

Recipient Committee Campaign Statement Cover Page

Date Stamp

Filed Date:
10/21/2020 08:45
AM

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

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

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 10/17/2020 Date
Executed on 10/21/2020 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 2020	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 09/20/2020
through 10/17/2020

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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 \$ 0.00	20,543.00
2. Loans Received	Schedule B, Line 3 0.00	3,100.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 0.00	23,643.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	2,400.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 0.00	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	\$ 0.00	\$ 26,043.00
21. Expenditures Made	\$ 0.00	\$ 2,576.22

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 176.22
7. Loans Made	Schedule H, Line 3 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 176.22
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00
10. Nonmonetary Adjustment	Schedule C, Line 3 2,400.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 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 \$ 30,190.43
13. Cash Receipts	Column A, Line 3 above 0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
15. Cash Payments	Column A, Line 8 above 0.00
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.

Amounts may be rounded to whole dollars.

**Schedule B – Part 1
Loans Received**

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

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CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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 Counsel Variphy	\$ 100.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 100.00 DATE DUE 12/31/2020	0.00 % RATE	\$ 100.00 DATE INCURRED 02/05/2018	\$ 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		\$ 3,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3,000.00 DATE DUE 12/31/2030	0.00 % RATE	\$ 3,000.00 DATE INCURRED 03/04/2020	\$ 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		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	0.00 % RATE	\$ DATE INCURRED	\$ PER ELECTION**
SUBTOTALS \$		0.00 \$	0.00 \$	0.00 \$	3,100.00 \$	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.

*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.