

# Recipient Committee Campaign Statement Cover Page

Date Stamp

Filed Date:  
07/30/2020 03:04  
PM

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

Statement covers period  
from 01/01/2020  
through 06/30/2020

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
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

## 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

## 3. Committee Information

I.D. NUMBER 1402812

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Councilmember Oddie Legal Defense Funds

## Treasurer(s)

NAME OF TREASURER  
Ms. Susan Reyes  
MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Alameda CA 94501 (415)509-1964

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Alameda CA 94501 (415)509-1964

OPTIONAL: FAX / E-MAIL ADDRESS  
jhoddie@pacbell.net

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
ssjreyes@comcast.net

## 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 07/12/2020 Date  
Executed on 07/30/2020 Date  
Executed on Date  
Executed on Date

By [Redacted] Signature of Treasurer or Assistant Treasurer  
By [Redacted] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By [Redacted] Signature of Controlling Officerholder, Candidate, State Measure Proponent  
By [Redacted] Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Jim Oddie

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council Member : City of 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
Jim Oddie for Alameda City Council 2018	1367465
NAME OF TREASURER	CONTROLLED COMMITTEE?
Susan Reyes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
[REDACTED]	[REDACTED]
CITY STATE ZIP CODE	AREA CODE/PHONE
Alameda CA 94501	(415)882-4536
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  SUPPORT  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

CALIFORNIA  
FORM **460**

Statement covers period  
from 01/01/2020  
through 06/30/2020

Page 3 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Councilmember Oddie Legal Defense Funds

I.D. NUMBER

1402812

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 20,543.00	\$ 20,543.00
2. Loans Received .....	Schedule B, Line 3 3,000.00	3,100.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 23,543.00	\$ 23,643.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 2,400.00	2,400.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 25,943.00	\$ 26,043.00

## 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	\$ 26,043.00	\$ 0.00
21. Expenditures Made	\$ 2,576.22	\$ 0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 176.22	\$ 176.22
7. Loans Made .....	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 176.22	\$ 176.22
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3 2,400.00	2,400.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 2,576.22	\$ 2,576.22

## 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
11/03/2020	\$ 2,576.22
/ /	\$
/ /	\$

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 6,823.65
13. Cash Receipts .....	Column A, Line 3 above 23,543.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 0.00
15. Cash Payments .....	Column A, Line 8 above 176.22
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 30,190.43

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 \$ 3,100.00

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

**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 01/01/2020  
through 06/30/2020

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NAME OF FILER

I.D. NUMBER

Councilmember Oddie Legal Defense Funds

1402812

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)
2/5/2020	Mike McCormick [REDACTED] Oakland CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American History Instructor Peralta Colleges	250.00	250.00	250.00 G-20
2/15/2020	Cara Cavanaugh [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 Compass	100.00	100.00	100.00 G-20
2/15/2020	Justin Jarin [REDACTED] Danville CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cannabis Entrepreneur Park Social Alameda	100.00	100.00	100.00 G-20
2/16/2020	Barry Schutz [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	African Studies Professor Stanford University (Honorary)	100.00	100.00	100.00 G-20
2/16/2020	Hyun-Joon Glenn Kim [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	Deputy District Attorney Alameda County District Attorney Office	300.00	300.00	300.00 G-20
<b>SUBTOTAL \$</b>				<b>850.00</b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contribution  
(Include all Schedule A subtotals.) ..... \$ 20,125.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 418.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 20,543.00**

\*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.

Statement covers period  
from 01/01/2020  
through 06/30/2020

NAME OF FILER: Councilmember Oddie Legal Defense Funds  
I.D. NUMBER: 1402812

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)
2/17/2020	Aaron Kraw [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	Sales Person Park Social	100.00	100.00	100.00 G-20
2/17/2020	Alameda Sushi House [REDACTED] Alameda CA 94501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	2,000.00 G-20
2/17/2020	Allen Michaan [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 Executive Michaan Auction	100.00	100.00	100.00 G-20
2/17/2020	Chauncey Man [REDACTED] San Leandro CA 94579	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Sales GEW Exhibition	1,000.00	1,000.00	1,000.00 G-20
2/17/2020	Chek Tang [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	Architect Self Employed/STUDIO T-SQ Inc	500.00	500.00	500.00 G-20
<b>SUBTOTAL \$</b>				<b>3,700.00</b>		

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IND - Individual  
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(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.

Statement covers period  
from 01/01/2020  
through 06/30/2020

NAME OF FILER  
Councilmember Oddie Legal Defense Funds  
I.D. NUMBER  
1402812

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)
2/17/2020	Conchita Ngo Chen ██ Oakland CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	500.00	500.00	500.00 G-20
2/17/2020	J Peach LLC dba Cafe Jolie ██ Alameda CA 94501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commissioner City of Berkeley	100.00	100.00	100.00 G-20
2/17/2020	James Chang ██ Berkeley CA 94702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Special Advisor Philadelphia Phillies	250.00	250.00	250.00 G-20
2/17/2020	Joseph Anakata ██ Alameda CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SW Developer Sirius XM Radio Inc.	125.00	125.00	125.00 G-20
<b>SUBTOTAL \$</b>				<b>1,075.00</b>		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

NAME OF FILER: Councilmember Oddie Legal Defense Funds  
I.D. NUMBER: 1402812

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 TO DATE (IF REQUIRED)
2/17/2020	Ky Vo Truong [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	Collision Repair Shop Owner Alameda Auto Body	500.00	500.00	500.00 G-20
2/17/2020	Turbo Auto Body, Inc. [REDACTED] Oakland CA 94606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 G-20
2/17/2020	U.S. Freight Systems Inc [REDACTED] Oakland CA 94607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 G-20
2/18/2020	Unity PAC Alameda Labor Council ID#1204190 [REDACTED] Oakland CA 94621	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	3,000.00 G-20
2/18/2020	William Crottinger [REDACTED] Oakland CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Ardent Materials	2,500.00	2,500.00	2,500.00 G-20
<b>SUBTOTAL \$</b>				<b>7,500.00</b>		

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(other than PTY or SCC)  
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SCC – Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2020  
through 06/30/2020

NAME OF FILER  
Councilmember Oddie Legal Defense Funds  
I.D. NUMBER  
1402812

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)
2/24/2020	AB&I Foundry [REDACTED] Oakland CA 94621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 G-20
2/27/2020	Carl Chan [REDACTED] Alameonda CA 94502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Claremont Development	500.00	500.00	500.00 G-20
3/19/2020	Boxer & Gerson LLP, Attorneys At Law [REDACTED] Oakland CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 G-20
3/19/2020	California Conference Board Amalgamated Transit Union Small Contributor Committee ID#761357 [REDACTED] Los Angeles CA 90031	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		5,000.00	5,000.00	5,000.00 G-20
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>7,000.00</b>		

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

Amounts may be rounded to whole dollars.

**Schedule B – Part 1  
Loans Received**

Statement covers period  
from 01/01/2020  
through 06/30/2020

**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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Councilmember Oddie Legal Defense Funds

I.D. NUMBER  
1402812

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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
		\$	\$	\$	\$	%	\$	\$
Jim Oddie Alameda CA 94501 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP Finance/General Council Variphy	100.00	0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	100.00	0.00 %	100.00	50.00 PER ELECTION** 50.00 G-20
Jim Oddie for Alameda City Council 2020 ID#1367465 Alameda CA 94501 † <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		0.00	3,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	3,000.00	0.00 %	3,000.00	3,000.00 PER ELECTION** 3,000.00 G-20
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	\$	%	\$	\$
<b>SUBTOTALS \$</b>		<b>3,000.00</b>	<b>\$</b>	<b>0.00</b>	<b>\$</b>	<b>0.00</b>	<b>\$</b>	<b>0.00</b>

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

**Schedule B Summary**

- Loans received this period ..... \$ 3,000.00  
(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 \$ 3,000.00**  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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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

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

# Schedule C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE C

CALIFORNIA  
FORM **460**

Statement covers period  
from 01/01/2020  
through 06/30/2020

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Councilmember Oddie Legal Defense Funds

I.D. NUMBER  
1402812

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/18/2020	Rob Bonta for Assembly 2020 ID#1414291 [REDACTED] Sacramento CA 95815	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2/17/2020 Fundraising Event Expenses	2,400.00	2,400.00	2,400.00 G-20
		<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					
<b>SUBTOTAL \$</b>					2,400.00		

Attach additional information on appropriately labeled continuation sheets.

## Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 2,400.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100..... \$ 0.00
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL \$** 2,400.00

\*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

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

Amounts may be rounded to whole dollars.

# Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Councilmember Oddie Legal Defense Funds

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- 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
- 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)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
Stripe [REDACTED]	OFC			1.75
San Francisco CA 94103				
Stripe [REDACTED]	OFC			7.55
San Francisco CA 94103				
Stripe [REDACTED]	OFC			116.92
San Francisco CA 94103				
			<b>SUBTOTAL \$</b>	<b>126.22</b>

\* 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.) ..... \$ 126.22
2. Unitemized payments made this period of under \$100 ..... \$ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 176.22**