FPPC Form 460 (Jan/2016) AREA CODE/PHONE AREA CODE/PHONE in the attached schedules is true and complete. I For Official Use Only Quarterly Statement
 Special Odd-Year Report <del>-</del> Page\_ ZIP CODE 94965 ZIP CODE gnature óf Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor City of Sausalito OCT 27 2017 STATE Date Stamp STATE S Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponen (Also file a Form 410 Termination) NAME OF ASSISTANT TREASURER, IF ANY Amendment (Explain below) OPTIONAL: FAX / E-MAIL ADDRESS Semi-annual Statement **Termination Statement** Preelection Statement Date of election if applicable Type of Statement: Patricia Schmidtt (Month, Day, Year) NAME OF TREASURER 11/7/2017 MAILING ADDRESS MAILING ADDRESS Treasurer(s) Sausalito ZIT/ Statement covers period 10/23/2017 AREA CODE/PHONE Primarily Formed Ballot Measure AREA CODE/PHONE 9/24/2017 Primarily Formed Candidate/ 1. Type of Recipient Committee: All Committees - Complete Parls 1, 2, 3, and 4. By I By I Officeholder Committee (Also Complete Part 7) œ, ĝ I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the for O Controlled
O Sponsored Sponsored (Also Complete Part 6) through 1398572 Committee I.D. NUMBER ZIP CODE 94965 ZIP CODE 94966 Melissa Blaustein for Sausalito City Council 2017 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Officeholder, Candidate Controlled Committee STATE STATE S S State Candidate Election Committee General Purpose Committee

Sponsored

Small Contributor Committee

Political Party/Central Committee melissablaustein@gmail.com Date Recipient Committee Campaign Statement 3. Committee Information OPTIONAL: FAX / E-MAIL ADDRESS STREET ADDRESS (NO P.O. BOX SEE INSTRUCTIONS ON REVERSE Executed on Executed on .... O Recall
(Also Complete Part 5) Executed on Executed on **Cover Page** 4. Verification Sausalito Sausalito

COVER PAGE

COVER PAGE - PART 2								
CALII F(	FORNI DRM	<sup>14</sup> 460						
Page _	2	of <u>2</u> 2						

. Officeholder or Candidate Contro	lled Committee	6.	Primarily Formed Ballot	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Melissa Blaustein						
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	N AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	DN	☐ SUPPORT
Sausalito City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP  Sausalito, CA 94965		Identify the controlling office	holder, candi	date, or state measure pr	oponent, if any.
			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PR	OPONENT	
	in this Statement: List any committees olled by you or are primarily formed to receive If of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER			-		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	eholder Committee	List names of
	☐ YES ☐ NO					
COMMITTEE ADDRESS STREET ADDRI	ESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITY ST	ATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICE USING PER OR OLD	A A I Pro A Pro A respect		
			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
COMMITTEE ADDRESS STREET ADDRI	YES NO NO					OPPOSE
CITY ST	ATE ZIP CODE AREA CODE/PHONE		Atta	ch continuati	on 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

Stat	ement covers period 9/24/2017	CALIFORNIA 460
through	10/23/2017	Page3 of28
		I.D. NUMBER
		1398572

Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE General Elections 21,560.00 7.605.00 1/1 through 6/30 7/1 to Date 0.00 237.00 20. Contributions 7,605.00 21,797.00 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 Received 150.00 330.00 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 7,755.00 22,127.00 Made **Expenditures Made Expenditure Limit Summary for State** 8,922.92 15.594.89 Candidates 7. Loans Made...... Schedule H, Line 3 0.00 0.00 22. Cumulative Expenditures Made\* 8,922.92 15,594.89 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 2,713.00 3,000.00 Date of Election Total to Date 0.00 0.00 (mm/dd/yy) 11,635.92 18,594.89 **Current Cash Statement** 7,520.03 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 \$ To calculate Column B. 7,605.00 add amounts in Column A to the corresponding 0.00 \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. 8,922.92 of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 6,202.11 16, ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 \$ be negative figures that 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 18. Cash Equivalents ...... See instructions on reverse \$ 3.237.00 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

## Schodulo A

Scheanie	A		as may be rounded	SCHEDU				
Monetary	Contributions Received	to	whole dollars.	Statement cov	ers period /2017	CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through10/2	23/2017	Page	_4 of _2}_	
NAME OF FILER						I.D. NL	JMBER	
Melissa Bl	austein	and the second s				13985	572	
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 YE (JAN. 1 - DEC,	EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/25/2017	Sam Barnett San Francisco, CA 94109	☐IND  COM ☐OTH ☐PTY ☐SCC	Account Executive, Salesforce	100.00	100.00			
9/25/2017	Hayley Zachary  Washington, DC 20009	ZIND COM OTH PTY SCC	Political Consultant, Locust Street Group	250.00	250.00			
9/25/2017	Andrew Tiffany Richmond, CA 94804	☑IND □COM □OTH □PTY □SCC	CEO, First Step Coding	150.00	150.00			
9/25/2017	Mark Rushford Sausalito, CA 94965	☑ IND □ COM □ OTH □ PTY □ SCC	Realtor, Coldwell Banker	100.00	100.0	00		
9/25/2017	David Whitlock Bainbridge, WA 98110	☑ IND □ COM □ OTH □ PTY □ SCC	Venture Capital, Crossover Capital Funds	100.00	100.00			
			SUBTOTAL \$	700.00				
Schedule	A Summary				*Cont	ributor C	Codes	
	ceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	7,605.00	1		ient Committee	
2. Amount re	ceived this period – unitemized monetary contribution	ns of less than	n \$100\$	0.00	(other than PTY or SCC) OTH – Other (e.g., business entity PTY – Political Party			
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			7,605.00		Contributor Committee		

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received to whole dollars.		Statement covers period from 9/24/2017		CALIFORNIA 460		
				through10/2	3/2017	Page.	
Melissa Bla	austein					1.D. NO 1398	JMBER 572
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)
9/26/2017	Mary Lamia Kentfield, CA 94904	IND COM OTH PTY	Psychologist, Self-Employed	50.00	50.00		
9/26/2017	Katherine Innelli Rose Valley, PA 19063	IND COM OTH PTY	Manager, Amgen	250.00	250.00		
9/26/2017	Michael McGeary Clovis, CA 93612	☑IND □COM □OTH □PTY □SCC	Public Policy, Upwork Inc	250.00	250.	.00	
9/26/2017	Perry Butler  Larkspur, CA 94939	☑IND □COM □OTH □PTY □SCC	Restaurateur, Perry's Restaurant	250.00	250.00		
9/26/2017	William Blaustein San Francisco, CA 94123	☑IND □COM □OTH □PTY □SCC	Project Manager, Tesla	250.00	250.	.00	
			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

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole o	ioliars.	Statement covers period from 9/24/2017		CALI F0	FORNIA 460
				through10/2	3/2017	Page _	6 of 2 8
NAME OF FILER						I.D. NU	
Melissa Bla	iustein					13985	1/2
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)
9/26/2017	Alex Tourk San Francisco, CA 94105	☑IND □COM □OTH □PTY □SCC	Public Affairs, Ground Floor Public Affairs	250.00	250	.00	
9/26/2017	Robert Tandler San Francisco, CA 94111	☑IND □COM □OTH □PTY □SCC	Executive, Fritzi Realty	250.00	250	.00	
9/26/2017	Steve Hanson San Francisco, CA 94123	☑IND □COM □OTH □PTY □SCC	Real Estate, Coldwell Banker	250.00	250	.00	
9/26/2017	Sarah Hanson San Francisco, CA 94123	☑IND □COM □OTH □PTY □SCC	Real Estate, Coldwell Banker	250.00	250	.00	
9/27/2017	Lucinda Eubanks Sausalito, CA 94965	☑IND □COM □OTH □PTY □SCC	Artist, Self-Employed	250.00	250	.00	
			SUBTOTAL	\$ 1,250.00			

\*Contributor Codes

IND - Individual

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(other than PTY or SCC)
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PTY - Political Party

SCC - Small Contributor Committee

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

wionetary Contributions Received		to whole (	JOHAIS,	Statement covers period from 9/24/2017		california 460				
				through10/2	3/2017	Page _	7_ of <u>2}</u>			
NAME OF FILER						I.D. NUMBER				
Melissa Bla	ustein					13985	572			
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)			
9/26/2017	Anita Kutella  Bend, OR 97703	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.00					
9/26/2017	Lisa Scopazzi Sausalito, CA 94966	☑ IND □ COM □ OTH □ PTY □ SCC	Business Owner, Five Stars	150.00	150.00					
9/26/2017	Susan Hanson Belvedere, CA 94920	☑ IND □ COM □ OTH □ PTY □ SCC	Creative Director, Floodlight	250.00	250.00					
9/28/2017	Susan Keegin Sausalito, CA 94965	☑IND □COM □OTH □PTY □SCC	Artist, Self-Employed	250.00	250.00					
9/28/2017	Kass Green Berkeley, CA 94708	☑IND □COM □OTH □PTY □SCC	Business Owner, The Inn Above Tide	250.00	250.00					
	SUBTOTAL \$ 1,150.00									

\*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

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole	dollars.	Statement cov	california 460 form			
				through10/2	3/2017	Page_	8 of .	29
NAME OF FILER Melissa Bla	nustain.					I.D. NU		
Wellssa Dia	austein	Manager - Alexandre				13985	0/2	o in the state of the State
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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		ECTION DATE (UIRED)
9/28/2017	Steven Woodside Sausalito, CA 94965	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.	.00		
9/30/2017	Margaret Boyle San Francisco, CA 94123	IND   COM   OTH   PTY   SCC	Senior Manager, Charles Schwab	100.00	100.00			
9/30/2017	Megan Calkins San Francisco, CA 94123	IND COM OTH PTY SCC	Real Estate, Trumark	50.00	50.	50.00		
10/4/2017	Barbara Geisler Sausalito, CA 94965	☑IND □COM □OTH □PTY □SCC	Graphic Designer, Barbara Geisler Design	100.00	100.00			
10/9/2017	Mel Blaustein San Francisco, CA 94109	IND   COM   OTH   PTY   SCC	Psychiatrist, St. Francis Memorial Hospital	250.00	250.	.00		
			SUBTOTAL	\$ 750.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Amounts may be rounded

SCHEDULE A (CONT)

Monetary Contributions Received		to whole	to whole dollars.		ers period 2017	california 460	
				through10/2	3/2017	Page	9 of <u>29</u>
NAME OF FILER						I.D. NU	MBER
Melissa Bla	ustein				on containing the Street, they appropriately	13985	572
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
10/9/2017	Shelley Finkelstein Dallas, TX 75252	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		
10/9/2017	David Popkin San Francisco, CA 94115	☑IND □COM □OTH □PTY □SCC	Tech, LiveRamp	150.00	150.00		
10/9/2017	Cameron Tuttle San Rafael, CA 94901	IND COM OTH PTY SCC	Engineer, DNV GL	75.00	150.00		
10/9/2017	Laura Rankin Petaluma, CA 94952	☑IND □COM □OTH □PTY □SCC	Personal Assistant, Self-Employed	50.00	50.00		
10/11/2017	Mordechai Winter Belvedere, CA 94920	IND COM OTH PTY	Retired	250.00	250.	00	
			SUBTOTAL	\$ 625.00			

\*Contributor Codes

IND - Individual

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OTH – Other (e.g., business entity) PTY – Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole dollars.		Statement covers period from 9/24/2017		california 460	
`				through10/2	3/2017	Page _	10 of 2-3
NAME OF FILER						I.D. NUMBER	
Melissa Bla	ustein					13985	572
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)
10/11/2017	Laura Tuttle San Francisco, CA 94109	☑IND □COM □OTH □PTY □SCC	General Manager, Proper Food	75.00	75.00		
10/11/2017	Mason Robinson San Francisco, CA 94113	☑IND □COM □OTH □PTY □SCC	Director of Content, Chubbies	75.00	75.00		,
10/11/2017	Richard Helzberg San Geronimo, CA 94963	☑IND □COM □OTH □PTY □SCC	Attorney, Richard Helzberg Family Law	250.00	250.00		
10/12/2017	Mikaela South San Francisco, CA 94123	☑IND □COM □OTH □PTY □SCC	Professional Services, Self-Employed	100.00	100.00		
10/13/2017	Barbara Winter Belvedere, CA 94920	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250.	00	
***************************************		·	SUBTOTAL	\$ 750.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

wonetary	Contributions Received	to whole	dollars.	Statement covers period from 9/24/2017		CALI F	FORNIA 460
NAME OF FILER				through10/2	3/2017	1	11 of 23
Melissa Bla	austein					1.D. NO 1398	JMBER 572
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
10/14/2017	Westmore Properties LLC San Geronimo, CA 94983	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00		
10/16/2017	Jacqueline Sabian Wilmette, IL 60091	☑IND □COM □OTH □PTY □SCC	Human Resources, Hadley Institute for the Blind	100.00	100.00		
10/16/2017	Brian Canty San Francisco, CA 94117	☑IND □COM □OTH □PTY □SCC	Not Employed	50.00	50.00		
10/16/2017	Lindsay Calderone San Francisco, CA 94107	☑IND □COM □OTH □PTY □SCC	Public Affairs, Ground Floor Public Affairs	75.00	75.00		
10/17/2017	Miriam Gross San Francisco, CA 94110	☑IND □COM □OTH □PTY □SCC	Product Manager, Switchfly	30.00	30.0	00	
		505.00					

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary	Contributions Received	to whole o	dollars.	Statement covers period   9/24/2017   through 10/23/2017		FO	FORNIA 460  12 of 23		
NAME OF FILER				unough			MBER OF		
Melissa Bla	ustein					13985	72		
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)		
10/18/2017	Richard Hudak Walnut Creek, CA 94595	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00				
10/18/2017	Gabriella Giron San Francisco, CA 94123	☑IND □COM □OTH □PTY □SCC	Sales, Sephora	50.00	50.00				
10/18/2017	Geoffrey Butler Mill Valley, CA 94941	☑IND □COM □OTH □PTY □SCC	Architect, Geoffrey E. Butler Architecture	150.00	150.00				
10/20/2017	Christina Kuo Washington, DC 20010	☑IND □COM □OTH □PTY □SCC	Consultant, Grassroots Solutions	75.00	75.00				
10/20/2017	Wade Pitts San Francisco, CA 94111	☑IND □COM □OTH □PTY □SCC	Managing Partner, Fort Point Capital Partners	100.00	100.00				
	SUBTOTAL \$ 475.00								

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IND - Individual

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OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received to who		to whole (	dollars.	Statement cover 9/24/	-	FC	FORNIA 460
NAME OF FILER				through10/2	0/2017		13 of 27
Melissa Bla	uistoin					1.D. NU 13985	
Melissa Die		T		T			and the second s
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 T CALENDAR \ (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
10/21/2017	Jennifer Nix Sausalito, CA 94965	☑IND □COM □OTH □PTY □SCC	Writer, ModNomad Studio	250.00	250	.00	
10/22/2017	Erik Schneider  Sausalito, CA 94965	IND COM OTH PTY	Sales, Google	100.00	100	.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 350.00			

\*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				CALIFORN FORM	<sup>IA</sup> 460			
SEE INSTRUCTIONS ON REVERSE					through10/2	23/2017	Page 14	of 2 \$
Melissa Blaustein							1398572	
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 PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	\$		\$	\$ PER ELECTION**
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC		\$	\$	s	- DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	_   \$	RATE	\$	\$PER ELECTION**
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				\$ forgiven	_   \$	RATE	\$	\$PER ELECTION**
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS S	\$ 0.00	\$ 0.0	0.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period  (Total Column (b) plus unitemized loar				\$	0.00			
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgiven.)			\$	0.00	. In	Contributor Codes  ND – Individual  COM – Recipient C (other than  OTH – Other (e.g.,  TY – Political Par	Committee PTY or SCC) business entity)
3. Net change this period. ( <b>Subtract</b> Lin Enter the net here and on the Summa					0.00 (May be a negative number)		CC - Small Contr	

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

SCHEDULE B - PART 1

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.			ment covers period 9/24/2017	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				from through .	10/23/2017	Page15		
NAME OF FILER						I.D. NUMBER		
Melissa Blaustein						1398572		
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	BALANCE OUTSTANDING TO DATE	
	□IND □COM		LENDER			CALENDAR YEAR		
	□ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)		
	scc					\$	SNIA 460  5 of 29  BALANCE OUTSTANDING	
	□IND □COM		LENDER			CALENDAR YEAR		
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)		
	□300					\$		
	□IND □COM		LENDER			CALENDAR YEAR		
	□OTH □PTY		DATE			PER ELECTION (IF REQUIRED)		
	scc					\$		
·	☐ IND		LENDER			CALENDAR YEAR		
	□ COM □ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)		
	□scc					\$		
			SUE	BTOTAL	\$ 0.00	Enter on Summary Page, Line 17 only.		

Schedu			Amounts may be rounded to whole dollars.	-					SCHEDULE
Nonmor	netary Contributions Received		to whole deliate.		Sta from _	9/24/201		CALIF( FOI	
SEE INSTRUCT	TIONS ON REVERSE				throug	h10/23/2	017	Page	16 of 28
NAME OF FILE	R			,				I.D. NUMB	BER .
Melissa E	Blaustein							139857	2
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	D. CALEND	ATIVE TO ATE AR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/17	Doretta Boehm Sausalito, CA 94965	☑ IND □ COM □ OTH □ PTY □ SCC	Business Owner, Old Town Joe's	Event Food & Beverage		150.00		150.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	150.00			
1. Amount	e C Summary received this period – itemized nonmonetal				\$	150.00	INE	ontributor Co D – Individual M – Recipier	

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

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ \_

3. Total nonmonetary contributions received this period.

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

PTY - Political Party

0.00

150.00

(other than PTY or SCC)

OTH - Other (e.g., business entity)

## Schedule D **Summary of Expenditures**

Amounts may be rounded

SCHEDULE D Statement covers period

Supporting/Opposing Other Candidates, Measures and Committees			from 9/24/20	D17 FC	FORM 460	
SEE INSTRUCTIO	ONS ON REVERSE			through10/23/		17 of 27
NAME OF FILER					I.D. NUN	
Melissa Bla	austein				13985	072
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 Contribution				
	Support Dppose	Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL \$	0.00		
Cabadula	D. Summon.					
	D Summary contributions and independent expenditures mad	le this period. (Include	all Schedule D subtotals.).		\$	0.00
2. Unitemize	ed contributions and independent expenditures m	nade this period of unde	er \$100		\$	0.00
3. Total conf	tributions and independent expenditures made th	is period. (Add Lines 1	and 2. Do not enter on th	e Summary Page	.) TOTAL \$	0.00

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

NAME OF FILER

Amounts may be rounded to whole dollars.

Melissa Bla	ustein	***			139857	72
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)
	☐ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	. Dppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL \$	0.00		

Schedule E	Amounts may b			State	ment covers period	CALIFO		
Payments Made				from	9/24/2017	FOF	RM TOO	
SEE INSTRUCTIONS ON REVERSE				through	10/23/2017	Page	19 of 28	
NAME OF FILER				L		I.D. NUME	BER	
Melissa Blaustein						139857	2	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli	imunication: d appearanceses lating urvey resea	s ces	RAD radi RFD retu SAL can TEL t.v. TRC can TRS staf TSF tran VOT vote	cribe the payment. o airtime and production rned contributions spaign workers' salaries or cable airtime and prod didate travel, lodging, ar f/spouse travel, lodging, sfer between committee or registration rmation technology costs	duction costs nd meals and meals is of the same	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID	
Cibo of Sausalito Sausalito, CA 94965		TRS					19.78	
Christopher Holbrook Sausalito, CA 94965		FND					495.00	
FedEx Office Print & Ship Center  Sausalito, CA 94965		OFC					0.42	
* Payments that are contributions or independent expenditures must also be	oe summarized on Sche	edule D.			SU	JBTOTAL \$	515.20	
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)				*******************************	\$	8,922.92	
2. Unitemized payments made this period of under \$100	•						0.00	
3. Total interest paid this period on loans. (Enter amount fro							0.00	
4. Total neumants made this period (Add Lines 1.2 and 2.						TAL ¢	8,922.92	

SCHE	<b>DULE E</b>	(CONT.)

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Melissa Blaustein	Amounts may b to whole do			Statement covers period from 9/24/2017 through 10/23/2017	CALIFOR FORM  Page 20  I.D. NUMBER  1398572	400 of 2)
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications d appearances ses lating urvey researc very and mes	s n senger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, a staff/spouse travel, lodging TSF transfer between committee VOT voter registration WEB information technology cost	on costs  s oduction costs and meals g, and meals ees of the same c	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
FedEx Office Print & Ship Center Sausalito, CA 94965		OFC				0.14
FedEx Office Print & Ship Center Sausalito, CA 94965		OFC				93.27
Sausalito Historical Society Sausalito, CA 94965		CVC				100.00
Sausalito Historical Society Sausalito, CA 94965		CVC				50.00
Facebook Menlo Park, CA 94025			Digital Advertisin	g .		3.24
* Payments that are contributions or independent expenditures must also be	pe summarized on Sche	dule D.			SUBTOTAL \$	246.65

Schedule E (Continuation Sheet)	Amounts may be rounded to whole dollars.	Statement co
Payments Made		from9/24
		404

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SCHEDULE E (CONT.)

Statement covers period
from 9/24/2017

through 10/23/2017

Page 21 of 28

I.D. NUMBER

Melissa Blaustein

1398572

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 independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services IND TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
FedEx Office Print & Ship Center Sausalito, CA 94965	OFC		181.35
Drivers Market Sausalito, CA 94965	TRS		4.00
City of Sausalito Sausalito, CA 94965	FIL		287.00
Waterstreet Co Sausalito, CA 94965	OFC		18.48
ActBlue Technical Services Somerville, MA 02144		Credit Card Processing Fees	156.19

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 647.02

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

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from 9/24/2017	FORM 400
through10/23/2017	Page 22 of 27
	I.D. NUMBER
	1398572

TSF transfer between committees of the same candidate/sponsor

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.

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 phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals TRS

independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting)

campaign literature and mailings PRT print ads VOT voter registration WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I,D, NUMBER) FedEx Office Print & Ship Center **OFC** 27.00 Sausalito, CA 94965 City of Sausalito Halloween Booth 150.00 Sausalito, CA 94965 Whitehurst/Mosher Campaign Strategy & Media LIT 3,868.00 San Francisco, CA 94105 Vantiv Credit Card Processing Fees 236.08 Symmes Township, OH 45249 Political Data Inc. WEB 132.97 Norwalk, CA 90650

**SUBTOTAL \$** 

4,414.05

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

ments Made  from 9/24/20		10/23/2017	CALIFO FOR	23 of 27		
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	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and s	munications a appearances ses lating urvey researc very and mes	s n senger services	RAD radio airtime and production returned contributions SAL campaign workers' salarie t.v. or cable airtime and production rac sandidate travel, lodging, staff/spouse travel, lodging transfer between committed voter registration information technology contributed in the payment of the payme	on costs soduction costs and meals g, and meals ees of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
Audience Partners Washington, DC 20006			Digital Advertisir	ng		3,000.00
Vantiv Symmes Township, OH 45249			Credit Card Prod	cessing Fees		100.00
						m under versien versie

SUBTOTAL \$

3,100.00

<sup>\*</sup> 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.

Statement covers period from 9/24/2017 through 10/23/2017

CALIFORNIA 460

Page <u>24</u> of <u>25</u>

I.D. NUMBER

1398572

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Melissa Blaustein

CODES: If one of the following codes accurately describ	pes 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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	287.00	0.00	287.00	0.00
Jumpstart Campaigns LLC Chicago, IL 60642	CNS	0.00	3,000.00	0.00	3,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 287.00	\$ 3,000.00	287.00	\$ 3,000.00

#### **Schedule F Summary**

accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	3,000.00
Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$	287.00
Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	2,713.00 May be a negative number

Schedule	F		
(Continu	ation Shee	t)	
Accrued	Expenses	(Unpaid	Bills)

NAME OF FILER

LIT

Melissa Blaustein

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from 9/24/2017	CALIFORNIA 460 FORM
through10/23/2017	Page 25 of 27
	I.D, NUMBER
	1398572

WEB information technology costs (internet, e-mail)

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 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 staff/spouse travel, lodging, and meals TRS IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration

campaign literature and mailings PRT print ads \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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		
			M	<b></b>			
·				·			
SUBTOTALS \$ 0.00 \$ 0.00 \$ 0.00							

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amoui to	nts may be roo		froi	Statement covers period m9/24/2017	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE				thre	ough10/23/2017	Page2	6 of 25
Melissa Blaustein						1.D. NUMBE 1398572	
NAME OF AGENT OR INDEPENDENT CONTRACTOR  CODES: If one of the following codes accurately describes	the navment	VOLL MOV. OF	iter the code	Othonuino	describe the navment		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone band POS postage, de PRO professiona PRT print ads	ommunications and appearance anses culating assurvey researe elivery and mes al services (leg	ch ssenger services	RAD RFD SAL TEL TRC TRS TSF VOT WEB		ction costs meals nd meals of the same c	
* Payments that are contributions or independent expenditures must also be	summarized on Scl	hedu <b>l</b> e D.					
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	,			
Attack additional information are appropriately labeled a street with the labeled and the street with the stre				

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

0.00

<sup>\*</sup> 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
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement coverage from 9/24	vers period -/2017	CALIFORNIA 46	
SEE INSTRUCTIONS ON REVERSE					through10/	23/2017	Page27	of 28_
NAME OF FILER Melissa Blaustein							I.D. NUMBER 1398572	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$   FORGIVEN	\$	RATE	\$	\$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$   FORGIVEN	\$	RATE	\$	\$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period  (Total Column (b) plus unitemized loans	s of less than \$100.)		••••••	•••••	\$	0.00	- Г	**If Required
Payments received on loans  (Total Column (c) plus unitemized paym				•••••	\$	0.00	_ -	-
3. Net change this period. ( <b>Subtract</b> Line 2 (Enter the net here and on the Summar	? from Line 1.)ry Page, Column A, Line 7.)	)			·	0.00 ay be a negative number)	-	

Schedule I		Amounts may be rounded		SCHEDULE I	
<i>V</i> liscellane	eous Increases to Cash	to whole dollars,	Statement covers p	eriod	CALIFORNIA AGO
	•		from9/24/2011	7	FORM TOO
SEE INSTRUCTION	IS ON REVERSE		through 10/23/20	)17	Page 28 of 29
IAME OF FILER				1	.D. NUMBER
Melissa Blau	stein			. 1	398572
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
	·				
Attach addit	1 Tional information on appropriately labeled continuation she	nets		UBTOTAL \$	
		010.	3	OBIOIAL 3	0.00
Schedule I	-			0.00	
	creases to cash this period.			0.00	
	increases to cash of under \$100 this period			0.00	
	nterest received this period on loans made to others.		\$	0.00	
iotal misce. Summary F	llaneous increases to cash this period. (Add Lines 1, Page, Line 14.)	2, and 3. Enter here and on the	TOTAL \$	0.00	