

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
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SEP 24 2020
City of Sausalito

CALIFORNIA FORM **460**
Page 1 of 33
For Official Use Only

Statement covers period
from 7/1/2020
through 9/19/2020

Date of election if applicable:
(Month, Day, Year)
11/3/2020

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 5)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER Pending

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Melissa Blaustein for Sausalito City Council 2020

STREET ADDRESS (NO P.O. BOX)
203 Richardson St. # 2

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sausalito</u>	<u>CA</u>	<u>94965</u>	<u>415/425-1472</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Patricia Schmidt

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sausalito</u>	<u>CA</u>	<u>94965</u>	<u>415/302-6701</u>

NAME OF ASSISTANT TREASURER, IF ANY
Melissa Blaustein

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>203 Richardson St. # 2</u>	<u>CA</u>	<u>94965</u>	<u>415/425-1472</u>

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true.

Executed on 9/24/20
(Date)

Executed on 9/24/20
(Date)

Executed on _____
(Date)

Executed on _____
(Date)

By [REDACTED]
(Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Expense)

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

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Melissa Blaustein

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sausalito City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
203 Richardson St, # 2 Sausalito CA 94965

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

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/2020</u>	CALIFORNIA FORM 460
through <u>9/19/2020</u>	
Page <u>3</u> of <u>33</u>	I.D. NUMBER Pending

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Melissa Blaustein

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>\$31,845.00</u>	\$ <u>\$31,845.00</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	\$ <u>\$25.00</u>	\$ <u>\$25.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>\$31,870.00</u>	\$ <u>\$31,870.00</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	\$ <u>\$350.00</u>	\$ <u>\$350.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>\$32,220.00</u>	\$ <u>\$32,220.00</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections		
	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

	Column A	Column B
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>\$9,403.88</u>	\$ <u>\$9,403.88</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	\$ <u>\$0.00</u>	\$ <u>\$0.00</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>\$9,403.88</u>	\$ <u>\$9,403.88</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$ <u>\$5,733.53</u>	\$ <u>\$5,733.53</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$ <u>\$0.00</u>	\$ <u>\$0.00</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>\$15,137.41</u>	\$ <u>\$5,733.53</u>

Expenditure Limit Summary for State Candidates		
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)		
Date of Election (mm/dd/yy)	Total to Date	
____/____/____	\$ _____	
____/____/____	\$ _____	

Current Cash Statement	
12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>\$0.00</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	\$ <u>\$31,870.00</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	\$ <u>\$0.00</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$ <u>\$9,403.88</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>\$22,466.12</u>

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
Cash Equivalents and Outstanding Debts	
18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>\$5,758.53</u>

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>33</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Melissa Blaustein

I.D. NUMBER
Pending

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/21/2020	William Blaustein [REDACTED] Francisco CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Manager/Tesla	\$500.00	\$500.00	
7/21/2020	Marilyn Blaustein [REDACTED] Mill Valley CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate/Self Employed	\$500.00	\$500.00	
7/21/2020	Mel Blaustein [REDACTED] Mill Valley CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician/Self Employed	\$500.00	\$500.00	
7/21/2020	Ashley DeSmet [REDACTED] Washington DC 20007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Strategic Communications/National League of Cities	\$250.00	\$250.00	
7/21/2020	Jill Golub [REDACTED] Oakland CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Communications/BMWL & Partners	\$500.00	\$500.00	
SUBTOTAL				\$ 2,250.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 31,050.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 795.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 31,845.00

*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.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>33</u>
I.D. NUMBER Pending	

NAME OF FILER
Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/21/2020	Daniel Graver [REDACTED] Arlington VA 22205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Akin Gump	\$250.00	\$350.00	
7/21/2020	Gabrielle Giron [REDACTED] San Francisco CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing/Estee Lauder	\$500.00	\$500.00	
7/22/2020	Karen Aiken [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing/Self Employed	\$200.00	\$200.00	
7/22/2020	Louis Briones [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA/Self Employed	\$250.00	\$250.00	
7/22/2020	Brandon Grayson [REDACTED] San Francisco CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Manager/Lyft	\$200.00	\$200.00	
SUBTOTAL \$ \$1,400.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>33</u>
I.D. NUMBER Pending	

NAME OF FILER

Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/22/2020	Ana Bertha Gutierrez [REDACTED] Brentwood CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Director/Jobs for the Future	\$250.00	\$250.00	
7/22/2020	Lauren Hauber [REDACTED] Richmond CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legal Operations/Facebook	\$250.00	\$250.00	
7/22/2020	Bruce Huff [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate/Kimber Management	\$500.00	\$500.00	
7/22/2020	Magali Limeta [REDACTED] Novato CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Revenue Analyst/UCSF	\$100.00	\$100.00	
7/22/2020	Christine Lindner [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$100.00	\$100.00	
SUBTOTAL \$ 1,200.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>33</u>

NAME OF FILER
Melissa Blaustein

I.D. NUMBER
Pending

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/22/2020	Kate Maeder [REDACTED] San Francisco CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant/Self Employed	\$100.00	\$100.00	
7/22/2020	Jerry Spolter [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Self Employed	\$250.00	\$250.00	
7/22/2020	Katia Verresen [REDACTED] 3 Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Coach/Self Employed	\$250.00	\$250.00	
7/22/2020	John Whitehurst [REDACTED] Oakland CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant/BMWL & Partners	\$500.00	\$500.00	
7/22/2020	Mordechai Winter [REDACTED] Tiburon CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$500.00	\$500.00	
SUBTOTAL \$ \$1,600.00						

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>33</u>
I.D. NUMBER Pending	

NAME OF FILER
Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/23/2020	Karen Betzner [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Self Employed	\$500.00	\$500.00	
7/23/2020	Kwesi Chappin [REDACTED] MD 20785	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organizer/Color of Change	\$250.00	\$500.00	
7/23/2020	Cammie Croft [REDACTED] Oakland CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Community Officer/FWD.us	\$250.00	\$250.00	
7/23/2020	Katherine Demallie [REDACTED] Sunnyside NY 11104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Officer/French-American Foundation	\$100.00	\$100.00	
7/23/2020	Christanne Gallagher [REDACTED] Larkspur CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager/US Army Corps of Engineers	\$100.00	\$100.00	
SUBTOTAL \$ 1,200.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>33</u>

NAME OF FILER
Melissa Blaustein

I.D. NUMBER
Pending

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/23/2020	Barbara Geisler [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Graphic Design/Self Employed	\$150.00	\$150.00	
7/23/2020	Sonia Khan [REDACTED] Berlin AE 10783	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy/Google	\$100.00	\$100.00	
7/23/2020	Nicholas Kelley [REDACTED] San Francisco CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing/Dripdrop	\$500.00	\$500.00	
7/23/2020	Sam Lauter [REDACTED] San Francisco CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant/BMWL & Partners	\$250.00	\$250.00	
7/23/2020	Justin O'Reilly [REDACTED] San Rafael CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder/California Spray Technology	\$250.00	\$250.00	
SUBTOTAL \$ 1,250.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>33</u>

NAME OF FILER
Melissa Blaustein

I.D. NUMBER
Pending

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/23/2020	David Popkin [REDACTED] San Francisco CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tech/LiveRamp	\$150.00	\$150.00	
7/23/2020	Michael Rice [REDACTED] Berkeley CA 94708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VR Research/Researcher	\$250.00	\$250.00	
7/23/2020	Samuel Ruben [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sustainability Officer/Mighty Buildings	\$500.00	\$500.00	
7/23/2020	Jim Simkalo [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor/Self Employed	\$500.00	\$500.00	
7/23/2020	Jennifer Stojkovic [REDACTED] Gainesville FL 32608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy/sf.citi	\$200.00	\$200.00	
SUBTOTAL \$ 1,600.00						

*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.)

Statement covers period from <u>7/1/2020</u>	CALIFORNIA FORM 460
through <u>9/19/2020</u>	
Page <u>11</u> of <u>33</u>	
I.D. NUMBER Pending	

NAME OF FILER
Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/23/2020	Greg Thomson [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clean Energy/Self Employed	\$250.00	\$250.00	
7/23/2020	Susan Woolley Katz [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Clinical Scientist/Syneos Health	\$250.00	\$250.00	
7/23/2020	Hayley Zachary [REDACTED] South Natick MA 01760	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant/Locust Street Group	\$350.00	\$350.00	
7/24/2020	Jason Galisatus [REDACTED] Redwood City CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director/Redwood City Education Foundation	\$100.00	\$200.00	
7/24/2020	Kristin Maas [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Outreach/Maas Clinic	\$250.00	\$250.00	
SUBTOTAL \$ 1,200.00						

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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.)

Statement covers period from <u>7/1/2020</u>	CALIFORNIA FORM 460
through <u>9/19/2020</u>	
Page <u>12</u> of <u>33</u>	

NAME OF FILER Melissa Blaustein	I.D. NUMBER Pending
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/24/2020	Susan Roe [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Manager/Veen Law Firm	\$100.00	\$100.00	
7/24/2020	Adam Steinberg [REDACTED] San Francisco CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Technical Support/Corsair	\$100.00	\$100.00	
7/24/2020	Bob Tandler [REDACTED] San Francisco CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate/Fritzi Realty	\$500.00	\$500.00	
7/25/2020	Yolanda Bellisimo [REDACTED] Mill Valley CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor/College of Marin	\$250.00	\$250.00	
7/25/2020	Leon Hunting [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$500.00	\$500.00	
SUBTOTAL \$ 1,450.00						

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>33</u>
I.D. NUMBER Pending	

NAME OF FILER
Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2020	Elizabeth Pierce [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant/Self Employed	\$250.00	\$250.00	
7/26/2020	Ashley Nash-Hahn [REDACTED] Northeast Washington DC 20002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy/TikTok	\$500.00	\$500.00	
7/27/2020	Nathan Ballard [REDACTED] Los Angeles CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO/The Press Shop	\$500.00	\$500.00	
7/27/2020	Phillip Bianchi [REDACTED] Northwest 1005 Washington DC 20001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Squire Patton Boggs	\$250.00	\$250.00	
7/27/2020	Catherine Breed [REDACTED] [REDACTED] Mill Valley CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare/Becton Dickinson	\$100.00	\$100.00	
SUBTOTAL \$ \$1,600.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>14</u> of <u>33</u>

NAME OF FILER
Melissa Blaustein

I.D. NUMBER
Pending

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/27/2020	Sharon Lambton [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$250.00	\$250.00	
7/27/2020	Michael McGearry [REDACTED] Clovis CA 93611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy/Upwork	\$250.00	\$500.00	
7/27/2020	Mark Mosher [REDACTED] San Francisco CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Director/BMWL & Partners	\$250.00	\$250.00	
7/27/2020	Alexander Tourk [REDACTED] Mill Valley CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Affairs/Ground Floor Public Affairs	\$500.00	\$500.00	
7/27/2020	Jeremy Wallenberg [REDACTED] San Francisco CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ground Floor Public Affairs	\$100.00	\$100.00	
SUBTOTAL \$					\$1,350.00	

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>15</u> of <u>33</u>
I.D. NUMBER Pending	

NAME OF FILER
Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/2020	Ronald Albert [REDACTED] Sausalito CA 94966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Self Employed	\$200.00	\$200.00	
7/29/2020	Reza Najafi [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate/Paradise Properties	\$100.00	\$100.00	
7/29/2020	Barbara Willenborg [REDACTED] San Francisco CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist/Self Employed	\$500.00	\$500.00	
7/31/2020	Susan Keegin [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist/Self Employed	\$500.00	\$500.00	
7/31/2020	John McMahon [REDACTED] Exeter NH 03833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO/Mitre Medical	\$500.00	\$500.00	
SUBTOTAL \$ 1,800.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>16</u> of <u>33</u>
I.D. NUMBER Pending	

NAME OF FILER
Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2020	Christene Scarpino [REDACTED] Sausalito CA 94966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant / Donna Cohen CPA	\$500.00	\$500.00	
7/31/2020	Steven Woodside [REDACTED] Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO / Call of the Sea	\$500.00	\$500.00	
8/5/2020	Jennifer Cox [REDACTED] Phoenix AZ 85018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Engineer/Arizona Public Service	\$250.00	\$250.00	
8/5/2020	Matt Dorsey [REDACTED] San Francisco CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Communications/Self Employed	\$250.00	\$250.00	
8/5/2020	Ian Sobieski [REDACTED] San Francisco CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Director/Band of Angels	\$250.00	\$250.00	
SUBTOTAL \$ 1,750.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>17</u> of <u>33</u>
I.D. NUMBER Pending	

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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/6/2020	Thomas Theodores [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$100.00	\$100.00	
8/8/2020	Myra Berkowitz [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$100.00	\$100.00	
8/9/2020	Esther Levandoski [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$250.00	\$250.00	
8/9/2020	Carolyn Revelle [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$250.00	\$250.00	
8/9/2020	Barbara Rycerski [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$250.00	\$250.00	
SUBTOTAL \$ 950.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>18</u> of <u>33</u>
I.D. NUMBER Pending	

NAME OF FILER
Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/10/2020	David Suto [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Engineer/Parsons-Eagle Packaging Systems	\$100.00	\$100.00	
8/12/2020	Kala Sherman-Presser [REDACTED] San Francisco CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legal & Compliance/EarnUp	\$100.00	\$100.00	
8/12/2020	Helen Tran [REDACTED] San Bernardino CA 92407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Risk Management/City of West Covina	\$100.00	\$100.00	
8/13/2020	Cynn timer Anderson [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$350.00	\$500.00	
8/13/2020	Max Perry [REDACTED] Corte Madera CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patient Navigator/Genentech	\$100.00	\$100.00	
SUBTOTAL \$ 5750.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>19</u> of <u>33</u>
I.D. NUMBER Pending	

NAME OF FILER
Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/13/2020	Daniel Schnur [REDACTED] Los Angeles CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor/USC	\$100.00	\$100.00	
8/14/2020	Anne Hilby [REDACTED] West Oakland CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Zipline	\$100.00	\$100.00	
8/15/2020	Katherine Bertash [REDACTED] Venice CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operations/Elevate Labs	\$250.00	\$250.00	
8/15/2020	Andrew Fromm [REDACTED] Kentfield CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner/Self Employed	\$500.00	\$500.00	
8/16/2020	Alicia Brasch [REDACTED] San Rafael CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nutrition/Self Employed	\$250.00	\$250.00	
SUBTOTAL \$ \$1,200.00						

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>20</u> of <u>33</u>
I.D. NUMBER Pending	

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8/16/2020	Kaelin Merrihew [REDACTED] Belvedere CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Marketing/Nixie	\$100.00	\$100.00	
8/17/2020	Maximiliano Huff [REDACTED] SAUSALITO CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate/Kimber Management	\$150.00	\$150.00	
8/19/2020	Kwesi Chappin [REDACTED] Cheverly MD 20785	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organizer/Color of Change	\$250.00	\$500.00	
8/19/2020	Richard Schlackman [REDACTED] Phoenix AZ 85012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant/RMS Associates	\$500.00	\$500.00	
8/22/2020	Alicia Haynes [REDACTED] New York NY 10014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales/Sharethrough	\$100.00	\$100.00	
SUBTOTAL \$ 1,100.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>21</u> of <u>33</u>
I.D. NUMBER Pending	

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8/23/2020	Theresa Sinnott [REDACTED] San Rafael CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RDH/Neal Patel	\$500.00	\$500.00	
8/25/2020	Robert Brockob [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Designer/Brockob Design Group	\$100.00	\$100.00	
8/26/2020	Mike Monroe [REDACTED] San Francisco CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$250.00	\$250.00	
8/27/2020	Dennis Herrera [REDACTED] San Francisco CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/CCSF	\$250.00	\$250.00	
8/31/2020	Matt Fluke [REDACTED] San Francisco CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor/SFFD	\$500.00	\$500.00	
SUBTOTAL \$ 1,600.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>22</u> of <u>33</u>
I.D. NUMBER Pending	

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Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/2/2020	Jennifer Nix [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer/Self Employed	\$250.00	\$250.00	
9/3/2020	Peter Van Meter [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Corporate Trainer/Self Employed	\$200.00	\$200.00	
9/5/2020	Sophia Collier [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor/Self Employed	\$100.00	\$100.00	
9/6/2020	Miles Baker [REDACTED] CHICAGO IL 60647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant/The Action Factory	\$100.00	\$100.00	
9/8/2020	Michael Rex [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect/Self Employed	\$300.00	\$300.00	
SUBTOTAL \$ 9950.00						

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(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>23</u> of <u>33</u>
I.D. NUMBER Pending	

NAME OF FILER
Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2020	Jason Galisatus [REDACTED] Redwood City CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director/Redwood City Education Foundation	\$100.00	\$200.00	
9/9/2020	Paul Hall [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/DLA Piper	\$500.00	\$500.00	
9/9/2020	Michael McGeary [REDACTED] Clovis CA 93611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy/UpWork	\$250.00	\$500.00	
9/9/2020	Rodd McLeod [REDACTED] PHOENIX AZ 85016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant/RADAR Strategies	\$500.00	\$500.00	
9/9/2020	Brent Messenger [REDACTED] San Francisco CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive/Fiverr	\$100.00	\$100.00	
SUBTOTAL \$ \$1,450.00						

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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u>	CALIFORNIA FORM 460
through <u>9/19/2020</u>	
Page <u>24</u> of <u>33</u>	

NAME OF FILER <u>Melissa Blaustein</u>	I.D. NUMBER <u>Pending</u>
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/2020	Geoffrey Butler [REDACTED] Mill Valley CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect/Self Employed	\$150.00	\$150.00	
9/11/2020	Sarah Hanson [REDACTED] San Francisco CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Research/CA Department of Food and Agriculture	\$500.00	\$500.00	
9/11/2020	Alex Sweet [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive/Social Finance, Inc	\$250.00	\$250.00	
9/11/2020	Brian Weeks [REDACTED] Chicago IL 60642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant/Jumpstart Progress	\$100.00	\$100.00	
9/12/2020	Madeline Morey [REDACTED] San Rafael CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Consultant/Self Employed	\$150.00	\$150.00	
SUBTOTAL \$ 1,150.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>25</u> of <u>33</u>
I.D. NUMBER Pending	

NAME OF FILER
Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2020	Maria Carlile [REDACTED] Mill Valley CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$250.00	\$250.00	
9/16/2020	Kay Mitzel [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$100.00	\$100.00	
9/16/2020	Lisa Scopazzi [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner/Five Stars Yacht	\$100.00	\$100.00	
9/17/2020	Mary Griffin [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$100.00	\$100.00	
9/18/2020	Daniel Graver [REDACTED] Arlington VA 22205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Akin Gump	\$100.00	\$350.00	
SUBTOTAL \$ 650.00						

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>27</u> of <u>33</u>
I.D. NUMBER Pending	

NAME OF FILER
Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2020	Yoshi Tome [REDACTED] San Rafael CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restarauteur/Sushi San	\$300.00	\$300.00	
9/19/2020	Samantha Tuttle [REDACTED] San Rafael CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Global Legal Logistics/BioMarin	\$250.00	\$250.00	
9/19/2020	Democratic Central Committee of Marin [REDACTED] Sacramento CA 95841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
9/19/2020	Marin Women's Political Action Committee. [REDACTED] Kenfield CA 94914	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				\$950.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>26</u> of <u>33</u>
I.D. NUMBER Pending	

NAME OF FILER
Melissa Blaustein

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2020	Jacqueline Kudler [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PT Instructor/COM	\$100.00	\$100.00	
9/19/2020	Cynn Anderson [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$150.00	\$500.00	
9/19/2020	Anne Arnott [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Retired	\$100.00	\$100.00	
9/19/2020	J Lee [REDACTED] San Francisco CA 94126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer, Golden Gate Bridge District	\$200.00	\$200.00	
9/19/2020	Keith Stoneking [REDACTED] Sausalito CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Self	\$100.00	\$100.00	
SUBTOTAL \$ 650.00						

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**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>28</u> of <u>33</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Melissa Blaustein

I.D. NUMBER

Pending

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Melissa Blaustein 203 Richardson St Apt 2, Sausalito, CA 94965 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder/Allied for Startups	\$ 0.00	\$ 25.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 25.00 DATE DUE	0 % RATE \$ 0.00	\$ 25.00 7/10/2020 DATE INCURRED	CALENDAR YEAR \$ 25.00 PER ELECTION** \$ 25.00
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$ 25.00	\$ 0.00	\$ 0.00	\$ 25.00	\$ 0.00		

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

Schedule B Summary

1. Loans received this period.....	\$ 25.00
(Total Column (b) plus unitemized loans of less than \$100.)	
2. Loans paid or forgiven this period.....	\$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)	
(Include loans paid by a third party that are also itemized on Schedule A.)	
3. Net change this period. (Subtract Line 2 from Line 1.).....	NET \$ 25.00

Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

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

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>29</u> of <u>33</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Melissa Blaustein

I.D. NUMBER

Pending

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2020	Kirstin Pearson [REDACTED] Sausalito, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Baker/Revelry Cakes	Volunteer Food	\$100.00	\$100.00	
7/30/2020	Erica Jones Cleary [REDACTED] Berkeley, CA 94703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Digital Consultant/Ms Jones Design	Digital Consulting	\$250.00	\$250.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

SUBTOTAL \$ 350.00

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ 350.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** 350.00

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SCC – Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>7/1/2020</u>	CALIFORNIA FORM 460
through <u>9/19/2020</u>	
Page <u>30</u> of <u>33</u>	
I.D. NUMBER Pending	

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	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Four Waters Media Inc 813 Harbor Blvd, Ste 205, West Sacramento, CA 95691	CNS		\$2,000.00
PMCohen Public Affairs PO Box 150268, San Rafael, CA 94915	CNS		\$1,450.00
Tres Nomad 480 Gate 5 Rd, Sausalito, CA 94965		Masks	\$1,413.74

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

SUBTOTAL \$ 4,863.74

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 8,430.54
2. Unitemized payments made this period of under \$100.....	\$ 973.34
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ 9,403.88

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>7/1/2020</u>	CALIFORNIA FORM 460
through <u>9/19//2020</u>	
Page <u>31</u> of <u>33</u>	
I.D. NUMBER Pending	

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 | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Four Waters Media Inc 813 Harbor Blvd, Ste 205, West Sacramento, CA 95691	CNS		\$1,100.00
PMCohen Public Affairs PO Box 150268, San Rafael, CA 94915	CNS		\$1,000.00
City of Sausalito 420 Litho St, Sausalito, CA 94965	FIL		\$480.00
Anedot 1340 Poydras St, Ste 1770, New Orleans, LA 70112		Credit Card Processing Fees	\$310.20
PMCohen Public Affairs PO Box 150268, San Rafael, CA 94915	CNS		\$250.00

SUBTOTAL \$ 3,140.20

* 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 from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>32</u> of <u>33</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Melissa Blaustein

I.D. NUMBER

Pending

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot 1340 Poydras St, Ste 1770, New Orleans, LA 70112		Credit Card Processing Fees	\$226.60
Herman Privette PO Box 1085, Sausalito, CA 94966		Photography	\$100.00
PMCOhen Public Affairs PO Box 150268, San Rafael, CA 94915	CNS		\$100.00

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

SUBTOTAL \$ 426.60

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>33</u> of <u>33</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Melissa Blaustein

I.D. NUMBER
Pending

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF 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
Jumpstart Progress 847 N Milwaukee Ave Unit 4 Chicago, IL 60642	CNS	\$0.00	\$950.00	\$0.00	\$950.00
Four Waters Media Inc 813 Harbor Blvd Ste 205, West Sacramento, CA 95691	CNS	\$0.00	\$4,752.81	\$0.00	\$4,752.81
PMCohen Public Affairs PO Box 150268, San Rafael, CA 94915	CNS	\$0.00	\$30.72	\$0.00	\$30.72
SUBTOTALS		\$ 0.00	\$ 5,733.53	\$ 0.00	\$ 5,733.53

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

Schedule F Summary

1. Total 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 \$	5,733.53
2. 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 \$	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	5,733.53

May be a negative number

FPPC Form 460 (Jan/2016)

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

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