

**Recipient Committee
Campaign Statement
Cover Page**

| | |
|---|----------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| RECEIVED OCT 25 2018 BY: 2:48 pm / LBS | Page <u>1</u> of <u>8</u> |
| | For Official Use Only |

| | |
|--|--|
| Statement covers period from <u>23 September 2018</u> through <u>18 October 2018</u> | Date of election if applicable: (Month, Day, Year) <u>November 6, 2018</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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

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

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 <small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER

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

Residents for a Just EPA for Measures HH

STREET ADDRESS (NO P.O. BOX)

2211 Ralmar Ave

CITY STATE ZIP CODE AREA CODE/PHONE

East Palo Alto CA 94303 650-283-2852

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

cromero_ezln@yahoo.com

Treasurer(s)

NAME OF TREASURER

Carlos Romero

MAILING ADDRESS

2211 Ralmar Ave

CITY STATE ZIP CODE AREA CODE/PHONE

East Palo Alto CA 94303 650-283-2852

NAME OF ASSISTANT TREASURER, IF ANY

Francisca Guzman

MAILING ADDRESS

40 Newell Road, #12

CITY STATE ZIP CODE AREA CODE/PHONE

East Palo Alto CA 94303 408-870-9660

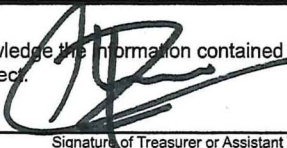
OPTIONAL: FAX / E-MAIL ADDRESS

cromero_ezln@yahoo.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 10/25/2018
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on _____
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

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

City of East Palo Alto Commercial Office Parcel Tax

| | | |
|----------------------------|---------------------------|--|
| BALLOT NO. OR LETTER HH | JURISDICTION San Mateo | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> 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

| | |
|--|---------------------------------------|
| Statement covers period from <u>23 September 2018</u> through <u>18 October 2018</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>8</u> |
| I.D. NUMBER | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Carlos Romero

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| Contributions Received | | |
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>3313.64</u> | \$ <u>5654.64</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | <u>6000.00</u> | <u>6900.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>9313.64</u> | \$ <u>12554.64</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | <u>176.07</u> | <u>176.09</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>9489.71</u> | \$ <u>12730.71</u> |

**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 | \$ _____ | \$ _____ |

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| Expenditures Made | | |
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>3200.57</u> | \$ <u>5509.80</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>3200.57</u> | \$ <u>5509.80</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | <u>0</u> | <u>0</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | <u>176.07</u> | <u>176.07</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>3376.64</u> | \$ <u>5685.87</u> |

**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 |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) |
|---|--|
| Current Cash Statement | |
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i> | \$ <u>931.07</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | <u>9313.64</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | <u>0</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>3200.57</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>7044.14</u> |

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

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.

| | |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|---|-------------|

| | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|
| Cash Equivalents and Outstanding Debts | |
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ <u>0</u> |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0</u> |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>23 September 2018</u> through <u>18 October 2018</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---------------------------------------|-------------|
| NAME OF FILER Carlos Romero | I.D. NUMBER |
|---------------------------------------|-------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9-27-18 | Court Skinner 310 Donohoe St, East Palo Alto CA 94303 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Computers for Everyone Founder/CEO | 100.00 | 100.00 | |
| 10-06-18 | Scott Hochberg 94 Old Coach Hwy Hamden, CT 06518-2025 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney, Community Legal Services, East Palo Alro | 100.00 | 100.00 | |
| 10-14-18 | Renee Glover Chantler 444 Bell St East Palo Alto CA 94303 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney, Chantler Law Offices | 500.00 | 500.00 | |
| 10-15-18 | William Webster 480 East O'Keefe Street Unit 307 East Palo Alto, CA 94303-2191 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 103.62 | 103.62 | |
| 10-15-18 | Maryann Moise 148 Ramoso Rd Portola Valley, CA 94028-7328 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not employed | 1000.00 | 1000.00 | |
| SUBTOTAL \$ | | | | 1803.62 | | |

Schedule A Summary

| | |
|--|--------------------------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ <u>3053.62</u> |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ <u>260.02</u> |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | TOTAL \$ <u>3313.64</u> |

*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 from <u>23 September 2018</u> through <u>18 October 2018</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>8</u> |

| | |
|---------------------------------------|-------------|
| NAME OF FILER Carlos Romero | I.D. NUMBER |
|---------------------------------------|-------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10-17-18 | Duane Bay 810 Green St East Palo Alto, CA 94303 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Association of Bay Area Gov., Deputy Planning and Research Director | 500.00 | 500.00 | |
| 10-17-18 | San Mateo County Labor Council, AFL-CIO 1153 Chess Dr., Suite 200 Foster City CA 94404 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | N/A AFL-CIO | 250.00 | 250.00 | |
| 10-17-18 | UNITE HERE Local 2 209 Highland Ave Burlingame, CA 94010 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | N/A Hospitality union | 500.00 | 500.00 | |
| | | <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 \$ | | | | 1250.00 | | |

*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.

| | |
|--|----------------------------|
| Statement covers period from <u>23 September 2018</u> through <u>18 October 2018</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---------------------------------------|-------------|
| NAME OF FILER Carlos Romero | I.D. NUMBER |
|---------------------------------------|-------------|

| 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 |
|--|---|--|------------------------------------|--|--|---------------------------------------|---|---|
| Carlos Romero 2211 Ralmar Ave East Palo Alto, CA 94303 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self, Affordable Housing Consultant | \$ <u>500</u> | \$ <u>5000</u> | <input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u> | \$ <u>5500</u> <u>NA</u> DATE DUE | <u>0</u> % RATE \$ <u>0</u> | \$ <u>5000</u> <u>9-25-18</u> DATE INCURRED | CALENDAR YEAR \$ <u>5500</u> PER ELECTION** \$ <u>NA</u> |
| Ruben Abrica 15 Newell Road #5 East Palo Alto, CA 94303 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Professor, De Anza College | \$ <u>400</u> | \$ <u>1000</u> | <input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u> | \$ <u>1400</u> <u>NA</u> DATE DUE | <u>0</u> % RATE \$ <u>0</u> | \$ <u>1000</u> <u>9-27-18</u> DATE INCURRED | CALENDAR YEAR \$ <u>1400</u> PER ELECTION** \$ <u>NA</u> |
| † <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 | _____% RATE \$ _____ | \$ _____ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |

SUBTOTALS \$ 6000 \$ 0 \$ 6900 \$ 0

Schedule B Summary

1. Loans received this period \$ 6000
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 6000**
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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

†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

| | |
|--|----------------------------|
| Statement covers period from <u>23 September 2018</u> through <u>18 October 2018</u> | CALIFORNIA FORM 460 |
| Page <u>7</u> of <u>8</u> | I.D. NUMBER |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Carlos Romero

| 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) |
|--|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 10-06-18 | Stewart Hyland 124 Azalia Dr, East Palo Alto, CA 94303 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Faith In Action Organizer | Pizza for mobilizations | 79.00 | 79.00 | |
| 10-06-18 | Ofelia Bello 2379 Oakwood Dr East Palo Alto, CA 94303 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Metropolitan Transportations Commission Urban Panner | Emmanuel Pizza for mobilizations | 65.50 | | |
| 10-13-18 | Ofelia Bello 2379 Oakwood Dr East Palo Alto, CA 94303 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Metropolitan Transportations Commission Urban Panner | Snacks for mobilizations | 13.07 | | |
| 10-13-18 | Ofelia Bello 2379 Oakwood Dr East Palo Alto, CA 94303 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Metropolitan Transportations Commission Urban Panner | Emmanuel Pizza for mobilizations | 18.00 | 97.07 | |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> | | | | | SUBTOTAL \$ | 176.07 | |

Schedule C Summary

| | | |
|---|-----------------|--------|
| 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)..... | \$ | 176.07 |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 | \$ | 0 |
| 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 \$ | 176.07 |

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|----------------------------|
| Statement covers period from <u>23 September 2018</u> through <u>18 October 2018</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>8</u> |
| | I.D. NUMBER |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Romero

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 |
|---|---------|---|-------------|
| PsPrint 2861 Mandela Pkwy Oakland, CA 94608 | CMP | Vinyl Banners, 3'x5' x6 Job Number: 4018917- 5515944 | 295.40 |
| Precise Printing & Mailing 168 Beacon St, South San Francisco, CA 94080 | LIT | Postcards, 6"x9" Invoice: 22221 | 1468.20 |
| Precise Printing & Mailing 168 Beacon St, South San Francisco, CA 94080 | LIT | Postcards Spanish, 6"x9" Invoice: 22326 | 1424.42 |

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

SUBTOTAL \$ 3188.02

Schedule E Summary

| | | |
|---|-----------------|----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | <u>3188.02</u> |
| 2. Unitemized payments made this period of under \$100..... | \$ | <u>12.55</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ | <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ | <u>3200.57</u> |