

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

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

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

3. Committee Information

I.D. NUMBER
1439662

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

ODDO FOR CITY COUNCIL 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

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 01/26/2023
Date

Executed on 01/26/2023
Date

Executed on _____
Date

Executed on _____
Date

By Michelle Moore Sanders
Signature of Treasurer or Assistant Treasurer

By Stephanie O'Dell
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

Date Stamp	CALIFORNIA FORM 460
10/23/2022	10/23/2022
Page 1 of 27	For Official Use Only

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

COVER PAGE - PART 2

CALIFORNIA
FORM

460

Page 2 of 27

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Stephanie Oddo

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

City Council Member Laguna Niguel

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

[REDACTED]

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

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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

Statement covers period
from 10/23/2022
through 12/31/2022

CALIFORNIA FORM
460
Page 3 of 27
I.D. NUMBER
1439662

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ 7,076.00	\$ 38,126.00
2. Loans Received	<i>Schedule B, Line 3</i>	\$ -5,000.00	\$ 16,250.00
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ 2,076.00	\$ 54,376.00
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 1,126.96
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ 2,076.00	\$ 55,502.96

**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	<i>Schedule E, Line 4</i>	\$ 28,955.24	\$ 68,525.17
7. Loans Made	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ 28,955.24	\$ 68,525.17
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ -11,068.29	\$ 1,250.00
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 1,126.96
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ 17,886.95	\$ 70,902.13

**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>	\$ 28,865.26
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ 2,076.00
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 300.00
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 28,955.24
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 2,286.02

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

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	<i>See instructions on reverse</i>	\$ 0.00
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 17,500.00

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.

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

Statement covers period
from 10/23/2022

through 12/31/2022

Page 4 of 27

I.D. NUMBER

1439662

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2022	Iris Anderson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	50.00	200.00	G2022 \$200.00
10/27/2022	April Bruckmann [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Support Farmers Insurance	25.00	125.00	G2022 \$200.00
10/28/2022	Paul Hamby [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	150.00	G2022 \$150.00
10/28/2022	National Women's Political Caucus (ID# 921469) [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G2022 \$100.00
10/29/2022	Wendee Streeter [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	50.00	325.00	G2022 \$325.00
				SUBTOTAL \$	325.00	

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 6,425.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 651.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7,076.00

*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 10/23/2022
 through 12/31/2022

CALIFORNIA FORM 460

Page 5 of 27

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

I.D. NUMBER

1439662

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 TC DATE (IF REQUIRED)
10/30/2022	Susan Aaronson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	200.00	G2022 \$200.00
10/31/2022	Helena Noonan [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Compass Real Estate	100.00	100.00	G2022 \$100.00
11/10/2022	Eva O'Keefe [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales / Marketing Manager Azelis Holding S.A. Company	100.00	100.00	G2022 \$100.00
11/14/2022	Marcia Gaboury [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	150.00	150.00	G2022 \$350.00
11/14/2022	Debbie Gara [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Minister Laguna Beach United Methodist Church	50.00	150.00	G2022 \$150.00
SUBTOTAL \$				500.00		

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FPPC Form 460 (Jan/2016)

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM
from	10/23/2022	460
through	12/31/2022	
Page 6 of 27		
NAME OF FILER		I.D. NUMBER
ODDO FOR CITY COUNCIL 2022		1439662

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 TC DATE (IF REQUIRED)
11/14/2022	Rona Henry [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	112.92	G2022 \$212.92
				Received through intermediary: eFundraising Connections 2831 G Street Suite 120 Sacramento, CA 95816-3783		
11/14/2022	Agnes McGlone Swanson, CDO [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Program Officer The Shea Center	50.00	180.00	G2022 \$370.50
				Received through intermediary: eFundraising Connections 2831 G Street Suite 120 Sacramento, CA 95816-3783		
11/14/2022	Amy Packer [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	50.00	100.00	G2022 \$150.00
				Received through intermediary: eFundraising Connections 2831 G Street Suite 120 Sacramento, CA 95816-3783		
11/15/2022	Donna Bahney [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	305.00	G2022 \$330.00
				Received through intermediary: eFundraising Connections 2831 G Street Suite 120 Sacramento, CA 95816-3783		
11/15/2022	Rachelle DeBaca [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hair stylist Rachelle DeBaca	100.00	150.00	G2022 \$150.00
				Received through intermediary: eFundraising Connections 2831 G Street Suite 120 Sacramento, CA 95816-3783		
SUBTOTAL \$				400.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

460

Statement covers period
 from 10/23/2022
 through 12/31/2022

CALIFORNIA
 FORM
 Page 7 of 27

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

I.D. NUMBER

1439662

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)
11/15/2022	DRIVE Committee (ID# C00032979) [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G2022 \$250.00
11/15/2022	Ana Espinoza [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	100.00	100.00	G2022 \$100.00
11/15/2022	Brian Fisk [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	250.00	400.00	G2022 \$600.00
11/15/2022	Melody Gleckman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	130.00	G2022 \$130.00
11/15/2022	Michino Gustafson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	100.00	G2022 \$630.00
SUBTOTAL \$				800.00		

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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>10/23/2022</u>		CALIFORNIA FORM 460
through <u>12/31/2022</u>		
Page <u>8</u> of <u>27</u>		
NAME OF FILER <u>ODDO FOR CITY COUNCIL 2022</u>		I.D. NUMBER <u>1439662</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
11/15/2022	Lori Reznick [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	200.00	900.00	G2022 \$750.00
11/16/2022	Susan Aaronson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	200.00	G2022 \$200.00
11/16/2022	Iris Anderson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	200.00	G2022 \$200.00
11/16/2022	William Harford [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	500.00	1,000.00	G2022 \$1,000.00
11/16/2022	Kathleen Kelly-Pardo [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Manager Maxtrol	100.00	150.00	G2022 \$100.00
SUBTOTAL \$				1,000.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA
 FORM **460**

Page 9 of 27

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

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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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2022	Pat Kenner [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	50.00	200.00	G2022 \$300.00
11/20/2022	Gary Halbert [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	230.00	G2022 \$380.00
11/21/2022	Katherine Amoukhteh [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Esports College & Career Pathways	250.00	250.00	G2022 \$250.00
11/21/2022	Suzanna M Bortz [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Journey School	100.00	450.00	G2022 \$550.00
11/21/2022	Courtney Fielder [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist Coco Artworks	200.00	340.00	G2022 \$540.00
SUBTOTAL \$				700.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA
 FORM **460**

Statement covers period
 from 10/23/2022
 through 12/31/2022

Page 10 of 27

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

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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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/22/2022	Alice E. Barr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	50.00	100.00	G2022 \$100.00
11/22/2022	Berty Chang [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Designer Berty Chang	300.00	300.00	G2022 \$300.00
11/22/2022	Bonita Schulkin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	50.00	205.00	G2022 \$255.00
11/22/2022	Kenneth Stelts [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	150.00	G2022 \$150.00
11/23/2022	Lorelei L. Auld [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administration Faith Episcopal Church	200.00	200.00	G2022 \$200.00
SUBTOTAL \$				700.00		

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FPPC Form 460 (Jan/2016)

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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 10/23/2022
 through 12/31/2022

CALIFORNIA FORM 460

Page 11 of 27

NAME OF FILER

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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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TC DATE (IF REQUIRED)
11/28/2022	Merri B. Levy [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	200.00	380.00	G2022 \$380.00
11/29/2022	Katrina Foley [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/County Supervisor The Foley Group/County of Orange	100.00	300.00	G2022 \$300.00
11/29/2022	Barbara Konney [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	500.00	900.00	G2022 \$1,000.00
11/29/2022	Sue Mendizza [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	205.00	G2022 \$405.00
11/29/2022	Jack Stephenson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	200.00	G2022 \$200.00
SUBTOTAL \$				1,000.00		

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COM – Recipient Committee
 (other than PTY or SCC)

OTH – Other (e.g., business entity)

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SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)

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

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA
460
 FORM

Page 12 of 27

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

I.D. NUMBER

1439662

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)
11/29/2022	Wendee Streeter [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	325.00	G2022 \$325.00
11/30/2022	Valerie Burchfield Rhodes [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Self Employed - No Separate Business Name	100.00	300.00	G2022 \$300.00
11/30/2022	Douglas A. Carrie [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	200.00	280.00	G2022 \$280.00
11/30/2022	Patricia Waterman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	300.00	0.00	G2022 \$0.00
12/13/2022	Diane Grob [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	250.00	760.00	G2022 \$860.00
SUBTOTAL\$				950.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA
460
 FORM

Statement covers period
 from 10/23/2022
 through 12/31/2022

Page 13 of 27

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

I.D. NUMBER

1439662

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)
12/19/2022	Lori Reznick [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	250.00	900.00	G2022 \$750.00
12/20/2022	Patricia Waterman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	-300.00	0.00	G2022 \$0.00
12/31/2022	Florice Hoffman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Office of Florice Hoffman LC	100.00	100.00	G2022 \$100.00
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL\$				50.00		

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FPPC Form 460 (Jan/2016)

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Schedule B – Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

Statement covers period
from 10/23/2022

through 12/31/2022

CALIFORNIA
FORM

Page 14 of 27

I.D. NUMBER

1439662

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
Stephanie Oddo [REDACTED]	Educator Stephanie Oddo			<input checked="" type="checkbox"/> PAID \$ <u>1,250.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>0.00</u>	<u>0.00</u> % RATE	\$ <u>1,250.00</u>	\$ <u>15,000.00</u> PER ELECTION**
LOAN @ -0- % INTEREST		\$ <u>1,250.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	<u>07/01/2022</u> DATE DUE	\$ <u>0.00</u>	<u>07/01/2021</u> DATE INCURRED	\$ <u>2022 16,250.00</u>
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input checked="" type="checkbox"/> PAID \$ <u>3,750.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>16,250.00</u>	<u>0.00</u> % RATE	\$ <u>20,000.00</u>	\$ <u>15,000.00</u> PER ELECTION **
Stephanie Oddo [REDACTED]	Educator Stephanie Oddo			<input type="checkbox"/> PAID \$ <u>20,000.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>0.00</u>	<u>09/21/2023</u> DATE DUE	\$ <u>0.00</u>	<u>09/21/2022</u> DATE INCURRED
LOAN @ -0- % INTEREST		\$ <u>20,000.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>				\$ <u>2022 16,250.00</u>
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>0.00</u>	<u>0.00</u> % RATE	\$ <u>0.00</u>	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION**
		\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	DATE DUE	\$ <u>0.00</u>	DATE INCURRED	\$ <u>0.00</u>
SUBTOTALS \$				\$ <u>0.00</u>	\$ <u>5,000.00</u>	\$ <u>16,250.00</u>	\$ <u>0.00</u>	

Schedule B Summary

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

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 5,000.00
(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 \$ -5,000.00**
Enter the net here and on the Summary Page, Column A, Line 2.

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

** If required.

†Contributor Codes

IND – Individual
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(other than PTY or SCC)
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SCC – Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

SCHEDULE E

CALIFORNIA
FORM
460

Statement covers period
from 10/23/2022

through 12/31/2022

Page 15 of 27

I.D. NUMBER

1439662

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
Press Print, Inc. [REDACTED]	LIT		Mailer/Printing/Postage/Handling	12,318.29
Press Print, Inc. [REDACTED]	LIT		Mailer/Printing/Postage/Handling	3,137.76
Press Print, Inc. [REDACTED]	LIT		Mailer/Printing/Postage/Handling	9,089.58

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

SUBTOTAL \$ 24,545.63

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 25,870.24
2. Unitemized payments made this period of under \$100 \$ 85.00
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 \$ 25,955.24**

FPPC Form 460 (Jan/2016)

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/23/2022</u>	to <u>12/31/2022</u>	CALIFORNIA FORM 460
through <u>12/31/2022</u>		Page <u>16</u> of <u>27</u>
I.D. NUMBER <u>1439662</u>		

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
Devin Martinez [REDACTED]	LIT		Graphic Design	130.00
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	6.46
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	2.05
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	3.80
WestWest Digital [REDACTED]	WEB		Digital Ads	1,000.00

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

SUBTOTAL \$ 1,142.31

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

Statement covers period
from 10/23/2022

through 12/31/2022

CALIFORNIA
FORM **460**

Page 17 of 27

I.D. NUMBER

1439662

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
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	3.80
General Logistics Systems US, Inc. [REDACTED]	POS		Messenger Service	16.03
Marina Hills PCA [REDACTED]	CMP		Thank you event venue rental	150.00
Marina Hills PCA [REDACTED]	CMP		Thank you event venue deposit	300.00
Markel Insurance [REDACTED]	CMP		Thank you event Insurance	150.00

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

SUBTOTAL \$ 619.83

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/23/2022</u>	CALIFORNIA FORM 460
through <u>12/31/2022</u>	Page <u>18</u> of <u>27</u>
I.D. NUMBER <u>1439662</u>	

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
Aimee Monahan [REDACTED]	CMP		Campaign Support	550.00
Sand Dragon Media [REDACTED]	WEB		Web Hosting/Support	305.00
Sand Dragon Media [REDACTED]	CMP		Campaign Support Bonus	300.00
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	3.80
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	3.80

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

SUBTOTAL \$ 1,162.60

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

SCHEDULE E (CONT.)

Statement covers period from <u>10/23/2022</u>	CALIFORNIA FORM 460
through <u>12/31/2022</u>	Page <u>19</u> of <u>27</u>
I.D. NUMBER <u>1439662</u>	

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
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	16.68
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	31.55
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	27.45
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	3.80
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	14.90

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

SUBTOTAL \$ 94.38

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/23/2022</u>	CALIFORNIA FORM 460
through <u>12/31/2022</u>	Page <u>20</u> of <u>27</u>
I.D. NUMBER <u>1439662</u>	

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

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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
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	9.05
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	4.10
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	27.45
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	18.40
General Logistics Systems US, Inc. [REDACTED]	POS		Messenger Service	16.19

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

SUBTOTAL \$ 75.19

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

SCHEDULE E (CONT.)

Statement covers period from <u>10/23/2022</u>	CALIFORNIA FORM 460
through <u>12/31/2022</u>	Page <u>21</u> of <u>27</u>
I.D. NUMBER <u>1439662</u>	

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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
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	2.05
USAA Credit Card [REDACTED]	CMP		Expenditures	942.15
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fees	9.05
eFundraising Connections [REDACTED]	CMP		Chargeback Fee	15.00
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fees	13.84

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

SUBTOTAL \$ 982.09

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

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

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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
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fees	2.05
Sand Dragon Media [REDACTED]	WEB		Hosting JAN through DEC 2023	240.00
eFundraising Connections [REDACTED]	CMP		Credit Card Processing Fee	6.16

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

SUBTOTAL \$

Schedule F
Accrued Expenses (Unpaid Bills)

 Amounts may be rounded
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

 Statement covers period
 from 10/23/2022
through 12/31/2022
 CALIFORNIA
 FORM **460**
Page 23 of 27

I.D. NUMBER

1439662

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
Press Print, Inc. [REDACTED]	LIT Mailer/Printing/Postage/Handling	12,318.29	0.00	12,318.29	0.00
Political Reporting Plus [REDACTED]	PRO Political Accounting AUG/SEP/OCT 2022	0.00	750.00	0.00	750.00
Political Reporting Plus [REDACTED]	PRO Political Accounting NOV 2022	0.00	250.00	0.00	250.00

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

SUBTOTALS \$ 12,318.29\$ 1,000.00\$ 12,318.29\$ 1,000.00

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 \$** 1,250.00
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 \$** 12,318.29
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 \$** -11,068.29
May be a negative number

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

USAA Credit Card

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2022through 12/31/2022SCHEDULE G
CALIFORNIA
FORM **460**Page 26 of 27

I.D. NUMBER

1439662

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CallHub [REDACTED]	CMP		Text Program	250.00
CallHub [REDACTED]	CMP		Text Program	50.00
USPS [REDACTED]	POS		Stamps	24.00
Harry & David [REDACTED]	CMP		Gift	132.98

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 456.98

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

Schedule I **Miscellaneous Increases to Cash**

Amounts may be rounded to whole dollars.

SCHEDULE I

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ODDO FOR CITY COUNCIL 2022

Statement covers period

from 10/23/2022

through 12/31/2022

**CALIFORNIA
FORM**

Page 27 of 27

I.D. NUMBER

1439662

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/28/2022	Marina Hills PCA [REDACTED]	Deposit Refund	300.00

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL \$ 300.00

Schedule I Summary

1. Itemized increases to cash this period. \$ 300.00
2. Unitemized increases to cash of under \$100 this period. \$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the
Summary Page, Line 14.) **TOTAL** \$ 300.00

FPPC Form 460 (Jan/2016)

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

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