SEE INSTEL STONE ON DEVEROR			Cover Page (Government Code Sections 84200-84216.5)	Campaign Statement	Recipient Committee	
12/31/2015	from 07/01/2015	Statement covers period				
06/07/20169ONTE COSTA COUNTY	(Molility Day, Teat 6 FEB - 1 FT 4: CO	Date of election if applicable:				
COSTA COUNTY	8-1 ku 4.50	1. DM 1 20	I MO		Date Stamp	
	For Official Use	Page 1 o		FORM	CALIFORNIA	

(925)229-3591 Ms. Stacy Owens MAILING ADDRESS 5940 College Ave. AREA CODE/PHONE CITY STATE	NG ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 1 STATE AND STREET OR P.O. BOX 1 STATE AND STREET OR P.O. BOX 5 945 (925)229-3591 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 5 940 Coll	tsburg CA 94565 (925)229-3591 Ms. Stacy	פולוד בו סטבר	NAME OF ASS	Antioch CA	STREET ADDRESS (NO P.O. BOX) CITY STATE ZI	4721 Matterhorn Court	MAILING ADDRESS	Federal Glover for Supervisor 2016	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	3. Committee Information I.D. NUMBER Treasurer(s)	The state of the s		TOM OF FRONT
		940 College Ave.	s. Stacy Owens	NAME OF ASSISTANT TREASURER, IF ANY			21 Matterhorn Court	LING ADDRESS		NE OF TREASURER	asurer(s)	ELECTION ELECTRICATION STATEMENT IN THE PROPERTY OF THE PROPER	OS/OZ/2016SONTR & COSTA COULT	
0/610 (810) 683, 1000	ZIP CODE AREA CODE/PHONE				94531 (925)427-8138	ZIP CODE AREA CODE/PHONE						Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	To Cindia Oce Ciny	TOTAL

-tiligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedule laws of the State of California that the foregoing is true and correct.

Ву **|**

Ву Ц

Signature of Controlling Office.

Signature of Controlling Officeholder, Candidate, State Measure

				Page2 of13
5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot I	ormed Ballot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		2
Mr. Federal Glover				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
County Supervisor: Contra Costa County District	it o			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	Identify the controlling office	bolder condidate or stat	o mossiliro proponent if
	3	identify the controlling officeholder, candidate, or state illeasure proportent, if any.	nolder, candidate, or stat	e illeasure propolieit, i
4314 FOUTHILL WAY	ETICS OF DESCRIPTION	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT)ATE, OR PROPONENT	
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.	<pre>:Ment: List any committees are primarily formed to receive dacy.</pre>	OFFICE SOUGHT OR HELD	D	DISTRICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER			
Supervisor Federal Glover Office Holder	1244440			
TREASURER	CONTROLLED COMMITTEE?	 Primarily Formed Candidate/Officeholder Committee officeholder(s) or candidate(s) for which this committee is primarily for 	ormed Candidate/Officeholder Committee List in or candidate(s) for which this committee is primarily formed.	nmittee List names of primarily formed.
Sonia Manuel	X YES NO	NAME OF OFFICEROLDER OR CAN	DIDATE OFFICE SOLIGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OTTOCHIOCHEN ON ON OUR DISTRICT		SUPPORT
4314 Foothill Way				
CITY STATE ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	IT OR HELD SUPPORT
Pittsburg CA 94565	(925)229-3591			OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE OFFICE SOUGHT OR HELD	HT OR HELD SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE OFFICE SOUGHT OR HELD	HT OR HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				
CITY STATE ZIP CODE	DE AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	cessary

Campaign Disclosure Statement

Amounts may be rounded

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P. Annie Co.	ÃG

Summary Page	Amounts may be rounded to whole dollars.	Staten	Statement covers period	CALIFORNIA ALCO
		from	07/01/2015	FORM
SEE INSTRUCTIONS ON REVERSE		through _	12/31/2015	Page3 of13
NAME OF FILER				I.D. NUMBER
Federal Glover for Supervisor 2016				991595
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Flections	Calendar Year Summary for Candidates Running in Both the State Primary and General Flections
outions	\$ 13,550.00 \$	13,550.00	1/1 th	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 13,550.00 \$	13,550.00	20. Contributions Received \$	€9
4. Nonmonetary Contributions Schedule C, Line 3	0.00	13,550.00	ıres	€6
Expenditures Made 6. Payments Made Schedule E, Line 4	\$ 1,934.19 \$	1,984.19	Expenditure Limit Summary for State Candidates	ummary for State
7. Loans Made	\$ 1,934.19 \$	1,984.19	22. Cumulative	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3	-202.07 0.00	0.00	Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 1,732.12 \$	2,569.24		÷ €9
Current Cash Statement 12. Beginning Cash Balance	\$ 25,757.01 To 13,550.00 an 0.00 from 1,934.19	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	*Amounts in this section mareported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	372.82	Column A may be negative figures that should be subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00 for	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$ 0.00 ar	from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 585.05			

Schedule A **Monetary Contributions Re**

NAME OF FILER

Federal Glover

DATE RECEIVED

SEE INSTRUCTIONS ON REVERSE

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ontributions Received	Amounts to v	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2015		CALIFORNIA 460
S ON REVERSE			through _12/31/2015		Page4 of13
				I.D. 1	I.D. NUMBER
r for Supervisor 2016				991595	595
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE *	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)

OF BUSINESS)

00

		12/31/2015	12/31/2015		12/31/2015		12/31/2015		12/31/2015
	Hercules, CA 94547	Myrna de Vera	Contra Costa County Deputy Sheriff's Association (ID# 880929) 1780 Muir Rd. 94553, CA		Contra Costa Centre Association 1350 Treat Blvd. Ste 180 Walnut Creek, CA 94597	6230 Claremont Avenue Oakland, CA 94618	Alameda - Contra Costa Physician's Committee		Marie Adler-Garaventa 3431 Walnut Avenue Concord, CA 94519
	□□COM SCC	MIND	SCC	SCC	COM	DOTH SCC	N N	SCC	COM
\$UBTOTAL \$		Insurance Agent							Manager Garaventa Enterprise
2,450.00		100.00	100.00		500.00		750.00		1,000.00
								7	1,
		100.00 P2016	100.00 P2016		500.00 P2016		750.00 P2016		1,000.00 P2016
		2016	2016		2016		2016		
		\$100.00	\$100.00		\$500.00		\$750.00		\$1,000.00

Schedule A Summary

S		_
2 Amount received this period – unitemized monetary contributions of less than \$100	(Include all Schedule A subtotals.)	1. Amount received this period – itemized monetary contributions.

Total monetary contributions received this period.

13,550.00

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

6 6

13,550.00

0.00

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received	Amounts may be rounded to whole dollars.	oe rounded ollars.	Statement covers period		CALIFORNIA 460	0
				through12/31/2015		5 of 13	
NAME OF FILER					I.D. N	I.D. NUMBER	
Federal Glover	er for Supervisor 2016	#			991595	595	
DATE RECEIVED	SS AND ZIP CODE OF CONTRIBUTOR ALSOENTERLD 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 ELECT TODATE (IF REQUIR	D) X
12/31/2015	Salvatore Enea 315 Jimno Avenue Pittsburg, CA 94565	□□COM □□OTH □PTY SCC	Retired N/A	100.00	100.00	P2016	\$100.00
12/31/2015	Greg Enholm 371 Rapallo Lane Bay Point, CA 94565	□ COM □ SCC	Professor Devry University	50.00	50.00	P2016	\$50.00
12/31/2015	Mrs. Mary Erbez 163 Redondo Drive PIttsburg, CA 94565	IXIND COM	Retired N/A	50.00	50.00	P2016	\$50.00
12/31/2015	General Teamsters Local Union # 315 PAC (ID# 861299) 2727 Alhambra Avenue Martinez, CA 94553	□ IND □ COM □ OTH □ PTY □ SCC		50 00 00	500000	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	\$ 600.00
12/31/2015	Gray-Bowen-Scott 1676 N California Boulevard Ste 400 Walnut Creek, CA 94596	□ COM □ DTH SCC		000	000	h C C	
			SUBTOTAL\$	1,200.00			

*Contributor Codes

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	dollars.	Statement covers period		Þ	460
			from 0//01/2015			
			through12/31/2015	2015 Page	e 6 of	13
NAME OF FILER				I.D.I	I.D. NUMBER	
Federal Glover for Supervisor 2016				991595	595	
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED	CONTRIBUTOR	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)	1	TION TE (RED)
12/31/2015 International Association of Fire Fighters Local 1230 PAC (ID# 744488) 555 Capitol Mall, Suite 1425 Sacramento, CA 95814	⊠ □ □ □ □ IND PTY SCC		750.00	750.00		\$750.00
12/31/2015 Randy Iwasaki 634 Dapplegray Court Walnut Creek, CA 94596	DOTH SCC	CEO Contra Costa Transportation Authority	100.00	100.00	0 P2016	\$100.00
Jim Frazier for Assembly 2016 (ID# 1341437) 2401 Waterman Blvd Suite 4 Fairfield, CA 94533	□□IND □□OTH □SCC		50.00	50.00		\$50.00
12/31/2015 Law Office of Michael Woods 18880 Carriger Road Sonoma, CA 95476	□□ IND □□ COM SCC		500.00	500.00		\$500.00
12/31/2015 Law Offices of Brian D Thiessen 43 Quail Court #202 Walnut Creek, CA 94596	DSCC DIND		50,00	000	n N C C C C C C C C C C C C C C C C C C	
		SUBTOTAL\$	\$ 1,450.00			

*Contributor Codes

SCHEDULE A (CONT.)

Monetary C NAME OF FILER Federal Glover DATE RECEIVED 12/31/2015	for Supervisor 2016 FOR SUPERISON 2016 FORMATTEE ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) DIGESSA LEFTANCOIS 1228 Amargosa Drive Antioch, CA 94531	hole o	be rounded Jollars. IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Stylist Self	Statement covers period from 07/01/2015 through 12/31/2015 AMOUNT CUMULA CALEN PERIOD (JAN. 1	TIVE TO DAR YEE.	CALIFORNIA 460 FORM Page 7 of 13 I.D. NUMBER 991595 DATE TO DATE TO DATE TO DATE AR (IF REQUIRED) 0.00 P2016 \$150.	13 ECTION ATE UIRED) \$150.00
12/31/2015	Odessa LeFrancois 4228 Amargosa Drive	_		150.00	150.0		
	Antioch, CA 94531						
12/31/2015	James McMillian 1362 Santa Clara Richmond, CA 94804	□ COM □ PTY	Retired N/A	100.00	100.0	100.00 P2016	1
12/31/2015	NRG 211 Carnegie Center Princeton, NJ 08540	□ IND □ COM □ DTY □ SCC		1,675.00	1,675.0	1,675.00 P2016	\$1,675.00
12/31/2015	Gail Pearson 4068 Granada Drive Pittsburg, CA 94565	□ SCC	Memberships Pittsburg Historical Society	100.00	100.00		
12/31/2015	Daniel Pellegrini 2207 Boulder Creek Court Martinez, CA 94553		Farmer Self	100.00	100.00	91078	
			\$ SUBTOTAL	2,125.00			

*Contributor Codes

Amounts may be rounded

SCHEDULE A (CONT.)

	12/31/2015	12/31/2015	12/31/2015	12/31/2015	12/31/2015	DATE RECEIVED	Federal Glover	NAME OF FILER		Monetary
	The DOW Chemical Company 901 Loveridge Road Pittsburg, CA 94565	Wilfred Scott 251 Benjamin Avenue Pittsburg, CA 94565	Republic Services 18500 N. Allied Way Phoenix, AZ 85054	Veronica Pope 3982 Alta Vista Circle Pittsburg, CA 94565	Plumbing Industry Consumer Protection Fund United Association Local No. 159 (ID# 862085) 1308 Roman Way Martinez, CA 94553	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	r for Supervisor 2016			Monetary Contributions Received
	□ IND □ COM □ PTY □ SCC	□ COM □ OTH □ PTY	□ IND □ COM □ OTH □ PTY □ SCC	⊠IND □COM □PTY □SCC	□ IND □ OTH □ PTY □ SCC	CONTRIBUTOR CODE *				to whole dollars
\$UBTOTAL		Retired N/A		Director People Who Care Children Association		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)				iollars.
5,225.00	1,6/5,00	100.00	1,675.00	100.00	1,675.00	AMOUNT RECEIVED THIS PERIOD			through12/31/2015	from07/01/2015
	1,6/	10	1,67	10	1,67	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)				ESSECUTIVE S
	1,675.00 82016	100.00 P2016	the same and the s		1,675.00 P2016		991595	I.D. NUMBER	Page 8	FORM
	\$1,073.00	\$100.00	\$1,675.00	\$100.00	\$1,6/5.00	PER ELECTION TODATE (IF REQUIRED)		4	of13	^ 460

*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

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SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received	to whole dollars.	follars.	Statement covers bellow	2 39 3	CALIFORNIA 460
				from0//01/2015		
				through12/31/2015	2015 Page	e 9 of 13
NAME OF FILER					I.D. I	I.D. NUMBER
Federal Glover	er for Supervisor 2016				991595	595
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 ELECT TO DATE (IF REQUIR
12/31/2015	Three Springs Ranch 10030 Marsh Creek Road Clayton, CA 94517	□□ND □□ND OTH SCC		500.00	500.00	P2016
12/31/2015	United Veterans Council Inc 150 Muir Road Martinez, CA 94553	□□IND □□COM □PTY SCC		550.00	550.00	P2016
12/31/2015	Cindy Welles 339 Wellington Avenue Concord, CA 94520	SCC	Retired N/A	50.00	50.00	0 P2016 \$50.00
4		OTH SCC				
		OTH SCC				,
			SUBTOTAL\$	1,100.00		

Payments Made Schedule E

Amounts may be rounded to whole dollars.

	rough _	om	Statem
	12/31/2015	07/01/2015	Statement covers period
I.D. NUMBER	_ Page	FORM	CALIFORNIA
	Page of	1 2 2	日の日

SCHEDULE E

991595

through __

from _

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

Federal Glover for Supervisor 2016

SEE INSTRUCTIONS ON REVERSE

MBR member communications	RAD radio airtime and production costs
	RFD returned contributions
OFC office expenses	SAL campaign workers' salaries
PET petition circulating	TEL t.v. or cable airtime and production costs
PHO phone banks	TRC candidate travel, lodging, and meals
	TRS staff/spouse travel, lodging, and meals
POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
PRO professional services (legal, accounting)	VOT voter registration
PRT print ads	WEB information technology costs (internet, e-mail)

1,071.62	chedule D. SUBTOTAL\$	arized on So	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
		# !	Secretary of State 1500 11th Street Sacramento, CA 95814
50.00		# T T	
287.50		LIT	Farm It Out 8407 Regnier Road Hebron, IL 60034
			Pittsburg, CA 94565
734.12		FND	Lynn Enea 315 Jimno Avenue
AMOUNTPAID	OR DESCRIPTION OF PAYMENT	CODE C	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Schedule E Summary

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

TOTAL \$

1,934.19

\$ 6

75.45 0.00

,858.74

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NO.

Payments Made Schedule E (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

from_

through -

12/31/2015

I.D. NUMBER Page_

11

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13

787.12	\$UBTOTAL \$	Schedule D.	ummarized on S	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
787.12		PRO		The Henry Levy Group 5940 College Avenue, Ste. F Oakland, CA 94618
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
e candidate/sponsor	ne code. Otherwise, describe the payment. 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 or services TSF transfer between committees of the same candidate/sponsor counting) VOT voter registration WEB information technology costs (internet, e-mail)	payment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads		CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL candidate filing/ballot fees FIND independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings RODES: If one of the following codes accurately describes the MBR of CAMPA

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

through 12/31/2015	from07.	Statement
/31/2015	07/01/2015	Statement covers period
Page 12	FORM	CALIFORNIA
12 of 1	5	NIA A

SEE INSTRUCTIONS ON REVERSE			through		12 of 13
NAMEOFFILER Federal Glover for Supervisor 2016				991595	5
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. CNS campaign consultants OFC. OFC. OFC.	payment, member co meetings a	ter the code.	Otherwise, describe the payment. RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries	, describe the payment. radio airtime and production costs returned contributions campaign workers' salaries	
	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	aarch messenger services legal, accounting)	ω ¬	campaign workers setailes tv. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	ne candidate/sponsor 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	(G) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Henry Levy Group 5940 College Avenue, Ste. F Oakland, CA 94618	PRO	787.12	0.00	787.12	0.0
The Henry Levy Group 5940 College Avenue, Ste. F Oakland, CA 94618	PRO	0.00	585.05	0.00	585.0
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 787.12\$	585.05\$	787.12\$	585.05
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.)	ichedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCUF	INCURRED TOTALS \$_	585.05
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.)	edule F, Column (c) subto- payments on accrued exp	tals for payments on enses under \$100.)		PAID TOTALS \$_	787.12
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	ter the difference here and			NET \$	-202.07 May be a negative number

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Amounts may be rounded to whole dollars. from. through Statement covers period 12/31/2015 07/01/2015

CALIFORNIA FORM

Page __ I.D. NUMBER 13 읔 13

991595

NAME OF AGENT OR INDEPENDENT CONTRACTOR Federal Glover for Supervisor 2016 Lynn Enea

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

77 campaign paraphernalia/misc. civic donations contribution (explain nonmonetary)* candidate filing/ballot fees campaign consultants fundraising events 필워 몽 MTG MBR office expenses member communications meetings and appearances petition circulating phone banks

POL 궠광장 professional services (legal, accounting) postage, delivery and messenger services polling and survey research

젊路 SAL RED 쿄 t.v. or cable airtime and production costs radio airtime and production costs transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals campaign workers' salaries returned contributions staff/spouse travel, lodging, and meals

YOT voter registration information technology costs (internet, e-mail)

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

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campaign literature and mailings

independent expenditure supporting/opposing others (explain)*

Attach additional information on appropriately labeled continuation sheets.			Costco 4801 Central Avenue Richmond, CA 94804	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
			FND	CODE
				O _R
				DESCRIPT
				DESCRIPTION OF PAYMENT
		*		MENT
TOTAL* \$			-	
€9				AMOUNT PAID
734.12			734.12	Γ PAID

^{*} 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.