

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

|   |  |  |   |
|---|--|--|---|
| <b>Statement covers period</b><br><b>from</b> 10/21/2018<br><b>through</b> 10/30/2018 | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br>11/06/2018 | <b>Date Stamp</b><br><div style="border: 2px solid red; padding: 5px; color: red;">E-Filed<br/>01/23/2019<br/>23:22:46<br/><br/>Filing ID:<br/>175918934</div> | <b>CALIFORNIA FORM 460</b><br><br>Page <u>1</u> of <u>10</u><br><br>For Official Use Only |
|---|--|--|---|

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

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

## 2. Type of Statement:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small><br><input checked="" type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

Amended to show loans carried over from 2014 campaign

## 3. Committee Information

I.D. NUMBER  
1366116

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

Pat Showalter for Council 2018

STREET ADDRESS (NO P.O. BOX)

|               |       |          |                 |
|---------------|-------|----------|-----------------|
| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
| Mountain View | CA    | 94040    | (650) 526-8676  |

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

NA / patshow4mv@gmail.com

## Treasurer(s)

NAME OF TREASURER

Deb Henigson

MAILING ADDRESS

|               |       |          |                 |
|---------------|-------|----------|-----------------|
| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
| Mountain View | CA    | 94041    |                 |

NAME OF ASSISTANT TREASURER, IF ANY

Abigail Longcor

MAILING ADDRESS

|          |       |          |                 |
|----------|-------|----------|-----------------|
| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
| San Jose | CA    | 95126    | (650) 996-7176  |

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 01/23/2019  
Date

Executed on 01/23/2019  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Deb Henigson  
Signature of Treasurer or Assistant Treasurer

By Pat Showalter  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

Page 2 of 10

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Pat Showalter

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

City Council Member

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY          | STATE | ZIP   |
|---|---------------|-------|-------|
|   | Mountain View | CA    | 94040 |

**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<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|
|                      |              |   |

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|
|                       |                     |

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

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

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

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

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from 10/21/2018<br>through 10/30/2018 | <b>CALIFORNIA FORM 460</b> |
| Page 3 of 10   | I.D. NUMBER<br>1366116     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Showalter for Council 2018

## Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$ 597.00  | \$ 23,586.89                               |
| 2. Loans Received .....               | Schedule B, Line 3 | 0.00   | 3,000.00                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$ 597.00  | \$ 26,586.89                               |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | 0.00   | 1,250.15                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$ 597.00  | \$ 27,837.04                               |

## 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   | \$ 12,204.74 | \$ 23,386.82 |
| 7. Loans Made .....                      | Schedule H, Line 3   | 0.00         | 0.00         |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$ 12,204.74 | \$ 23,386.82 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | 0.00         | 0.00         |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | 0.00         | 1,250.15     |
| 11. TOTALEXPENDITURES MADE .....         | Add Lines 8 + 9 + 10 | \$ 12,204.74 | \$ 24,636.97 |

## Expenditure Limit Summary for State Candidates

|   |               |
|---|---------------|
| <b>22. Cumulative Expenditures Made*</b><br>(If Subject to Voluntary Expenditure Limit) |               |
| Date of Election<br>(mm/dd/yy)  | Total to Date |
| / /   | \$            |
| / /   | \$            |

## Current Cash Statement

|   |   |              |
|---|---|--------------|
| 12. Beginning Cash Balance .....          | Previous Summary Page, Line 16                | \$ 14,490.66 |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | 597.00       |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | 0.00         |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | 12,204.74    |
| 16. ENDING CASH BALANCE .....             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2,882.92  |

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 ..... | Schedule B, Part 2 | \$ 0.00 |
|------------------------------------|--------------------|---------|

## Cash Equivalents and Outstanding Debts

|                             |                                       |             |
|-----------------------------|---------------------------------------|-------------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$ 0.00     |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$ 3,000.00 |

\*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<br>from <u>10/21/2018</u><br>through <u>10/30/2018</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>4</u> of <u>10</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Showalter for Council 2018

I.D. NUMBER

1366116

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/22/2018    | James Cochran<br>Mountain View, CA 94043  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired<br>n/a  | 100.00                      | 100.00   | G2018 \$100.00                        |
| 10/23/2018    | Steve Chessin<br>Mountain View, CA 94040  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Researcher<br>Oracle  | 100.00                      | 100.00   | G2018 \$100.00                        |
| 10/24/2018    | Michael Martello<br>San Clemente, CA 92673  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired<br>n/a  | 100.00                      | 100.00   | G2018 \$100.00                        |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |

**SUBTOTAL \$** 300.00

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 300.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 297.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 597.00

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

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

|  |  |  |
|--|--|--|
| Statement covers period<br>from 10/21/2018<br>through 10/30/2018 |  | <b>CALIFORNIA FORM 460</b><br>Page 5 of 10 |
| I.D. NUMBER<br>1366116   |  |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Showalter for Council 2018

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD *                                       | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN             | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                                     |
|---|---|--|------------------------------------|--|--|----------------------------------|--|---|
| Pat Showalter<br>Mountain View, CA 94040<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired<br>n/a  | \$ 1,000.00                                      | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 1,000.00<br>DATE DUE                            | %<br>RATE<br>\$ 0.00             | \$ 1,000.00<br>05/14/2014<br>DATE INCURRED | CALENDAR YEAR \$ 107.90<br>PER ELECTION**<br>G2018 107.90<br>G2014 3,000.00 |
| Pat Showalter<br>Mountain View, CA 94040<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired<br>n/a  | \$ 500.00  | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 500.00<br>DATE DUE                              | %<br>RATE<br>\$ 0.00             | \$ 500.00<br>08/08/2014<br>DATE INCURRED   | CALENDAR YEAR \$ 107.90<br>PER ELECTION**<br>G2018 107.90<br>G2014 3,000.00 |
| Pat Showalter<br>Mountain View, CA 94040<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired<br>n/a  | \$ 1,500.00                                      | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 1,500.00<br>DATE DUE                            | %<br>RATE<br>\$ 0.00             | \$ 1,500.00<br>09/27/2014<br>DATE INCURRED | CALENDAR YEAR \$ 107.90<br>PER ELECTION**<br>G2018 107.90<br>G2014 3,000.00 |
| <b>SUBTOTALS \$</b>   |   | 0.00   | \$                                 | 0.00   | \$   | 3,000.00                         | \$   | 0.00  |

## Schedule B Summary

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

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 0.00  
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.

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                |            |                                |
|--------------------------------|------------|--------------------------------|
| Statement covers period        |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                           | 10/21/2018 |                                |
| through                        | 10/30/2018 | Page 6 of 10                   |
| NAME OF FILER                  |            | I.D. NUMBER                    |
| Pat Showalter for Council 2018 |            | 1366116                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Showalter for Council 2018

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Anedot<br>Dallas, TX 75204  | WEB  |    |                        | 4.30        |
| Facebook<br>Menlo Park, CA 94025                                    | WEB  |    |                        | 25.00       |
| Pacific Printing<br>San Jose, CA 95110                              | LIT  |    |                        | 1,017.91    |

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

**SUBTOTAL \$** 1,047.21

## Schedule E Summary

|  |                 |           |
|--|-----------------|-----------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | 12,120.34 |
| 2. Unitemized payments made this period of under \$100   | \$              | 84.40     |
| 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.) | <b>TOTAL \$</b> | 12,204.74 |

# Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

|                                |            |                                |
|--------------------------------|------------|--------------------------------|
| Statement covers period        |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                           | 10/21/2018 |                                |
| through                        | 10/30/2018 | Page 7 of 10                   |
| NAME OF FILER                  |            | I.D. NUMBER                    |
| Pat Showalter for Council 2018 |            | 1366116                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Showalter for Council 2018

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Facebook<br>Menlo Park, CA 94025                                    | WEB  |    |                        | 25.00       |
| Anedot<br>Dallas, TX 75204  | WEB  |    |                        | 4.30        |
| Facebook<br>Menlo Park, CA 94025                                    | WEB  |    |                        | 35.00       |
| Pacific Printing<br>San Jose, CA 95110                              | LIT  |    |                        | 10,297.13   |
| Facebook<br>Menlo Park, CA 94025                                    | WEB  |    |                        | 50.00       |

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

**SUBTOTAL \$** 10,411.43

# Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>10/21/2018</u><br>through <u>10/30/2018</u> | <b>CALIFORNIA FORM 460</b>    |
| Page <u>8</u> of <u>10</u>   | I.D. NUMBER<br><u>1366116</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Showalter for Council 2018

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Facebook<br>Menlo Park, CA 94025                                    | WEB  |    |                        | 75.00       |
| Facebook<br>Menlo Park, CA 94025                                    | WEB  |    |                        | 75.00       |
| Anedot<br>Dallas, TX 75204  | WEB  |    |                        | 4.26        |
| Anedot<br>Dallas, TX 75204  | WEB  |    |                        | 4.26        |
| Facebook<br>Menlo Park, CA 94025                                    | WEB  |    |                        | 125.00      |

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

**SUBTOTAL \$** 283.52



# Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>10/21/2018</u><br>through <u>10/30/2018</u> | <b>CALIFORNIA FORM 460</b>    |
| Page <u>9</u> of <u>10</u>   | I.D. NUMBER<br><u>1366116</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pat Showalter for Council 2018

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Amazon.com, Inc.<br>Seattle, WA 98109                               | OFC  |    |                        | 28.18       |
| KMVT<br>Mountain View, CA 94043                                     | CMP  |    |                        | 350.00      |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$** 378.18

Additional Comments  
For Form 460

|                        |     |
|------------------------|-----|
| ADDITIONAL COMMENTS    |     |
| CALIFORNIA<br>FORM     | 460 |
| Page 10 of 10          |     |
| I.D. NUMBER<br>1366116 |     |

NAME OF FILER

Pat Showalter for Council 2018

Loans from 2014 campaign should have been recorded on all filings for 2018, but current treasurer was not aware of these loans until Jan 2019. Now amending all filings for 2018 to record these loans properly.