July/August Consulting	3,000.00

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

SUBTOTAL \$ 3,000.00

Schedule E (Continuation Sheet)
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8/4/2020 - City of Alameda - 125.00 - Temporary checks

9/8/2020 - Camicia Joe - 4750.00 - Reimbursement

9/15/2020 - Camicia Joe - 2491.90 - Reimbursement