

**Recipient Committee  
Campaign Statement  
Cover Page**

**FILED**  
Date Stamp

**CALIFORNIA 460  
FORM**

SEP 30 2016

Page 1 of 7

For Official Use Only

**ALBANY CITY CLERK**

SEE INSTRUCTIONS ON REVERSE

Date of election if applicable:  
(Month, Day, Year)

Nov. 8th, 2016

Statement covers period  
from July 1st, 2016  
through Sept. 24th, 2016

**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  
1389305

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

Committee to Support Giesen-Fields for City Council 2016

**Treasurer(s)**

NAME OF TREASURER

Erik Giesen-Fields

MAILING ADDRESS

P. O. Box 6292

CITY

Albany

STATE

CA

ZIP CODE

94706

AREA CODE/PHONE

(510) 359-8554

NAME OF ASSISTANT TREASURER, IF ANY

N/a

MAILING ADDRESS

CITY

Albany

STATE

CA

ZIP CODE

94706

AREA CODE/PHONE

(510) 359-8554

OPTIONAL: FAX / E-MAIL ADDRESS

info@erikgiesenfields.com

**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 August 28th, 2016  
Date

Executed on August 28th, 2016  
Date

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

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

By \_\_\_\_\_  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Erik Giesen-Fields**  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**Albany, California City Council**  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**329 Jefferson Street Oakland, CA 94607**

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

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

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

CALIFORNIA  
FORM **460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Support Giesen-Fields for City Council 2016

Statement covers period  
from July 1st, 2016  
through Sept. 24th, 2016

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I.D. NUMBER  
1389305

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 2,011.36	\$
2. Loans Received.....	Schedule B, Line 3 3,349	\$
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 5,360.36	\$
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 5,360.36	\$

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 3,073.38	\$
7. Loans Made.....	Schedule H, Line 3	\$
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 3,073.38	\$
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 \$ 3,073.38	\$

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 0.00
13. Cash Receipts.....	Column A, Line 3 above 5,360.36
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 3,073.38
15. Cash Payments.....	Column A, Line 8 above 2,286.98
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2,286.98

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

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 \$

## 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 \$ \_\_\_\_\_

## 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 \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

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**

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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)
9/3/2016	Thomas Allen 325 W. 3rd Street, #201 Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	525		
9/6/2016	Peter Kotecki 6228 Napoli Ct. Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Oasis Productions	100		
9/20/2016	Linda Giesen 121 E. 1st Street, P.O. Box 389 Dixon, IL 61021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Dixon & Giesen Law Offices	200		
9/20/2016	Henry Dixon 121 E. 1st Street, P.O. Box 389 Dixon, IL 61021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Dixon & Giesen Law Offices	200		
9/13/2016	Karen Spicer 216 Laurel Pl. San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Office Manager</i> NSA LLP	100		
<b>SUBTOTAL \$</b>				<b>1,125</b>		

## Schedule A Summary

\*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

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 1,125
- Amount received this period - unitemized monetary contributions of less than \$100 .....\$ 886.36
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$ 2,011.36**

**Schedule B - Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period  
from July 1st, 2016  
through Sept. 24th, 2016

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**Committee to Support Giesen-Fields for City Council 2016**

I.D. NUMBER  
**1389305**

FULL NAME, STREET ADDRESS AND ZIP CODE (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
Erik Giesen-Fields P.O. Box 6292 Albany, CA 94706 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Architect NSA LLP	\$	\$ 3,349	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ 3,349 DATE DUE	0 % RATE	\$ 3,349 DATE INCURRED 7/30/16	\$ 3,349 PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	% RATE	\$ DATE INCURRED	\$ PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	% RATE	\$ DATE INCURRED	\$ PER ELECTION**
<b>SUBTOTALS \$</b>			<b>3,349 \$</b>		<b>3,349 \$</b>	<b>0.00</b>		

**Schedule B Summary**

- Loans received this period ..... \$ 3,349  
(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 \$ 3,349  
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.

Statement covers period  
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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Committee to Support Giesen-Fields for City Council 2016

I.D. NUMBER  
1389305

**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
City of Albany, California 1000 San Pablo Ave. Albany, CA 94706	FIL		Candidate ballot statement	978
Registrar of Voters 1225 Fallon Street, Rm. G-1 Oakland, CA 94612	POL		Alameda Registrar of Voters Information	195
Solano Avenue Association and Stroll 1569 Solano Avenue #101 Berkeley, CA 94707			Solano Avenue Stroll Booth and Parade Fee	260
<b>SUBTOTAL \$</b>				<b>1,433</b>

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

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 2,329.26
- Unitemized payments made this period of under \$100..... \$ 744.12
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** 3,073.38

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

Amounts may be rounded  
to whole dollars.

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NAME OF FILER

Committee to Support Giesen-Fields for City Council 2016

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

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

NAME AND ADDRESS OF PAYEE  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DESCRIPTION OF PAYMENT

AMOUNT PAID

<p>USPS 1191 Solano Ave. Albany, CA 94706</p>	<p>OFC</p>		<p>126</p>
<p>Vistaprint 275 Wyman Street Waltham, MA 02451</p>	<p>LIT</p>		<p>640.39</p>
<p>PrintRunner 8000 Haskell Avenue Van Nuys, CA 91406</p>	<p>CMP</p>		<p>129.87</p>

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

SUBTOTAL \$ 896.26