Recipient Committee Campaign Statement Cover Page

RECEIVED MAY 2 8 2020 **CITY OF HEALDSBURG**

Date Stamp

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Statement covers period		Date of election if applicable: (Month, Day, Year)
from	01/01/2020	
through	05/31/2020	

For Official Use Only

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

- ☑ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
  - *(Also Complete Part 5)*
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
  - *(Also Complete Part 6)*
- ☐ Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- ☐ Preelection 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 1404176

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Evelyn Mitchell for City Council 2018

STREET ADDRESS (NO P.O. BOX)
█████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Healdsburg	CA	95448	███████

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
Evelyn L. Mitchell

MAILING ADDRESS
██████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Healdsburg	CA	95448	██████

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on ___█████___ By ___████████___ Treasurer or Assistant Treasurer
Date

Executed on ___█████___ By ___████████___ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Date

Executed on _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Date

Executed on _____ By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Date

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Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Evelyn L. Mitchell

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

City Council Member, City of Healdsburg

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

Healdsburg, CA 95448

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? ☐ YES ☐ 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? ☐ YES ☐ 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	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

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Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA FORM **460**
from 01/01/2020	
through 05/31/2020	Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Evelyn Mitchell for City Council 2018

I.D. NUMBER
1404176

Contributions Received

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

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

		1/1 through 6/30	7/1 to Date
20. Contributions Received		$ _____	$ _____
21. Expenditures Made		$ _____	$ _____

Expenditures Made

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$ _____
___/___/___	$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 1264.51
13. Cash Receipts	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	.39
15. Cash Payments	Column A, Line 8 above	1264.90
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 0.00

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

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

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ _____

Cash Equivalents and Outstanding Debts

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

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Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 460

Statement covers period

from 01/01/2020

through 05/31/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Evelyn Mitchell for City Council 2018

I.D. NUMBER
1404176

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)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) ....$ _____ 0

2. Amount received this period – unitemized monetary contributions of less than $100 ....$ _____ 0

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)................**TOTAL $** _____ 0

*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

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Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

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NAME OF FILER

Evelyn Mitchell for City Council 2018

I.D. NUMBER: 1404176

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
Evelyn L. Mitchell ▓▓▓▓▓▓ Healdsburg, CA 95448 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self employed L3 Consulting	$ 5500	$ 0	☑ PAID $ 1264.90 ☑ FORGIVEN $ 4235.1	$ 0 DATE DUE	____% RATE $	$ 5500 12/31/18 DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	____% RATE $	DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	____% RATE $	DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____

SUBTOTALS $ _____ $ _____ $ _____ $ _____

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

Schedule B Summary

1. Loans received this period ....$ _____0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ....$ _____5500
   (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 $ _____-5500
   Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes

IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

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Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

CALIFORNIA FORM **460**

Statement covers period	
from	01/01/2020
through	05/31/2020

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NAME OF FILER

Evelyn Mitchell for City Council 2018

I.D. NUMBER
1404176

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

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

SUBTOTAL $

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ _____ 0

2. Unitemized payments made this period of under $100 .... $ _____ 0

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .... $ _____ 0

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... TOTAL $ _____ 0

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