

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

**CALIFORNIA  
FORM 460**

Date Stamp  
**FILED**

OCT 3 2016

Page 1 of 11  
For Official Use Only

Statement covers period  
from 01/01/2016  
through 09/24/2016

Date of election if applicable:  
(Month, Day, Year) OCT 3 2016

SEE INSTRUCTIONS ON REVERSE

11/08/2016  
**ALBANY CITY CLERK**

- 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
  - Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER 1388370

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

STREET ADDRESS (NO P.O. BOX)  
2350 KERNER BLVD., SUITE 250

CITY STATE ZIP CODE AREA CODE/PHONE  
SAN RAFAEL CA 94901 (415) 389-6800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
FORM4110@NMGVLAW.COM

**Treasurer(s)**

NAME OF TREASURER  
ELLI ABDOLI

MAILING ADDRESS  
2350 KERNER BLVD., SUITE 250

CITY STATE ZIP CODE AREA CODE/PHONE  
SAN RAFAEL CA 94901 (415) 389-6800

NAME OF ASSISTANT TREASURER, IF ANY  
ARMEEN KOMEILI

MAILING ADDRESS  
2350 KERNER BLVD., SUITE 250

CITY STATE ZIP CODE AREA CODE/PHONE  
SAN RAFAEL CA 94901 (415) 389-6800

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

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

Executed on 09/29/2016 Date By [Redacted] Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_ Date By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

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

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

**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 MEASURE 01 \_\_\_\_\_

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
	CITY OF ALBANY - NOVEMBER	

**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

Statement covers period  
from 01/01/2016  
through 09/24/2016

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

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I.D. NUMBER  
1388370

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 0.00	\$ 0.00
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 0.00	\$ 0.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 0.00	\$ 0.00

## 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 \$ 0.00	\$ 0.00
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 76,682.88	76,682.88
10. Nonmonetary Adjustment	Schedule C, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 76,682.88	\$ 76,682.88

## Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) \_\_\_\_\_ Total to Date \_\_\_\_\_

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

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

## Current Cash Statement

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

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00
18. Cash Equivalents	See instructions on reverse \$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 76,682.88

## Cash Equivalents and Outstanding Debts

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 F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

**CALIFORNIA FORM 460**

Statement covers period from 01/01/2016 through 09/24/2016

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
1388370

NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

**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 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
POLITICAL DATA INC 12501 IMPERIAL HWY., SUITE 200 San Francisco, CA 94111	WEB	0.00	900.00	0.00	900.00
RODRIGUEZ STRATEGIES 12121 WILSHIRE BLVD., SUITE 1260 Los Angeles, CA 90025	REIMBURSED EXPENSES	0.00	176.13	0.00	176.13
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 Sacramento, CA 95814	PRO	0.00	4,456.42	0.00	4,456.42
<b>SUBTOTALS \$</b>		0.00\$	5,532.55\$	0.00\$	5,532.55

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

**Schedule F Summary**

- 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 \$** 76,682.88
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 76,682.88  
May be a negative number

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

SCHEDULE F (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2016  
through 09/24/2016

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NAME OF FILER

NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

I.D. NUMBER  
1388370

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

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

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

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
DAVID BINDER RESEARCH 44 PAGE STREET, SUITE 404 San Francisco, CA 94102	SEE SCHEDULE G	0.00	21,000.00	0.00	21,000.00
STOREFRONT POLITICAL MEDIA 160 PINE STREET, SUITE 700 San Francisco, CA 94111	SEE SCHEDULE G	0.00	4,628.33	0.00	4,628.33
STOREFRONT POLITICAL MEDIA 160 PINE STREET, SUITE 700 San Francisco, CA 94111	SEE SCHEDULE G	0.00	29,500.00	0.00	29,500.00
STOREFRONT POLITICAL MEDIA 160 PINE STREET, SUITE 700 San Francisco, CA 94111	SEE SCHEDULE G	0.00	14,353.95	0.00	14,353.95
<b>SUBTOTALS \$</b>		<b>0.00 \$</b>	<b>69,482.28 \$</b>	<b>0.00 \$</b>	<b>69,482.28</b>

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

SCHEDULE F (CONT)

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2016  
through 09/24/2016

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1388370

NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

**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                     |
| CNS | campaign consultants  | MTG | meetings and appearances                  |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           |
| CVC | civic donations   | PET | petition circulating                      |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               |
| FND | fundraising events  | POL | polling and survey research               |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  |
| LEG | legal defense   | PRO | professional services (legal, accounting) |
| LIT | campaign literature and mailings                              | PRT | print ads                                 |

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

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
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	TRAVEL EXPENSES	0.00	82.94	0.00	82.94
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	SEE SCHEDULE G	0.00	1,585.11	0.00	1,585.11
<b>SUBTOTALS \$</b>		0.00 \$	1,668.05 \$	0.00 \$	1,668.05

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

SCHEDULE G

Statement covers period  
from 01/01/2016  
through 09/24/2016

**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE

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I.D. NUMBER

NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

1388370

NAME OF AGENT OR INDEPENDENT CONTRACTOR

4SP FILMS LLC

**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               | TSF | 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
RICH GUNDERMAN 4536 PROSPECT AVE Los Angeles, CA 90027	TEL			1,500.00
PHIL PERKINS 735 SPOKANE AVE. Albany, CA 94706	TEL			908.00
DIANA ROTHERY 886 26TH AVE. San Francisco, CA 94121	TEL			1,000.00
SERRVELD LIGHTING 1620 BELMONT AVE. San Carlos, CA 94070	TEL			1,170.55

Attach additional information on appropriately labeled continuation sheets.

TOTAL \* \$ 4,578.55

\* 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 G**

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

Amounts may be rounded to whole dollars.

SCHEDULE G

**CALIFORNIA FORM 460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

NAME OF AGENT OR INDEPENDENT CONTRACTOR

DAVID BINDER RESEARCH

**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
MOUNTAIN WEST RESEARCH CENTER 1100 YELLOWSTONE AVE, SUITE 227 Pocatello, ID 83201	POL			8,258.68

Attach additional information on appropriately labeled continuation sheets.

**TOTAL \* \$** 8,258.68

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

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2016 through 09/24/2016  
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SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
 NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC  
 NAME OF AGENT OR INDEPENDENT CONTRACTOR  
 GODDARD GUNSTER

**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
DOUBLETREE BY HILTON HOTEL 200 MARINA BLVD. Berkeley, CA 94710	TRS			1,239.99

Attach additional information on appropriately labeled continuation sheets. **TOTAL\* \$ 1,239.99**

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

Amounts may be rounded to whole dollars.

Statement covers period  
 from 01/01/2016  
 through 09/24/2016

SEE INSTRUCTIONS ON REVERSE  
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 1388370

NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC  
 NAME OF AGENT OR INDEPENDENT CONTRACTOR  
 STOREFRONT POLITICAL MEDIA

**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
4SP FILMS LLC 223 MISSISSIPPI STREET, STE 2 San Francisco, CA 94107			SEE SCHEDULE G	22,000.00
CLOUD HUNTER STUDIOS LLC 1105 FELL STREET, APT 3 San Francisco, CA 94117	TEL			1,440.00
QUOR LLC 45 STATES STREET San Francisco, CA 94114	WEB			8,500.00
THE CREATIVE GROUP 10960 WILSHIRE BLVD., STE 900 Los Angeles, CA 90024	WEB			1,500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 33,440.00

\* 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.

Additional Comments  
For Form 460

ADDITIONAL COMMENTS

CALIFORNIA  
FORM 460

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I.D. NUMBER  
1388370

NAME OF FILER

NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

ADDITIONAL COMMITTEE ADDRESS: P.O. BOX 6688, ALBANY, CA 94706