

Recipient Committee Campaign Statement Cover Page

COVER PAGE

**CALIFORNIA
FORM 460**

Page 1 of 14

For Official Use Only

Date Stamp

Filed Date:
10/22/2020 02:07
PM

Date of election if applicable:

(Month, Day, Year)

11/03/2020

Statement covers period

from 09/20/2020

through 10/17/2020

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
- (Also file a Form 410 Termination)
Additional Non Monetary Contribution

3. Committee Information

I.D. NUMBER 1367465

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

Jim Oddie for Alameda City Council 2020

Treasurer(s)

NAME OF TREASURER

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

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 10/22/2020 Date
Executed on 10/22/2020 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 Councilmember Oddie Legal Defense Funds	I.D. NUMBER 1402812
NAME OF TREASURER Susan Reyes	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS [REDACTED]	STREET ADDRESS (NO P.O. BOX)
CITY Alameda	STATE ZIP CODE AREA CODE/PHONE CA 94501 (415)509-1964
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 09/20/2020

Page 3 of 14

through 10/17/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Oddie for Alameda City Council 2020

I.D. NUMBER

1367465

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 16,500.00	\$ 47,662.00
2. Loans Received Schedule B, Line 3	0.00	500.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 16,500.00	\$ 48,162.00
4. Nonmonetary Contributions Schedule C, Line 3	186.40	1,533.86
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 16,686.40	\$ 49,695.86

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

6. Payments Made Schedule E, Line 4	\$ 11,964.41	\$ 18,635.63
7. Loans Made Schedule H, Line 3	0.00	3,000.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 11,964.41	\$ 21,635.63
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	186.40	1,533.86
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 12,150.81	\$ 23,169.49

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
/ /	\$ _____
/ /	\$ _____
/ /	\$ _____

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

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 22,887.67
13. Cash Receipts Column A, Line 3 above	16,500.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	11,964.41
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 27,423.26

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 3,000.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 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).

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

**CALIFORNIA
FORM 460**

Page 4 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Oddie for Alameda City Council 2020

I.D. NUMBER

1367465

Statement covers period
from 09/20/2020
through 10/17/2020

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)
9/20/2020	Cyndy Johnsen [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	Designer LifeLink	100.00	100.00	
9/20/2020	Pamela Price [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	Attorney Self Employed/Pamela Y Price, Attorney At Law	200.00	200.00	
9/21/2020	Bryan Schwartz [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	Attorney Self Employed	250.00	250.00	
9/22/2020	Sprinkler Fitters & Apprentices Local 483 Local Political Action Committee ID#1298012 [REDACTED] Hayward CA 94545	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,250.00	1,250.00	
9/24/2020	International Brotherhood of Electrical Workers Local 595 PAC ID#1273532 [REDACTED] Dublic CA 94568	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	
SUBTOTAL \$				3,300.00		

Schedule A Summary

- Amount received this period – itemized monetary contribution
(Include all Schedule A subtotals.) \$ 16,300.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 200.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 16,500.00

*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 09/20/2020
through 10/17/2020

NAME OF FILER
Jim Oddie for Alameda City Council 2020
I.D. NUMBER
1367465

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)
9/25/2020	Laborer's Local 304 PAC ID#902565 Sacramento CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000.00	3,500.00	
9/26/2020	International Brotherhood of Electrical Workers Local Union 1245 PAC ID#742993 Vacaville CA 95687	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
10/6/2020	East Bay Animal PAC ID#1395126 Oakland CA 94607	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
10/7/2020	Evan Low for Assembly 2020 ID#1414197 Sacramento CA 95815	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/8/2020	Jan Santos 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 Director East Bay Center for the Blind	100.00	200.00	
SUBTOTAL \$				3,450.00		

*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 09/20/2020
through 10/17/2020

NAME OF FILER
Jim Oddie for Alameda City Council 2020
I.D. NUMBER
1367465

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/2020	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	Owner Michaan's Auctions	100.00	200.00	
10/9/2020	Northern California Carpenters Regional Council ID#972104 [REDACTED] Oakland CA 94621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		500.00	500.00	
10/9/2020	Robert (Winston) Ellinthorpe [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	Owner Bay Area Crossings	150.00	400.00	
10/12/2020	Helen Liu [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 The Bar Method Berkeley	100.00	100.00	
10/14/2020	Delong Liu [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	Owner United Brothers Enterprise	750.00	750.00	
SUBTOTAL \$				1,600.00		

*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 09/20/2020
through 10/17/2020

NAME OF FILER
Jim Oddie for Alameda City Council 2020
I.D. NUMBER
1367465

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)
10/14/2020	James Chang [REDACTED] Berkeley CA 94702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commissioner City of Berkeley	100.00	150.00	
10/15/2020	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	
10/15/2020	Laborer's Local 304 PAC ID#902565 [REDACTED] Sacramento CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		2,500.00	3,500.00	
10/15/2020	Scott Freedman [REDACTED] Moraga CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Zacks, Freedman & Patterson	100.00	100.00	
10/16/2020	8393 Capwell Property [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		500.00	500.00	
SUBTOTAL \$				5,200.00		

*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 09/20/2020
through 10/17/2020

NAME OF FILER: Jim Oddie for Alameda City Council 2020
I.D. NUMBER: 1367465

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)
10/16/2020	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's Office	250.00	500.00	
10/16/2020	Gregory McConnell [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	Consultant McConnell Group	250.00	250.00	
10/16/2020	Hilary Mattis [REDACTED] Menlo Park CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Latham & Watkins LLP	100.00	100.00	
10/16/2020	International Association of Heat and Frost Insulators and Allied Workers Local 16, AFL-Cio PAC Fund ID#12 [REDACTED] Benicia CA 94510	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/16/2020	Kristen Sakamoto [REDACTED] Honolulu HI 96825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney State of Hawaii	100.00	100.00	
SUBTOTAL \$				950.00		

*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 09/20/2020
through 10/17/2020

NAME OF FILER
Jim Oddie for Alameda City Council 2020
I.D. NUMBER
1367465

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)
10/16/2020	Kyeong Shin [REDACTED] Orinda CA 945634008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Turbo Auto Body, Inc.	750.00	750.00	
10/16/2020	Stewart Chen [REDACTED] Oakland CA 946074428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chiropractor Care Plus Chiropractic Health	600.00	600.00	
10/17/2020	Corina Lopez [REDACTED] San Leandro CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Pinnacle Vista Technology, LLC	150.00	150.00	
10/17/2020	League of Conservation Voters of the East Bay ID#1222089 [REDACTED] Oakland CA 94612	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	
SUBTOTAL \$				1,800.00		

*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 B – Part 1 Loans Received

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jim Oddie for Alameda City Council 2020

Statement covers period from 09/20/2020 through 10/17/2020

Page 10 of 14

I.D. NUMBER
1367465

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 [REDACTED] Alameda CA 94501	VP Finance/General Counsel Variphy	\$ 500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 500.00 12/31/2024 DATE DUE	0.00 % RATE	\$ 500.00 07/29/2020 DATE INCURRED	\$ 732.55 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	\$ 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	\$ 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	\$ PER ELECTION**
SUBTOTALS \$		0.00 \$	0.00 \$	0.00 \$	500.00 \$	0.00		

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

Schedule B Summary

- Loans received this period \$ 0.00
(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 \$** 0.00
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 C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

**CALIFORNIA
FORM 460**

Page 11 of 14

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jim Oddie for Alameda City Council 2020

I.D. NUMBER
1367465

Statement covers period
from 09/20/2020
through 10/17/2020

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)
9/30/2020	Jim Oddie [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	VP Finance/General Counsel Variphy	Facebook Ad	186.40	732.55	
		<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 \$					186.40		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 186.40

2. Amount received this period – unitemized nonmonetary contributions of less than \$100..... \$ 0.00

3. 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 \$** 186.40

*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

Jim Oddie for Alameda City Council 2020

I.D. NUMBER

1367465

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
Budget Watchdogs Newsletter ID#1345115 Torrance CA 90505	LIT			313.00
Election Digest ID#1345303 Torrance CA 90505	LIT			369.00
Pacific Print Resources Emeryville CA 94608	LIT	1104		1,255.28
The Next Generation Alameda CA 94502			Digital Ads	230.00
			SUBTOTAL \$	2,167.28

* 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.) \$ 11,818.68
2. Unitemized payments made this period of under \$100 \$ 145.73
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 \$ 11,964.41**

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

**CALIFORNIA
FORM 460**

Statement covers period
from 09/20/2020
through 10/17/2020

Page 14 of 14

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jim Oddie for Alameda City Council 2020
I.D. NUMBER
1367465

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	REPAYMENT OR FORGIVENESS THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST RECEIVED RATE	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
Councilmember Oddie Legal Defense Funds ID#1402812 [REDACTED] Alameda CA 94501		\$ 3,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 3,000.00 12/31/2030 DATE DUE	0.00 % 0.00	\$ 3,000.00 03/04/2020 DATE INCURRED	\$ 3,000.00 PER ELECTION**
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	0.00 % RATE	\$ DATE INCURRED	\$ PER ELECTION**
SUBTOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,000.00	\$ 0.00	\$ 0.00	

*Loans that are contributions to another candidate or committee
must also be summarized on Schedule D. Loans forgiven must
also be reported on Schedule E.

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

Schedule H Summary

- Loans made this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$ 0.00
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
(Enter the net here and on the Summary Page, Column A, Line 7.)

****If Required**