

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	CALIFORNIA FORM 460
RECEIVED SEP 21 2015 CITY CLERK'S OFFICE CITY OF BURLINGAME	Page <u>1</u> of <u>17</u>
	For Official Use Only

Statement covers period from <u>7/1/2015</u> through <u>9/19/2015</u>	Date of election if applicable: (Month, Day, Year) <u>11/3/2015</u>
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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 (Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement: CITY OF BURLINGAME

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1378269

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

Emily Beach for City Council 2015

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Deborah Weller Hirth

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 9/21/2015
Date

Executed on 9/21/2015
Date

Executed on _____
Date

Executed on _____
Date

By Deborah Weller Hirth
Signature of Treasurer or Assistant Treasurer

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

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

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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460
Page <u>2</u> of <u>17</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) _____

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP _____

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE _____

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 Emily Beach	OFFICE SOUGHT OR HELD City Council	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>7/1/2015</u> through <u>9/19/2015</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>17</u>	I.D. NUMBER <u>1378269</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Emily Beach for City Council 2015

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 18,678.60	\$ 19,678.60
2. Loans Received Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 18,678.60	\$ 19,678.60
4. Nonmonetary Contributions Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 18,678.60	\$ 19,678.60

**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	Column B
6. Payments Made Schedule E, Line 4	\$ 7,120.07	\$ 7,120.07
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 7,120.07	\$ 7,120.07
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 7,120.07	\$ 7,120.07

**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	\$ 1,000.00
13. Cash Receipts Column A, Line 3 above	18,678.60
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	7,120.07
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 12,558.53

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0

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.

Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
7/9/15	Rick and Jill Fair	x IND COM OTH PTY SCC	Marketing Executive Genentech	\$1,164.00		
7/9/15	Dave Tillman	x IND COM OTH PTY SCC	Head Trader Passport Capital, LLC	\$500.00		
7/9/15	Kelly Tillman	x IND COM OTH PTY SCC	Homemaker None	\$500.00		
7/22/15	Linda and David Shaffer	x IND COM OTH PTY SCC	Consultant Self Employed	\$200.00		
7/27/15	Mary and Jeremy Lord	x IND COM OTH PTY SCC	P/T Marketing - Retired Self Employed	\$500.00		
			Subtotal	\$2,864.00		

Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
7/27/15	Florence Wong & Andrew Haske	x IND COM OTH PTY SCC	Homemaker None	\$300.00		
8/3/15	William Sexton	x IND COM OTH PTY SCC	Real Estate Self Employed	\$583.92		
8/10/15	Shelley & Roger Graham	x IND COM OTH PTY SCC	Retired None	\$150.00		
8/10/15	David W. Beach	x IND COM OTH PTY SCC	Professor Stanford	\$583.91		
8/10/15	Kelly Duncan	x IND COM OTH PTY SCC	Teacher So. SF Unified	\$100.00		
			Subtotal	\$1,717.83		

Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
8/10/15	Alexander Kent	x IND COM OTH PTY SCC	Real Estate Broker Symphonic Investments	\$100.00		
8/10/15	Ann Lee-Karlon	x IND COM OTH PTY SCC	R & D Genentech	\$583.91		
8/10/15	Stephanie Beach	x IND COM OTH PTY SCC	Retired None	\$583.91		
8/10/15	Stephanie & Daniella Kriner	x IND COM OTH PTY SCC	Sales Slalom Consulting	\$250.00		
8/10/15	Delyn Simons	x IND COM OTH PTY SCC	VP Developer Platform Ionic Data Security	\$583.91		
			Subtotal	\$2,101.73		

Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
8/10/15	Jeremy Gordon	x IND COM OTH PTY SCC	Unemployed None	\$583.91		
8/10/15	John McGuire	x IND COM OTH PTY SCC	Finance Insightly	\$250.00		
8/10/15	Christina Dur	x IND COM OTH PTY SCC	Scientist Cancer Prevention Institute of CA	\$100.00		
8/10/15	Jim Wunderlich	x IND COM OTH PTY SCC	Engineer Salesforce	\$250.00		
8/11/15	Ginger Roehrig	x IND COM OTH PTY SCC	Physician Palo Alto Medical Foundatio	\$100.00		
			Subtotal	\$1,283.91		

Emily Beach for City Council 2015

Date Received	Name Street Address	Cont Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
8/12/15	Deva Dalporto	x IND COM OTH PTY SCC	None None	\$200.00		
8/12/15	Melissa Macko	x IND COM OTH PTY SCC	Homemaker None	\$583.91		
8/22/15	Cynthia Cornell	x IND COM OTH PTY SCC	Legal Secretary Cooley LLP	\$100.00		
8/23/15	Katie Riggs	x IND COM OTH PTY SCC	Freelance Writer Self Employed	\$100.00		
8/24/15	Sandra Sullivan	x IND COM OTH PTY SCC	Psychologist Self Employed	\$100.00		
			Subtotal	\$1,083.91		

Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
8/30/15	Heba & Joseph Levitt	x IND COM OTH PTY SCC	Physician Stanford	\$1,167.83		
8/30/15	Joe Galligan	x IND COM OTH PTY SCC	CPA Self Employed	\$250.00		
8/30/15	Bob & Debbie Hirth	x IND COM OTH PTY SCC	Consultant Protiviti	\$500.00	\$1,000	\$1,000
8/31/15	Christine & Jeremy Wilkinson	x IND COM OTH PTY SCC	Teacher St. Ignatius Prep School	\$100.00		
8/27/15	Susan Runyan	x IND COM OTH PTY SCC	Physician One Medical Group	\$100.00		
			Subtotal	\$2,117.83		

Schedule A Statement covers period from July 1, 2015 - September 19, 2015
 ID Number: 1378269

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Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
8/31/15	Cristos & Elizabeth Goodrow	x IND COM OTH PTY SCC	Software Engineer YouTube	\$1,167.83		
9/1/15	Alison & Kellie Kemp	x IND COM OTH PTY SCC	Marketing Alain Pinel Realtors	\$250.00		
9/1/15	Rory O'Driscoll	x IND COM OTH PTY SCC	Investor Scale Venture Partners	\$583.91		
9/1/15	Olive O'Driscoll	x IND COM OTH PTY SCC	Homemaker None	\$583.91		
9/1/15	Shari Lewis	x IND COM OTH PTY SCC	Attorney Self Employed	\$100.00		
			Subtotal	\$2,685.65		

Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
8/31/15	Kelly & Gregory Chow	x IND COM OTH PTY SCC	Chief Of Staff Jazz Pharmaceuticals	\$1,167.83		
9/3/15	Mary Ellen Kearney	x IND COM OTH PTY SCC	None Retired	\$200.00		
9/7/15	David W. Harris	x IND COM OTH PTY SCC	Communications Manager Wells Fargo	\$150.00		
9/7/15	JoWei Chang	x IND COM OTH PTY SCC	Consultant Internship Communications AG	\$250.00		
9/8/15	Les Terry	x IND COM OTH PTY SCC	Firefighter City of San Francisco	\$100.00		
			Subtotal	\$1,867.83		

Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
9/8/15	Betsy Rosen	x IND COM OTH PTY SCC	Homemaker None	\$583.91		
9/10/15	Eric & Lauren Schlezinger	x IND COM OTH PTY SCC	HR Executive Tessera Technologies	\$150.00		
9/11/15	Nick and Erika Pianim	x IND COM OTH PTY SCC	Venture Investing DAG Ventures	\$500.00		
9/14/15	Elisa Lee	x IND COM OTH PTY SCC	Attorney Self Employed	\$250.00		
9/14/15	Warren Goodrich	x IND COM OTH PTY SCC	Investment Analyst Varden Pacific LLC	\$100.00		
			Subtotal	\$1,583.91		

Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
9/14/15	Lauren Matthews	x IND COM OTH PTY SCC	Homemaker None	\$100.00		
9/15/15	Brian Beswick	x IND COM OTH PTY SCC	Real Estate CBRE	\$250.00		
9/15/15	Patti & Philip Rossi	x IND COM OTH PTY SCC	Teacher Burlingame School District	\$100.00		
9/16/15	Blake & Sari McConnell	x IND COM OTH PTY SCC	Hi Tech EMC	\$100.00		
9/16/15	Susan and Tom Paine	x IND COM OTH PTY SCC	None Retired	\$100.00		
			Subtotal	\$650.00		

Emily Beach for City Council 2015

Date Received	Name Street Address	Contr Code	Occupation and Employer	Amount Received	Cumulative to Date	Per Election to Date
9/16/15	Joanne & Peter Garrison	x IND COM OTH PTY SCC	None Retired	\$100.00		
9/18/15	Dorothy Brown	x IND COM OTH PTY SCC x IND COM OTH PTY SCC	None Retired	\$100.00		
Subtotal				\$200.00		
1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals) .				\$18,156.60		
2. Amount received this period – unitemized monetary contributions of less than \$100				\$522.00		
3. Total monetary contributions received this period.				\$18,678.60		

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>7/1/2015</u>	CALIFORNIA FORM 460
through <u>9/19/2015</u>	
Page <u>15</u> of <u>17</u>	I.D. NUMBER <u>1378269</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Emily Beach for City Council 2015

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 Burlingame 501 Primrose Road Burlingame, CA 94010	FL		\$365.00
Edward Wilder	CMP	Logo & Design Fees	\$950
Colorprint	LIT		\$1,093.15

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

SUBTOTAL \$ 2,408.15

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 6,962.50
2. Unitemized payments made this period of under \$100	\$ 157.57
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 7,120.07

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	7/1/2015	
through	9/19/2015	Page 16 of 17
NAME OF FILER		I.D. NUMBER
Emily Beach for City Council 2015		1378269

SEE INSTRUCTIONS ON REVERSE

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
Belaire Displays	CMP		Lawn Signs	\$2,074.25
PrimeTime Paper, Inc.	CMP		T-shirts	\$1,491.12
Go Daddy www.godaddy.com	WEB			\$141.47
Blue Bee Printing www.bluebeeprinting.com	CMP		Magnets	\$264.52
Dr. Don's Buttons, Badges and Magnets	CMP		Buttons	\$223.70

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

SUBTOTAL \$ 4,195.06

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	7/1/2015	
through	9/19/2015	Page 17 of 17
NAME OF FILER		I.D. NUMBER
Emily Beach for City Council 2015		1378269

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Emily Beach for City Council 2015

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

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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
Paypal www.paypal.com			Processing Fees	\$359.29

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

SUBTOTAL \$ 359.29