Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED	CALIFORNIA 460 FORM
	Statement covers period July 1, 2016	Date of election if applicable: (Month, Day, Year)	SEP 2 8 2016	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	September 24, 2016 through	November 8, 2016	OWN OF LOS ALTOS HILI	\$
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	t Specermination)	rterly Statement cial Odd-Year Report
	. NUMBER 388365	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Campaign to Re-Elect Council Member Corrigan	2016	NAME OF TREASURER Stanley Q. Mok		
Campaign to the Lieu comment and a strigger		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		city Los Altos	STATE ZIP CO CA 9402	
CITY STATE ZIP COE LOS Altos Hills CA 94022		NAME OF ASSISTANT TREASURE Courtenay Corrigan	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	· .	
CITY STATE ZIP COL	DE AREA CODE/PHONE	спту Los Altos Hills	STATE ZIP CO CA 9402	
OPTIONAL: FAX/E-MAIL ADDRESS CCCOrrigan@yahoo.com		OPTIONAL: FAX / E-MAIL ADDRE	SS	
I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on	ng this statement and to the best of my k California that the foregoing is true and o	Aregi	I herein and in the attached sch	nedules is true and complete. I
Executed on One Date	By	Hing Officeholder, Cardidate, State Measure P	oponsot or Responsible Officer of Spons	or .
Executed on			State Measure Proponent	

Ву_

Date

Executed on ___

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

5.

CALII FC			460
Page _	2	_ of _	15

Officeholder or Candidate Controlled Committee			. Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	<u> </u>		NAME OF BALLOT MEASURE				
Courtenay C. Corrigan							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	, —	SUPPORT
City Council, Town of Los Altos Hills							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Los A	CITY STATE ZIP		Identify the controlling offic			asure propo	nent, if any.
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PE	ROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DIS	STRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						_
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Can officeholder(s) or candidate(s)	didate/Offices) for which this	cenoider Comn s committee is prim	nittee List parily formed	t names of !.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
CITY STATE ZIF	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)						<u> </u>
CITY STATE ZIF	CODE AREA CODE/PHONE		Att	ach continuat	ion sheets if neces	ssary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period July 1, 2016 from	CALIFORNIA 460
September 24, 2016	3 15 Page of
	I.D. NUMBER 1388365

Campaign to Re-Elect Council Member Corrigan 2016			1388365
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 101.98	Column B CALENDAR YEAR TOTAL TO DATE 101.98	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
 Monetary Contributions Loans Received Schedule A, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 	\$ 3,000.00 \$ 3,101.98 \$ 3,101.98	\$ 3,000.00 \$ 0 \$ 3,101.98 \$ 3,101.98	20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$\frac{0}{2,093.22} \frac{0}{0}	\$ \frac{2,093.22}{0} \\ \$ \frac{2,093.22}{0} \\ \$ \frac{0}{0} \\ \$ \frac{2,093.22}{0} \\ \$ 2,093	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) /
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 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	\$ 0 \$ 0 \$ 0 2,093.22 1,008.76 \$ 0 \$ 0	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. FPPC Form 460 (Jan/2016
19. Outstanding Depts Add Line 2 + Line 9 in Column B above	Ψ		FPPC Form 460 (Jan/20) FPPC Advice: advice@fppc.ca.gov (866/275-377

Schedule A

Amounts may be rounded to whole dollars.

$\overline{}$	\sim	 _	$\overline{}$		_	Α

Monetary	Contributions Received			from	1, 2016	FORM 460		
SEE INSTRUCTION	ONS ON REVERSE			Septem through	ber 24, 2016	Page	4 15 of	_
NAME OF FILER	n to Re-Elect Council Member Corrigan 2016			1.D. NUMB 1388365				
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 CALENDAR Y (JAN. 1 - DEC	ÆAR .	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$				
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)						*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC)		
	eceived this period – unitemized monetary contribution etary contributions received this period.	ns of less than	\$100\$		PTY	- Political P	g., business entity arty ntributor Committe	
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1.) TOTAL \$	101.98		FPPC	Form 460 (Jan/20	ر (16)

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

		nounts may be ro					SCHE	DULE B - PART 1
Schedule B – Part 1 Loans Received	Am		Statement co	vers period 1, 2016	CALIFORN FORM			
SEE INSTRUCTIONS ON REVERSE					through 3eptem	ber 24, 2016	Page5	of15
NAME OF FILER							I.D. NUMBER	
Campaign to Re-Elect Council Member C	Corrigan 2016						1388365	
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	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Courtenay C. Corrigan	Retired			☐ PAID	2,000		0.000	CALENDAR YEAR
Los Altos Hills, CA 94022			0.000	\$O	\$3,000	O%	\$3,000	\$3,000 PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$0	\$3,000	\$O	12/31/2016 DATE DUE	\$0	8/15/16 DATE INCURRED	\$3,000
				☐ PAID				CALENDAR YEAR
				\$	\$	RATE	\$	PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	\$	RATE	\$	\$ PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	, , , , , , , , , , , , , , , , , , , ,	SUBTOTALS \$;	\$	\$	\$	1.00	
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period				\$	3,000.00	_		
(Total Column (b) plus unitemized loar	ns of less than \$100.)					(†	Contributor Codes	;
2. Loans paid or forgiven this period				\$	0		ND Individual	`ammittaa

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.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

3,000.00

(May be a negative number)

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B – Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

Statement covers period July 1, 2016 from	CALIFORNIA 460
through 3eptember 24, 2016	Page 6 of
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE			l l			
NAME OF FILER					I.D. NUMBER	
Campaign to Re-Elect Council Member Corrigar	n 2016				1388365	
, J						
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER		CALENDAR YEAR	
	□сом				\$	
	□отн		DATE		PER ELECTION	
	□PTY				(IF REQUIRED)	
	□scc					
					\$	
			LENDED		CALENDAR YEAR	
	□IND		LENDER		•	
	□сом				PER ELECTION	
	□отн		DATE		(IF REQUIRED)	
	□PTY					
	□scc				\$	
			LENDER		CALENDAR YEAR	
			LENDER			
	□ COM				\$	
	□отн		DATE		PER ELECTION (IF REQUIRED)	
	□PTY					
	□scc				\$	
					CALENDAR YEAR	
	□IND		LENDER		CALENDAR TEAR	
	□ COM				\$	
	OTH		DATE		PER ELECTION	
			DAIL		(IF REQUIRED)	
	□PTY					
	□scc				\$	
			SUB	TOTAL \$ 0	Enter on Summary Page, Line 17 only.	

Schedule	• C		Amounts may be rounded						SCHEDULE
	etary Contributions Received	to whole dollars.				Statement covers			ORNIA 460
					from	July 1, 20)16 	FO	RM TOU
SEE INSTRUCTION	ONS ON REVERSE				thro	ugh September 2	24, 2016	Page	7 of15
NAME OF FILER								I.D. NUME	BER
Campaign	to Re-Elect Council Member Corrigan 20 ⁻	16						138836	55
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
Attach addit	ional information on appropriately labeled	continuation .	sheets.	SUBTO	OTAL \$)			
		· · · · · · · · · · · · · · · · · · ·							
	C Summary							tributor Co	
	ceived this period – itemized nonmonetar I Schedule C subtotals.)				\$	0			nt Committee
•	ceived this period – unitemized nonmone					0		- Other (e.	an PTY or SCC) .g., business entity)
3. Total nonn	nonetary contributions received this periods 1 and 2. Enter here and on the Summan	d				0	a di	– Political F – Small Co	Party ontributor Committee

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule D SCHEDULE D **Summary of Expenditures** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **Supporting/Opposing Other FORM** July 1, 2016 from Candidates, Measures and Committees through September 24, 2016 15 Page. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Campaign to Re-Elect Council Member Corrigan 2016 1388365 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS DATE TYPE OF PAYMENT CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution ■ Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose ☐ Monetary Contribution □ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support □ Oppose

Schedule D Summary

■ Support

☐ Oppose

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$	0
Unitemized contributions and independent expenditures made this period of under \$100	\$	0
	ψ	0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOT	AL \$	

SUBTOTAL \$

								SCHEDULE	
Schedule E	Amounts may b to whole d			Sta	tement covers period	ent covers period CALIFORNIA			
Payments Made				from _	July 1, 2016	FOI	RM	460	
SEE INSTRUCTIONS ON REVERSE				throug	September 24, 2016	Page	9 of_	15	
NAME OF FILER						I.D. NUMI	BER		
Campaign to Re-Elect Council Member Corrigan 2016						138836	5		
CODES: If one of the following codes accurately describe	es the payment, yo	ou may er	nter the code. O	therwise, de	scribe the payment.				
CMP campaign paraphernalia/misc.	MBR member com	munications		RAD ra	adio airtime and production o	costs			
CNS campaign consultants	MTG meetings and		es		eturned contributions				
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expens PET petition circu				ampaign workers' salaries v. or cable airtime and produ	uction costs			
FIL candidate filing/ballot fees	PHO phone banks	_		TRC ca	andidate travel, lodging, and	l meals			
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and s POS postage, deli		ch ssenger services		aff/spouse travel, lodging, a ansfer between committees		candidata	lenoneor	
LEG legal defense			al, accounting)		oter registration	Of the Saint	candidate.	75p011501	
LIT campaign literature and mailings	PRT print ads			WEB in	formation technology costs	(internet, e-	mail)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION C	F PAYMENT		NOMA	NT PAID	
Budget Watchdogs Newsletter			2016 General	l Election Pro	ogram				
1954 W Carson Street		LIT			9			384.00	
Torrance, CA 90501		L11						001.00	
California Voter Guide			2016 General	l Election Pro	gram		· · · · · · · · · · · · · · · · · · ·		
1954 W Carson, Suite B		LIT						110.00	
Torrance, CA 90501									
Christopher Mok			Photoshoot					-	
4962 El Camino Real Ste 235		PRO						220.00	
Los Altos, CA 94022									
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	dule D.		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	SUE	BTOTAL \$		714.00	
Schedule E Summary									
4. Hanning a grown and made this provided. (Include all October 1991)	- [Φ	2,09	93.22	
 Itemized payments made this period. (Include all Schedule) 	e ⊏ subtotais.)					Þ			

FPPC Form 460 (Jan/2016)

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

2,093.22

	SCHEDULE E (CONT.)
Statement covers period July 1, 2016 from	CALIFORNIA 460 FORM
September 24, 2010 through	10 15 Page of
	I.D. NUMBER

1388365

NAME OF FILER

Campaign to Re-Elect Council Member Corrigan 2016

SEE INSTRUCTIONS ON REVERSE

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 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 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 independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services 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 CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALSAL Voter Guide 2016 General Election Program 1954 W Carson, Suite B LIT 176.00 Torrance, CA 90501 **Election Digest** 2016 General Election Program 1954 W Carson, Suite B LIT 191.00 Torrance, CA 90501 DrakeEarth.com Website Design PO Box 164 **WFB** 500.00 Fawnskin, CA 92333 Signazon Signs 11969 Plano Rd, Suite 190 PRT 290.00 Dallas, TX 75243 Big Frog Custom T-Shirts T-Shirts 550 Showers Dr. Bldg D, STE 3 CMP 194.02 Mountain View, CA 94040

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

Schedule E	Amounts may be to whole do		SCHEDULE E (CON			
(Continuation Sheet) Payments Made	to whole do	nais.	from	california 460		
SEE INSTRUCTIONS ON REVERSE			through	11 15 - Page of		
NAME OF FILER Campaign to Re-Elect Council Member Corrigan 2016				I.D. NUMBER		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv	nmunications d appearances ses lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and production TRC candidate travel, lodging, a staff/spouse travel, lodging transfer between committee	on costs s coduction costs and meals g, and meals ees of the same candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
Comerica Bank P.o. Box 75000 Detroit, MI 48275		Bank Fe	е	28.2		

(IF COMMETTEE, ALSO ENTER I.D. NOMBER)			
Comerica Bank P.o. Box 75000 Detroit, MI 48275	Bank Fee		28.20
Payments that are contributions or independent expenditures must also be summarized o	n Schedule D.	SUBTOTAL \$	28.20

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE NAME OF FILER Campaign to Re-Elect Council Member Corrigan 2016	Amounts may be round to whole dollars.	from	ers period , 2016 per 24, 2016	Page	SCHEDULE FORM 460 Page 12 of 15 D. NUMBER 388365				
CODES: If one of the following codes accurately describes 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	s the payment, you may MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwe VOT voter registrati	nd production co ibutions kers' salaries time and product el, lodging, and n avel, lodging, and en committees o	sts tion costs neals d meals f the sam	e candidat	e/sponsor		
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 P THIS PERI (ALSO REPORT	AID OD	OUTS BALANC	(d) TANDING E AT CLOSE IS PERIOD		

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

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.)	0
	. 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.)	0
	. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	May be a negative number

Schedule (3		
Payments	Made by a	n Agent o	r Independent
Contractor	· (on Behal	f of This C	Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period July 1, 2016 from	CALIFORNIA 460
September 24, 2016	13 15 Page of
	I.D. NUMBER 1388365

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Campaign to Re-Elect Council Member Corrigan 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

candidate filing/ballot fees PHO phone banks FIL TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting)

campaign literature and mailings PRT print ads

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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
		-		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0

^{*} 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 H Loans Made to Others*			nts may be rounded b whole dollars. Statement covers period July 1, 2016 from			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					Septen	nber 24, 2016	14 Page	15 of
NAME OF FILER				<u>L</u>			I.D. NUMBER	
Campaign to Re-Elect Council Member	Corrigan 2016						1388365	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT (FORGIVENES THIS PERIO	SS BALANCE AT	BECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		s	s	PAID S FORGIVEN \$	\$ DATE DUE	% RATE	\$DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
		\$	\$	PAID \$	\$ DATE DUE	% RATE	\$DATE INCURRED	\$PER ELECTION**
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must n must also be	SUBTOTALS	\$	\$	\$	\$	ot sura	
			,			(Enter (e) on Schedule I, Line 3)	I posta vend vennuma sama samo	ATTO AND SETTING OF THE PARTY O
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans					\$	0	- [**If Required
Payments received on loans (Total Column (c) plus unitemized payn					\$	0	_ _	
3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summar						O ay be a negative number)	-	

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
			July 1, 2016	FORM 400
			through through	Page of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			oug.i	I.D. NUMBER
Campaign to Re-Elect Cou	uncil Member Corrigan 2016			1388365
DATE RECEIVED	FULL NAME AND ADDRESS OF SOUR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
and the second s				
Attach additional information	on on appropriately labeled continuation sh	neets.	SUBTO	TAL \$
Schedule I Summary				0
	sh this period			-0
	cash of under \$100 this period			
	ed this period on loans made to other		\$	
	eases to cash this period. (Add Lines 1)		TOTAL \$	0