Recipient Committee Campaign Statement Cover Page		,	Deta Stamp RECEIVE	CALIFORNIA 460 FORM 1 at 37
	Statement covers period 7/1/2017 9/23/2017	Date of election if applicable; (Month, Day, Year)	SEP 2 8 2017	For Official Use Only
SEE DISTRUCTIONS ON REVERSE	through	1 (17/2017	City of Sausalito	
1. Type of Recipient Committee: All Committees - Co	mplete Paris 1, 2, 3, and 4.	2. Type of Statement:	•	and the second distribution of the second distri
State Candidate Election Committee Recall Re	Primarily Formed Ballot Measure Committee Controlled Disponsored MacCompatible Compatible Primarily Formed Candidate/ Officeholder Committee Disponsored Ref ()	Preelection Statement Serni-annual Statement Termination Statement (Also file a Form 416 Te	Special Specia	erly Statement al Odd-Year Report
	.NUMBER 398572	Treasurer(s)		
CONVETTEE HAVE (OR CANDIDATE'S HAVE IF NO COMMITTEE) Melissa Blaustein for Sausalito City Council 2017		RAME OF TREASURER Patricia Schmidtt WALNIG ADDRESS		
STREET ADDRESS (XX) P.O. BOX)		ciry Sausalito	STATE ZIP COO	E AREA CODE/PIPONE
CITY STATE ZIPCOS Sausalito CA 94966		NAME OF ASSISTANT TREASURER		
VAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAKING ADDRESS	The state of the s	
City State ZP COX Sausalito CA 94966		ध्राप	STATE ZIP CODE	AREA CODEPHONE
орпоча: FAX / E.MALADORESS melissablaustein@gmail.com		OPTIONAL: FAX/ENARLADDRESS		
 Verification I have used all reasonable diagence in preparing and reviewing cert by under penalty of perjury under the laws of the State of C 	g this statement and to the best of my known and an	owledge the information contained h	erein and in the attached sched	ules is true and complete. I
Executed on 9/28/17 Executed on 9/28/17 Executed on 9/28/17		Since the of treatment or Algisted Tr		-
Executed on	BySign	aker of Controling Office tolder, Carolista, Sta	a Measure Proport ere	· ·
Executed on	Ву	eture d' Controllins Office holder, Cantidate, Stat	a Measure Proponent	···

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	AG	L- FAIN 2	
CALII F(FORNIA DRM	4	460	
Page	2	of	37	

5. Officeholder or Candidate Controlled	Committee	6. Primari	ily Formed Ballot	Measure Commi	ittee	
NAME OF OFFICEHOLDER OR CANDIDATE	·	NAME OF	BALLOT MEASURE			
Melissa Blaustein						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)	BALLOTN	IO. OR LETTER	JURISDICTION		SUPPORT
Sausalito City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	ET) CITY STATE ZIP Sausalito, CA 94965	Identify t	he controlling officeho	older, candidate, or s	state measure prop	onent, if any.
	Saucanto, Ort 6 1000	NAME OF	OFFICEHOLDER, CANDID	OATE, OR PROPONENT		
Related Committees Not Included in to not included in this statement that are controlled to contributions or make expenditures on behalf of y	y you or are primarily formed to receive	OFFICE SO	OUGHT OR HELD	•	DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER			•		
NAME OF TREASURER	CONTROLLED COMMITTEE?	officehold	ly Formed Candid ler(s) or candidate(s) for	r which this committe	e is primarily forme	stnames of d.
COMMITTEE ADDRESS STREET ADDRESS (N	IO P.O. BOX)	NAME OF C	OFFICEHOLDER OR CAND	OFFICE:	SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF C	DFFICEHOLDER OR CAND	DIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF C	OFFICEHOLDER OR CAND	DIDATE OFFICE S	SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF O	FFICEHOLDER OR CAND	OFFICE S	SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O. BOX)			<u> </u>		
CITY STATE	ZIP CODE AREA CODE/PHONE		Attach c	continuation sheets	if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Melissa Blaustein

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY	/ PAGE
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Statem	nent covers period 7/1/2017	CALIFORNIA 460
through	9/23/2017	Page3 of37
 		I.D. NUMBER
		1398572

Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 13.955.00 13,955.00 1/1 through 6/30 7/1 to Date 237.00 237.00 2. Loans Received Schedule B, Line 3 20. Contributions 14,192.00 14.192.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 180.00 180.00 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 14,372.00 14.372.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 6,671.97 6,671.97 6. Payments Made...... Schedule E, Line 4 \$ Candidates 0.00 0.00 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 6,671.97 6,671.97 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 287.00 287.00 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 180.00 180.00 (mm/dd/yy) 10. Nonmonetary Adjustment.......Schedule C, Line 3 7,138.97 7,138.97 **Current Cash Statement** 0.00 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _ To calculate Column B, 14,192.00 add amounts in Column 13. Cash Receipts Column A. Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 6,671.97 of your last report. Some amounts in Column A may 7,520.03 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 0.00 filed for this calendar year, 17. LOAN GUARANTEES RECEIVED....... Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 524.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Monetary Contributions Received		o whole dollars.	Statement covers period 7/1/2017		CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through9/	23/2017	Page _	4 of 37
NAME OF FILER				1	:	I.D. NUME	BER
Melissa B	laustein		·			1398572	2
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR .	PER ELECTION TO DATE (IF REQUIRED)
8/15/2017	Marilyn Blaustein Mill Valley, CA 94941	IND COM OTH PTY	Owner/Operator, Westmore Homes	250.00	250.0	00	
8/24/2017	John MacMahon Exeter, NH 03833	☑IND □COM □OTH □PTY □SCC	Entrepreneur, Self-Employed	250.00	250.00		
8/24/2017	Kate Bertash San Francisco, CA 94115	☑IND □COM □OTH □PTY □SCC	Operations Manager, Elevate Labs	250.00	250.0	00	
8/24/2017	Catherine Breed Alameda, CA 94501	☑IND □COM □OTH □PTY □SCC	Project Manager, Boost Healthcare Consulting	100.00	100.0	0	
8/24/2017	Ashley De Smeth San Francisco, CA 94123	☑IND □COM □OTH □PTY □SCC	Director of Strategic Communications, National League of Cities	250.00	250.0	0	
			SUBTOTAL \$	1,100.00			
Schedule A	\ Summary				*Contrib	utor Codes	
	eived this period – itemized monetary contributions. Schedule A subtotals.)		\$	13,955.00	COM-	ndividual Recipient C	Committee PTY or SCC)
. Amount rec	eived this period – unitemized monetary contributions	of less than	\$100\$	0.00	OTH-C	Other (e.g.,	business entity)
. Total monet	cary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu			13,955.00	PTY - P	olitical Part Small Contri	butor Committee
(Aud Lines	i and z. Enter here and on the Summary Page, Colul	iii A, Line 1.	JIUIAL ⊅	<u> </u>		FPPC For	m 460 (Jan/2016)

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 A (CONT.)

CALIFORNIA

Statement covers period

Wonetary Contributions Received			from 7/1/2	2017	FU	RIVI	
				through9/23	3/2017	Page	
NAME OF FILER						1.D. NUM 139857	
Melissa Bla	ustein			MOUNT	CUMULATIVE TO	DATE	PER ELECTION
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC	EAR	TO DATE (IF REQUIRED)
8/24/2017	Catalina Fries Charlotte, NC 28205	☑IND □COM □OTH □PTY □SCC	Learning/Development Professional, Red Ventures	75.00	75.	00	
8/24/2017	Michael Rice Berkeley, CA 94708	IND COM OTH PTY	Researcher, VR Research	250.00	250.	00	
8/24/2017	Daniel Graver Washington, DC 20017	☑IND □COM □OTH □PTY □SCC	Attorney, Akin Gump	250.00	250.	00	
8/24/2017	Nina Leva Mill Valley, CA 94941	☑IND □COM □OTH □PTY □SCC	Photographer, Self-Employed	100.00	100.	00	
8/24/2017	Alexis Walsh San Francisco, CA 94117	☑IND □COM □OTH □PTY □SCC	Broker, CBRE	250.00	0.	00	
			SUBTOTAL	\$ 925.00			

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

Monetary	lonetary Contributions Received			from7/1/2	2017	FC	DRM TO O
				through9/23	3/2017	Page	
NAME OF FILER	•					13985	72
Melissa Bla	ustein		IF AN INDIVIDUAL, ENTER	AMOUNT:	CUMULATIVE TO		PER ELECTION
DATE . RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE * -	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC	EAR . 31)	TO DATE (IF REQUIRED)
8/24/2017	Zac Monsees San Francisco, CA 94117	IND COM OTH PTY	Real Estate, Transwestern	250.00	0.00		
8/24/2017	Marie Lehman Hillsborough, CA 94010	☑IND □COM □OTH □PTY □SCC	Homemaker, Self-Employed	250.00	250.00		
8/24/2017	Kaelin Merrihew San Francisco, CA 94123	☑IND □COM □OTH □PTY □SCC	Director of Marketing, Late July Organic Snacks	250.00	250.00		
8/24/2017	Phillip Bianchi Washington, DC 20005	☑IND □COM □OTH □PTY □SCC	Business Development, Squire Patton Boggs	250.00	250.00		
8/24/2017	Ana Gutierrez Brentwood, CA 94513	☑IND □COM □OTH □PTY □SCC	Program Manager, Jobs for the Future	100.00	100.	.00	
			SUBTOTAL	\$ 1,100.00		萨斯斯	

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PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received			from7/1/2	2017	FORM				
				through 9/23	3/2017	Page _			
NAME OF FILER						13985			
Melissa Bla	ustein	,				DATE	PER ELECTION		
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 CALENDAR YI (JAN. 1 - DEC.	EAR	TO DATE (IF REQUIRED)		
8/25/2017	Paul Gelburd Sausalito, CA 94965	☑IND □COM □OTH □PTY □SCC	Investor, Self-Employed	250.00	250.00		250.00		
8/25/2017	Emily Gregg San Francisco, CA 94109	☑ IND □ COM □ OTH □ PTY □ SCC	Holistic Lifestyle Coach, EPower Wellness	. 100.00	100.	00			
8/25/2017	Elizabeth Miller Mill Valley, CA 94941	☑ IND □ COM □ OTH □ PTY □ SCC	Marketing, Wag Hotels	100.00	100.0	00			
8/25/2017	Deborah Newton Tiburon Belvedere, CA 94920	☑IND □COM □OTH □PTY □SCC	Communications, Ovation Studios	200.00	200.00		·		
8/25/2017	Mark Mosher San Francisco, CA 94105	☑IND □COM □OTH □PTY □SCC	Creative Director, BMWL	250.00	250.0	00	17 004 1, 100 100 1 17 17		
,			SUBTOTAL	900.00	课时的"整数"				

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

Monetary	Contributions Received			from7/1/2017		FORM TO	
			,	through9/23	3/2017	Page _	8 of 37
NAME OF FILER				į.		13985	
Melissa Bla	ustein		1	· · · · · · · · · · · · · · · · · · ·	CUMULATIVE TO	DATE	PER ELECTION
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	CALENDAR Y (JAN. 1 - DEC	'EAR	TO DATE (IF REQUIRED)
8/25/2017	Richard Schlackman San Francisco, CA 94108	☑IND □COM □OTH □PTY □SCC	Political Consultant, RMS Interactive	250.00	250.	.00	
8/25/2017	William Spangler Corte Madera, CA 94925	☑IND □COM □OTH □PTY □SCC	Restoration Ecologist, H T Harvey & Associates	100.00	100.	.00	
8/25/2017	Alicia Havnes New York, NY 10014	☑IND □COM □OTH □PTY □SCC	Sales, Sharethrough	150.00	150.	.00	
8/25/2017	Rodd McLeod Phoenix, AZ 85016	☑IND □COM □OTH □PTY □SCC	Political Consultant, McLeod Precision Campaigns	250.00	250.	.00	
8/25/2017	Charles Hale Oakland, CA 94609	☑IND □COM □OTH □PTY □SCC	Public Policy, Pinterest	200.00	200.	.00	
			SURTOTAL	s 950.00			

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

Monetary	nonetary Contributions Received			from7/1/2	FORM TO			
				through9/23	3/2017	Page		7
NAME OF FILER						13985	72	
Melissa Bla	ustein		, , , , , , , , , , , , , , , , , , ,	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC	EAR	TO DATE (IF REQUIRE	
8/25/2017	Molly Fedick New York, NY 10014	☑IND □COM □OTH □PTY □SCC	Writer, Self-Employed	150.00	. 150.	.00		
8/25/2017	John Whitehurst Oakland, CA 94611	IND COM OTH PTY	Political Consultant, BMWL	250.00	250.	00		
8/25/2017	Katherine Demallie Brooklyn, NY 11222	IND COM OTH PTY	Program Officer, French-American Foundation	100.00	100.	00	··	
8/25/2017	Katie Hill Los Angeles, CA 90034	☑IND □COM □OTH □PTY □SCC	Deputy CEO, PATH	250.00	250.	00		
8/25/2017	Mariya Golovina Brooklyn, NY 11211	☑IND □COM □OTH □PTY □SCC	Analyst, Christie's Inc	20.00	20.	00		· .
			SUBTOTAL S	\$ 770.00		i di		

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(other than PTY or SCC)
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PTY – Political Party
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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

FORM

Statement covers period

from.

7/1/2017

				through 9/23	3/2017	Page _	10 of 37	
NAME OF FILER Melissa Bla	uctoin						1.D. NUMBER 1398572	
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
8/26/2017	Wilbert Kennedy Sausalito, CA 94965	☑IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250.	00	,	
8/28/2017	Michael Lappert Sausalito, CA 94965	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President, Lappert's Ice Cream	250.00	250.	00		
8/29/2017	Janet Stafford San Francisco, CA 94117	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician, Kaiser Permanente Hospital	250.00	250.0	00		
8/29/2017	Sarah Squires Greenbrae, CA 94904	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President, Univision	250.00	250.0	00		
8/29/2017	Alex Rynecki Sausalito, CA 94966	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.0	00	Standard Standard Standard Standard	
	SUBTOTAL \$ 1,100.00							

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

Monetary Contributions Received				from7/1/2	2017	FORM TOO		
		•		through 9/23	/2017	_	11 of37	
						I.D. NUI		
NAME OF FILER	ustain					13985	12	
Melissa Blau 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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/1/2017	Bruce Dorfman Mill Valley, CA 94941	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate, Thompson Dorfman LLC	250.00	250.	.00		
9/1/2017	Jenya Parkman San Rafael, CA 94903	☑IND □COM □OTH □PTY □SCC	Attorney, State of California	25.00	25.	.00	·	
9/1/2017	Sharon Boucher San Anselmo, CA 94960	IND COM OTH PTY	Director, City of San Rafael	25.00	25.	.00		
9/1/2017	Susan Whitlock Minneapolis, MN 55401	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Producer, Whitlock LLC	100.00	100.	.00		
9/1/2017	Erika Jones-Clary Pleasant Hil, CA 94523	☑IND □COM □OTH □PTY □SCC	Web Design, Ms Jones Design	250.00	250.	.00		
		<u> </u>	SUBTOTAL	\$ 650.00				

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SCHEDULE A (CONT.)

CALIFORNIA AGO

Statement covers period

monetary	lonetary Contributions Received			from7/1/2017		FORM TOO		
				through 9/23	3/2017	Page	12 of .	37
NAME OF FILER		,				139857	′2	
Melissa Bla	ustein			ALCOHE	CUMULATIVE TO	DATE	PER ELI	ECTION
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR YE (JAN. 1 - DEC.	AR	TO D (IF REQ	DATE
9/1/2017	Lynne Almy Phoenix, AZ 85006	IND COM OTH PTY	Academic Advisor, Western School of Science & Technology	100.00	100.00			
9/1/2017	Jane Koegel San Francisco, CA 94117	☑IND □COM □OTH □PTY □SCC	Not Employed	25.00	25.(25.00		
9/1/2017	Steven Medbery Berkeley, CA 94705	IND COM OTH PTY	Not Employed	25.00	25.0	00		
9/1/2017	Kelsey DiLaura Los Angeles, CA 90005	☑IND □COM □OTH □PTY □SCC	Manager, FX Networks	25.00	25.0	00		
9/1/2017	Matthew Dorsey San Francisco, CA 94103		Media Relations Consultant, Lighthouse Public Affairs	250.00	250.0	00	P	
			SUBTOTAL \$	\$ 425.00		1 1 1 1		

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

7/1/2017

		through9/2	3/2017	Page13of37			
NAME OF FILER Melissa Bla	uetain			·		1.D. NU 13985	
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/1/2017	Jerome Leslie Kent, WA 98031	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Computer Technician, UWPD	25.00	25.	00	
9/2/2017	Jaime Moore San Padre Island, TX 78597	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed	25.00	25.	00	
9/5/2017	Michael Miller New York, NY 10028	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director, New York State Parks	25.00	25.0	00	
9/5/2017	Michael Sager Washington, DC 20002	☑ IND □ COM □ OTH □ PTY □ SCC	Chief Technology Officer, EMILY's List	50.00	50.0	00	
9/5/2017	Jeremy Boyette Redwood City, CA 94063	☑IND □COM □OTH □PTY □SCC	Engineer, Forsight	250.00	250.0	00	
			CUPTOTAL \$	375.00			

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OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA /

Statement covers period

Monetary	Monetary Contributions Received			from7/1/2	2017	FORM TOO		
				through 9/23	3/2017	Page	14 of 37	
NAME OF FILER						139857	72	
Melissa Blau	ustein			AMOUNT	CUMULATIVE TO	DATE	PER ELECTION	
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	CALENDAR YE (JAN. 1 - DEC.	EAR	TO DATE (IF REQUIRED)	
9/5/2017	Dale Barnes Sausalito, CA 94965	IND COM OTH PTY	Attorney, Deloitte	250.00	250.00			
9/6/2017	lan Sobieski Sausalito, CA 94965	☑IND □COM □OTH □PTY □SCC	Not Employed	250.00	250.0	00		
9/6/2017	Carol Helzberg San Geronimo, CA 94963	☑IND □COM □OTH □PTY □SCC	Real Estate, Westmore Properties	250.00	250.0	00		
9/7/2017	Aliyah Schultz New York, NY 10128	☑IND □COM □OTH □PTY □SCC	Digital Banking, M&T Bank	250.00	250.	.00		
9/7/2017	Alexa Rozell New York, NY 10003	☑IND □COM □OTH □PTY □SCC	Technology, Weil Gotshal & Manges	250.00	250.	.00	The second section of the second seco	
			SUBTOTAL	\$ 1,250.00				

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

Monetary Contributions Received				from7/1/2	2017	FORM TOO			
				through9/23	3/2017	Page _	15 of 37 MBER		
NAME OF FILER					,	13985	72		
Melissa Bla	ustein			AMOUNT	CUMULATIVE TO	DATE	PER ELECTION		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR YI (JAN. 1 - DEC.	EAR	TO DATE (IF REQUIRED)		
9/7/2017	Brent Messenger San Francisco, CA 94110	☑ IND □ COM □ OTH □ PTY □ SCC	Global Head of Community, Fiverr	250.00	250.00		250.00		
9/7/2017	Manuel Lopez del Rio Denver, CO 80209	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community Affairs Coordinator, City of Denver	50.00	50.	00			
9/7/2017	Ross BlanchardSausalito, CA 94965	☑ IND □ COM □ OTH □ PTY □ SCC	Strategic Partnerships, Vungle	250.00	0.	00			
9/7/2017	Olivia Blaustein Los Angeles, CA 90046	☑ IND	Agent, Creative Artists Agency	250.00	250.	00			
9/7/2017	Nathan Ballard San Francisco, CA 94123	☑IND □COM □OTH □PTY □SCC	CEO, The Press Shop	250.00	250.				
	·	1 1300	SUBTOTAL	\$ 1,050.00					

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

1,100.00

SUBTOTAL \$

from.

7/1/2017

	•			through9/23	3/2017	Page_	
NAME OF FILER						1.D. NU 13985	
Melissa Blau	ustein			I	CUMULATIVE TO	DATE	PER ELECTION
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC	EAR	TO DATE (IF REQUIRED)
9/7/2017	Kelly Boylan Oakland, CA 94612	IND COM OTH SCC	Director of Operations, Ground Floor Public Affairs	100.00	100.	00	
9/7/2017	Jennifer Cox Washington, DC 20010	☑ IND □ COM □ OTH □ PTY □ SCC	Chief of Staff, US House of Representatives	250.00	250.	00	
9/8/2017	Marcos Topolos Sonoma, CA 95476	☑IND □COM □OTH □PTY □SCC	Manager, Olympus Surgical	250.00	250.	00	
9/8/2017	Jerry Spolter Sausalito, CA 94965	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Mediator, JAMS	250.00	250.	00	
9/8/2017	David Kalk San Anselmo, CA 94960	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CIO, Thiel Marco	250.00	250.		

*Contributor Codes

IND - Individual

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OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Schedule A (Continuation Sheet) Monetary Contributions Received		to whole o	be rounded dollars.	Statement cover		california 460		
				through 9/23	3/2017		17 of37	
NAME OF FILER						1.D. NU 13985		
Melissa Bla		- AND INCIDENT OF	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO CALENDAR Y	D DATE	PER ELECTION TO DATE	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	(JAN. 1 - DEC	5. 31)	(IF REQUIRED)	
9/8/2017	Rory Michaels Boca Raton, FL 3348/	IND . COM OTH PTY SCC	CMO, Silver Logic LLC	50.00	50.	.00		
9/10/2017	Cameron Tuttle San Rafael, CA 94901	☑IND □COM □OTH □PTY □SCC	Consultant, DNV GL	100.00	100.	.00	·	
9/12/2017	Chelsea Norton San Francisco, CA 94115	☑IND □COM □OTH □PTY □SCC	Graphic Designer, Papyrus	100.00	100.	.00		
9/12/2017	Bruce Hill San Francisco, CA 94117	☑IND □COM □OTH □PTY □SCC	Chef, Picco Restaurant	100.00	100.	.00		
9/13/2017	Larry Mindel Sausanto, CA 94905	☑IND □COM □OTH □PTY □SCC	Restaurateur, Cucinare	250.00	250.	.00		
		1 1 300	SUBTOTAL	\$ 600.00	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			

*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 may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

wonetai y	Officially Contributions Reserved			from7/1/2	FORM TO			
	 			through9/23	3/2017	Page _	18 of.	37
NAME OF FILER			•			13985		
Melissa Bla	ustein				T	10000		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELI TO D (IF REQ	ATE
9/14/2017	Alan Charmatz I Novato, CA 94947	IND □ COM □ OTH □ PTY □ SCC	Adjunct Professor, Napa Valley College	100.00	100.	.00		
9/15/2017	Russell Zink Sausalito, CA 94965	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant, ZBAC Enterprises	250.00	250.	00		
9/19/2017	William Broder Sausalito, CA 94965	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Writer, Self-Employed	50.00	50.	00	·	
9/20/2017	Kwesi Chappin Cheverly, MD 20785	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Organizer, COC	250.00	250.	00		
9/20/2017	Jason Galisatus Redwood City, CA 94063	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community Relations, Stanford University	50.00	50.	00		<u> </u>
			SUBTOTAL	700.00				

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA AGO

Statement covers period

Monetary Contributions Received		<u>-</u> - • ,		from7/1/2017		FORM 400					
			,	through 9/23		Page	19 of 37				
NAME OF FILER					1	398572	2				
Melissa Bla	ustein			ANIOURIT	CUMULATIVE TO D	DATE	PER ELECTION				
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	CALENDAR YEA (JAN. 1 - DEC. 3	R	TO DATE (IF REQUIRED)				
9/20/2017	Hannah Chatalas Portland, OR 97229	☑ IND □ COM □ OTH □ PTY □ SCC	Public Relations, Self-Employed	30.00	30.00		30.00		30.00		
9/21/2017	David Serrano Sewell San Francisco, CA 94110	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President, Hospital Council for Northern & Central California	250.00	250.00	D					
9/21/2017	Anne Hilby Washington, DC 20001	☑ IND □ COM □ OTH □ PTY □ SCC	Attorney, Cleary Gottleib	250.00	250.00	0					
9/21/2017	Kate Maeder San Francisco, CA 94103	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Campaign Manager, Eleni Kounalakis for Lieutenant Governor	250.00	250.00	0					
9/22/2017	Cammie Croft Oakland, CA 94618	IND COM OTH PTY	Chief Community Officer, FWD.us	150.00	150.00)					
			SUBTOTAL	\$ 930.00		4. 17.					

*Contributor Codes

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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 A (CONT.)

Schedule Monetary	Schedule A (Continuation Sheet) Monetary Contributions Received		be rounded dollars.	Statement cov	ers period 2017	california 460 form		
		*		through 9/2	3/2017	Page	20 of 37 MBER	
NAME OF FILER						13985	72	
Melissa Blau	ustein				CUMULATIVE T		PER ELECTION	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR \ (JAN. 1 - DEC	/EAR	TO DATE (IF REQUIRED)	
9/22/2017	Tamara Feld Palo Alto, CA 94306	☑IND □COM □OTH □PTY □SCC	Sales, ICAP	30.00	30	.00		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				-		
·		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL	\$ 30.00				

*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

(g) CUMULATIVE CONTRIBUTIONS

PER ELECTION**

PER ELECTION**

Schedule B – Part 1 Loans Received	Am	nounts may be ro to whole dollar			Statement cov	rers period /2017	CALIFORN FORM	^{IIA} 460
	•		_		through9/2	23/2017	Page21	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				L			I.D. NUMBER	
							1398572	
Melissa Blaustein		6	(b)	(c)	(d)	(e)	(f)	(g)
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	AMOUNT PAI OR FORGIVE THIS PERIO	CLOSE OF THIS	PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
Melissa Blaustein	International Advocacy			□ PAID 0.00	s 212.00	0 %	s 212.00	CALENDAR TEAR
Sausalito, CA 94965	Director, Allied for Startups			\$O.OC	\$ 212.00	RATE	\$	PER ELECTION*
Gausanio, OA GAGO		0.00	\$ 212.00	0.00		\$0.00	8/11/2017 DATE INCURRED	\$
[†] ☑IND □ COM □ OTH □ PTY □ SCC		Ψ		· ·	DATE DUE		DATE INCORRED	CALENDAR YEAR
Melissa Blaustein	International Advocacy			☐ PAID	25.00	0_%	\$ 25.00	e CALENDAR I DAR
Sausalito, CA 94965	Director, Allied for Startups			\$ \$ FORGIVEN	- I	RATE	•	PER ELECTION*
Sausanto, OA 94900	Cianapa	0.00	25.00	0.00	o	\$0.00	9/20/2017	\$
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		*	V		DATE DUE		DATE INCURRED	CALENDAR YEAR
				☐ PAID				CALENDAR I LAR
				\$	_ \$	RATE	3	PER ELECTION*
		e	s	\$		\$	DATE INCURRED	\$
[†] □ IND □ COM □ OTH □ PTY □ SCC		Ψ			DATE DUE		DATE INCURRED	Estaducia d
		SUBTOTALS \$	237.00	0.0	0 \$ 237.00	\$ 0.00	建模的	
						(Enter (e) on Schedule E, Line 3)		
Schedule B Summary				\$	237.00			
Loans received this period (Total Column (b) plus unitemized loar	ns of less than \$100.)		***************************************			(†C	ontributor Codes	
•				\$	0.00	1	D – Individual	ommittee
Loans paid or forgiven this period (Total Column (c) plus loans under \$10	00 paid or forgiven.)					1		PTY or SCC)
(Include loans paid by a third party tha	it are also itemized on Sche	edule A.)	•			P1	ΓH – Other (e.g., l Ƴ – Political Part	у
3. Net change this period. (Subtract Lin	e 2 from Line 1.)			NET \$	237.00_	so	CC – Small Contri	butor Committee
Enter the net here and on the Summar	ry Page, Column A, Line 2.			(1	May be a negative number)			

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

** If required.

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Staten	nent covers period 7/1/2017	CALIFORNIA 4 FORM		
				through _	9/23/2017	Page	of <u>37</u>	
SEE INSTRUCTIONS ON REVERSE						I.D. NUMBER		
NAME OF FILER		•				1398572		
Melissa Blaustein						10000	BALANCE	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	OUTSTANDING TO DATE	
(ii Oomaa i Lag, aas a			LENDER			CALENDAR YEAR		
	□IND					\$		
	□ COM □ OTH		DATE			PER ELECTION (IF REQUIRED)		
	□PTY □scc					\$CALENDAR YEAR		
	□IND		LENDER			\$		
	□ COM □ OTH □ PTY		DATE		,	PER ELECTION (IF REQUIRED)	;	
·	□scc					\$		
	□IND		LENDER			CALENDAR YEAR		
	□ сом □ отн		DATE			PER ELECTION (IF REQUIRED)		
	□PTY □SCC					\$		
	□IND		LENDER			CALENDAR YEAR	-	
	☐ COM		DATE			PER ELECTION (IF REQUIRED)		
	□PTY □scc					\$		
·			SUI	BTOTAL	\$ 0.00	Enter on Summary Page, Line 17 only.		

Schedule C		_
Nonmonetary	Contributions	Received

Amounts may be rounded to whole dollars.

			SCHEDULE C
Statement covers period		ent covers period	CALIFORNIA 460
	from	7/1/2017	FORM TO
	through	9/23/2017	Page 23 of 37
	<u></u>		I.D. NUMBER
			1398572

					thro	ugh9/23/20)17 <u>·</u>	Page	23 of37
	TIONS ON REVERSE		•		<u></u>			I.D. NUMB	ER
NAME OF FILE	R							139857	2
Melissa E	Blaustein			,			CUMULAT	<u> </u>	
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	DAT CALENDA (JAN 1 - E	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
9/1/2017	Kyleigh Kuhn San Rafael, CA 94901	☑ IND □ COM □ OTH □ PTY	Designer, Self-Employed	Graphic Desig	gn	180.00		180.00	
		□scc							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							_
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC	·					4 5 1 2 2 2	akumikulta eska 1
Attach add	l ditional information on appropriately labeled	continuation	sheets.	SUBTO	DTAL \$	180.00			
———	internal int								

Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. 180.00 (Include all Schedule C subtotals.).....\$ 0.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 3. Total nonmonetary contributions received this period. 180.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

*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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates. Measures and Committees

Amounts may be rounded	
to whole dollars.	

		SCHEDULE D
Statem	ent covers period	CALIFORNIA 460
from	7/1/2017	FORM TOO
through_	9/23/2017	Page 24 of 37
		I.D. NUMBER

Candidates, Measures and Committees							
Candidat	tes, Measures and) Committees			through9/23/2	2017 Page	
SEE INSTRUCTION	ONS ON REVERSE					I.D. NUM	BER
NAME OF FILER			*			13985	72
Melissa Bla	austein					CUMULATIVE TO DATE	PER ELECTION
DATE	MEASURE NUMBER OR	OFFICE, AND DISTRICT, OR LETTER AND JURISDICTION, OMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
		☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	Support Support	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary				
	☐ Support	☐ Oppose	Contribution Independent Expenditure				
				SUBTOTAL	\$ 0.00		
1 Itamizad	D Summary contributions and indep	endent expenditures mad	de this period. (Include	all Schedule D subtotals.)	\$ -	0.00
2 Unitomiza	ed contributions and ind	ependent expenditures n	nade this period of und	ler \$100	**************	Ψ =	,
Z. UTRICITIZE	OG OOMBIDGEON GENERALING		ais pariod (Add Lines 1	1 and 2. Do not enter on	the Summary Page.	.) TOTAL \$ _	0.00
Total con	tributions and independ	ent expenditures made tr	no penou. (Aud Lines		•	rnn	460 (lan/2016

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

| Statement covers period | T/1/2017 | CALIFORNIA 460 | FORM | FORM | FORM | Through | 9/23/2017 | Page | 25 | of | 37 | | I.D. NUMBER | TOURS TO

				through9/23/	2017 Page _	of
NAME OF FILER				<u> </u>	I.D. NUI	MBER
			•		13985	72
Melissa Bla	nustein					
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ Monetary Contribution ☐ Nonmonetary				·
	☐ Support ☐ Oppose	Contribution Independent Expenditure				
		Monetary Contribution Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
		☐ Monetary Contribution ☐ Nonmonetary Contribution				·
	. Support Dppose	Independent Expenditure				
		☐ Monetary Contribution ☐ Nonmonetary				
	·	☐ Nonmonetary Contribution Independent Expenditure		·		
	☐ Support ☐ Oppose		SUBTOTAL	\$ 0.00		

Schedule	
Payments	Made

Amounts may be rounded to whole dollars.

	OOLIEBOEE
Statement covers period	CALIFORNIA 460
7/1/2017	FORM -TOO
through 9/23/2017	Page 26 of 37
	I.D. NUMBER
	1398572

Payments Made	1	trom		
		through	9/23/2017	Page of
SEE INSTRUCTIONS ON REVERSE		<u>,</u>		I.D. NUMBER
NAME OF FILER		•		1398572
Melissa Blaustein				
	t the sade Othorwise	a describ	e the payment.	

CMP campaign paraphernaliamisc. 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)*	meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services	D returned contributions L campaign workers' salaries L t.v. or cable airtime and production costs C candidate travel, lodging, and meals S staff/spouse travel, lodging, and meals transfer between committees of the same	e candidate/sponsor
		TO STORY OF THE ST	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Sausalito Sausalito, CA 94965	FIL		212.00
Alexis Walsh San Francisco, CA 94117	RFD		250.00
Zac Monsees San Francisco, CA 94117	RFD		250.00
* Payments that are contributions or independent expenditures must also be summarized	on Schedule D.	SUBTOTAL	\$ 712.00

Schedule E Summary 6,671.97 1. Itemized payments made this period. (Include all Schedule E subtotals.) 0.00 2. Unitemized payments made this period of under \$100.....\$ 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ 6,671.97

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

www.fppc.ca.gov

Schedule	E
(Continua	tion Sheet)
Payments	Made

Sausalito, CA 94965

Sausalito, CA 94965

Cibo of Sausalito

Amounts may be rounded to whole dollars.

		001122
State	ment covers period	CALIFORNIA 460
from	7/1/2017	FORM TOO
through.	9/23/2017	Page of37
		I.D. NUMBER
		1398572

Payments Made				9/23/2017	Page	27 of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					1.D. NUME 1398572	BER
Melissa Blaustein CODES: If one of the following codes accurately described 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	MRK member com MTG meetings and OFC office expens PET petition circul PHO phone banks POI polling and si	I appearances es ating urvey research yery and mes	s h senger services	RFD returned contribution SAL campaign workers's TEL t.v. or cable airtime or TRC candidate travel, loc TRS staff/spouse travel, TSF transfer between co	ns salaries and production costs Iging, and meals	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		. CODE C	DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
California Secretary of State Sacramento, CA 95814		FIL				50.00
A Maciel Printing San Francisco, CA 94124		СМР				684.48
ActBlue Technical Services Somerville, MA 02144			Credit Card Proce	essing Fees		78.68
Ross Blanchard						250.00

RFD

TRS

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

SUBTOTAL \$

1,067.41

4.25

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Melissa Blaustein		Amounts may k to whole d			Statement covers period 7/1/2017 from9/23/2017 through	FUN	28 of 37
CODES: If one of the following code 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/opport LEG legal defense LIT campaign literature and mailings		MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s	d appearances ses slating s	h senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and protuction TRC candidate travel, lodging, a staff/spouse travel, lodging transfer between committe voter registration WEB information technology cos	oduction costs and meals and meals es of the same	e candidate/sponsor
NAME AND ADI	DRESS OF PAYEE (O ENTER I.D. NUMBER)		CODE	DR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
FedEx Office Print & Ship Center Sausalito, CA 94965			OFC				163.60
FedEx Office Print & Ship Center Sausalito, CA 94965			OFC				3.25
FedEx Office Print & Ship Center Sausalito, CA 94965	,		OFC				4.20
FedEx Office Print & Ship Center Sausalito, CA 94965			OFC		·		56.28
FedEx Office Print & Ship Center Sausalito, CA 94965			OFC				8.02
* Payments that are contributions or independen	nt expenditures must also be	summarized on Sch	edule D.		S	UBTOTAL \$	235.35
" Payments that are contributions or independen	is exhemotroned most grap po						

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may b to whole do	e rounded bilars.		Staten from through _	7/1/2017 9/23/2017	Page	29 of 37
NAME OF FILER Melissa Blaustein CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events	MTG meetings an OFC office expension petition circuphone banks POL polling and s POS postage, del	d appearances ses lating survey researc	s h senger services	RFD retornal	urned contributions mpaign workers' salaries or cable airtime and prod ndidate travel, lodging, an ff/spouse travel, lodging, nsfer between committees	luction costs of meals and meals s of the sam	e candidate/sponsor
LEG legal defense LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE	PRO professional PRT print ads	services (lega		WEB info	ormation technology costs	s (internet, e	-mail) AMOUNT PAID
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) Lappert's Ice Cream Sausalito, CA 94965	•	TRS					16.20
Sausalito Cruising Club Sausalito, CA 94965		FND		•			10.00
Sausalito Art Festival Foundation Sausalito, CA 94966	<u> </u>	CVC			`		350.00
MOIAGroup Tucson, AZ 85702		WEB				-	240.00
A Maciel Printing San Francisco, CA 94124		СМР					2194.75

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

2,810.95

SUBTOTAL \$

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

Schedule	E
(Continua	ition Sheet)
Payments	s Made

Amounts may be rounded to whole dollars.

		001,122,022 - /	,
State	ment covers period	CALIFORNIA 460	
from	7/1/2017	FORM	
through	9/23/2017	Page of	
<u> </u>		I.D. NUMBER	
		11398572	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1398572 Melissa Blaustein

Melissa Blaustein CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants	MTG meetings and	d appearance		Otherwise, RAD RFD SAL	returned contributions	
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* I FG legal defense	PET petition circu PHO phone banks POL polling and s	lating urvey resea very and m	rch essenger services gal, accounting)	TEL TRC TRS TSF VOT WEB	t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same voter registration information technology costs (internet, e-r	
LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	,	CODE	OR	DESCRIPTIO	ON OF PAYMENT	AMOUNT PAID
FedEx Office Print & Ship Center Sausalito, CA 94965		OFC				187.98
Lappert's Ice Cream Sausalito, CA 94965		TRS				9.15
FedEx Office Print & Ship Center Sausalito, CA 94965		OFC		_		49.85
Target Sausalito, CA 94965		FND				444.28
7-Eleven Sausalito, CA 94965	·	FND				20.60
	to day Oak	adula D			SUBTOTAL \$	711.86
* Payments that are contributions or independent expenditures must also b	e summarized on Sch				EDDC I	orm 460 (Jan/2016

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be to whole do			Statem from through	ent covers period 7/1/2017 9/23/2017	CALIFO FOR Page I.D. NUMI 1398572	31 of 37
Melissa Blaustein CODES: If one of the following codes accurately described 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	MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli PRO professional	I appearance es ating urvey researd very and mes		RFD retu SAL cam TEL t.v. TRC can TRS staf TSF tran	rned contributions paign workers' sala or cable airtime and didate travel, lodgin	nies l production costs g, and meals ging, and meals littees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) City of Sausalito	PRT print ads	CODE	OR DE	SCRIPTION OF			AMOUNT PAID . 25.00
Political Data Inc Norwalk, CA 90650		WEB					400.00
Nancy Ann's Flower Market Sausalito, CA 94965		FND					48.94
City of Sausalito Sausalito, CA 94965		TRC					0.50
Whole Foods_		FND					243.11

Mill Valley, CA 94941

717.55

SUBTOTAL \$

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

Schedule E (Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 7/1/2017 from

Payments Made	through9/23/2017	Page of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER 1398572
Melissa Blaustein CODES: If one of the following codes accurately describes the payment, you may enter the code. Other	wise, describe the payment. RAD radio airtime and production	costs

MBR member communications RFD returned contributions CMP campaign paraphernalia/misc. MTG meetings and appearances SAL campaign workers' salaries CNS campaign consultants OFC office expenses TEL t.v. or cable airtime and production costs CTB contribution (explain nonmonetary)* PET petition circulating TRC candidate travel, lodging, and meals CVC civic donations PHO phone banks TRS staff/spouse travel, lodging, and meals candidate filing/ballot fees POL polling and survey research TSF transfer between committees of the same candidate/sponsor FIL FND fundraising events postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS VOT voter registration PRO professional services (legal, accounting) IND WEB information technology costs (internet, e-mail) LEG legal defense PRT print ads campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 5.43 Whole Foods **FND** Mill Valley, CA 94941 FedEx Office Print & Ship Center 108.72 **OFC** Sausalito, CA 94965 Credt Card Processing Fees 302,70 Vantiv Symmes Township, OH 45249 **SUBTOTAL**\$ 416.85

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

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 7/1/2017 from 9/23/2017 through I.D. NUMBER 1398572

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Melissa Blaustein

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs MBR member communications returned contributions CMP campaign paraphernalia/misc. MTG meetings and appearances

campaign workers' salaries CNS campaign consultants OFC office expenses t.v. or cable airtime and production costs contribution (explain nonmonetary)* petition circulating PET candidate travel, lodging, and meals

CVC civic donations phone banks PHO staff/spouse travel, lodging, and meals candidate filing/ballot fees POL

polling and survey research. transfer between committees of the same candidate/sponsor fundraising events postage, delivery and messenger services POS

independent expenditure supporting/opposing others (explain)* voter registration professional services (legal, accounting) information technology costs (internet, e-mail)

legal defense PRT print ads

LEG legal determine and mailings	PRT print ads		WED IIIIOMEDIA				
LIT campaign literature and mailings NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
City of Sausalito Sausalito, CA 94965	FIL	0.00	287.00	0.00	287.00		
					· .		
* Payments that are contributions or independent expenditures must also be	SUBTOTALS S	0.00	\$ 287.00 \$	0.00	287.00		

SUBIUIALS * Payments that are contributions or independent expenditures must ais summarized on Schedule D.

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 287.00 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 287.00 on the Summary Page, Column A, Line 9.) May be a negative number

Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 7/1/2017 9/23/2017 Page __ through. I.D. NUMBER 1398572

NAME OF FILER

Melissa Blaustein

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

RAD radio airtime and production costs MBR member communications

RFD returned contributions CMP campaign paraphernalia/misc. MTG meetings and appearances SAL campaign workers' salaries

CNS campaign consultants OFC office expenses TEL t.v. or cable airtime and production costs CTB contribution (explain nonmonetary)* petition circulating candidate travel, lodging, and meals PET

CVC civic donations phone banks staff/spouse travel, lodging, and meals PHO candidate filing/ballot fees TRS POL polling and survey research

transfer between committees of the same candidate/sponsor FND fundraising events postage, delivery and messenger services POS

independent expenditure supporting/opposing others (explain)* voter registration PRO professional services (legal, accounting) WEB information technology costs (internet, e-mail)

legal defense print ads PRT campaign literature and mailings

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD.	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
			,	·	
			·		
	·				
			,		
	SUBTOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period 7/1/2017	california 460				
9/23/2017	Page 35 of 37				
	I.D. NUMBER 1398572				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Melissa Blaustein

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events FND fundraising ev	radio airtime and production costs returned contributions SAL campaign workers' salaries t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration web information technology costs (internet, e-mail)
--	---

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		R	DESCRIPTION OF PAYMENT		AMOUNT PAID	
(IF COMMITTEE, 1660 E.T.)		•				
	·					
		•				
•						
·						
				TOTAL* S	<u> </u>	

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement cov 7/1/ from	ers period 2017	california 460 form	
Loans made to others				through9/2	3/2017	Page 36	of	
SEE INSTRUCTIONS ON REVERSE					unough		I.D. NUMBER	
NAME OF FILER							1398572	-
Melissa Blaustein						(e) ·	(f)	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT (FORGIVENES THIS PERIOI	SS CLOSE OF THIS	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD	·	☐ PAID				CALENDAR YEAR
				\$FORGIVEN	_ \$. RATE	\$	\$PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID \$ FORGIVEN	\$	RATE	\$	\$PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive	or committee must en must also be	SUBTOTALS	\$ 0.00	\$ 0.0	0.00	\$ 0.00		
reported on Schedule E.			<u> </u>			(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					\$	0.00	<u> </u>	**If Required
Loans made this period (Total Column (b) plus unitemized loan	s of less than \$ 100.)					0.00	<u>_</u>	ii Nequileu
Payments received on loans (Total Column (c) plus unitemized payr	nents of less than \$ 100.7					0.00	· . <u>L</u>	
Net change this period. (Subtract Line (Enter the net here and on the Summa)	2 from Line 1.) ry Page, Column A, Line 7.)		***************************************	(M:	ay be a negative number)	

			•			SCHEDULE !	
Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.		nt covers period 7/1/2017	california 460		
			from	9/23/2017	Page37	of	
SEE INSTRUCTION	S ON REVERSE				I.D. NUMBER		
NAME OF FILER					1398572		
Melissa Blaus				·	AMOL	INT OF	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	D	ESCRIPTION OF R		INCREASE	E TO CASH	
<i>v</i> .		•					
	 			SUBTOTA	AL \$	0.00	
							
Schedule I	Summary			.\$0.	00		
1. Itemized ind	creases to cash this period.			.\$0.0	00		
2. Unitemized	increases to cash of under \$100 this period	hedule H. Column (e).)	*****************	.\$0.	00		
		na a enter nere and on the		n n	00		
4. Total misce	llaneous increases to cash this period. (Add Lines 1, 2, a Page, Line 14.)		TOTAL	\$		460 (Jan/2016)	
·	~g~,			FPPC Advice: ad	lvice@fppc.ca.gov (866/275-3772) ww.fppc.ca.gov	