

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

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CALIFORNIA FORM 460

Page 1 of 40

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CITY MANAGER'S OFFICE
CITY OF BENICIA

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

Date of election if applicable
(Month, Day, Year)
November 8, 2016

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

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |

Corrected items

3. Committee Information

I.D. NUMBER
1384682

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

Steve Young for City Council 2016

STREET ADDRESS

Street

CITY STATE ZIP CODE AREA CODE/PHONE
Benicia CA 94510

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

steveyoung94510@gmail.com

Treasurer(s)

NAME OF TREASURER

Hadih Elias

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Benicia CA 94510

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 10/11/16
Date

Executed on 10/11/16
Date

Executed on _____
Date

Executed on _____
Date

[Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Steve Young			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Benicia City Council			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1105 ...	Benicia,	CA	94510

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
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 <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>40</u>
I.D. NUMBER 1384682	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

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>	\$ <u>5843</u>	\$ <u>18405</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>5843</u>	\$ <u>18405</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	<u>8368</u>	<u>9403</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>14211</u>	\$ <u>27808</u>

**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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>9353</u>	\$ <u>11369</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>9353</u>	\$ <u>11369</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>8368</u>	<u>9403</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>17721</u>	\$ <u>20772</u>

**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>	\$ <u>10965</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>5843</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	<u>4093</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>9353</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>11548</u>

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.

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

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>40</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER
1384682

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)
9/9/16	Martha Young 1125 W 11th Street Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	75	75	75
8/28/16	phyllis DeBois 350 canyon court Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	75	75	75
9/3/16	Suzanne James-Peters 560 Sandy Way Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher, Counselor Benicia Unified / Diablo Valley College	75	75	75
9/7/16	Craig Snider 793 Carsten Circle Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	75	75	75
08/29/16	Sunflower Alliance 1438 Bonita Ave Apt 2 Berkeley CA 94709	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Association	300	300	300
SUBTOTAL \$				600		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 5686
- Amount received this period – unitemized monetary contributions of less than \$100\$ 157
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 5843

***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 <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>40</u>

NAME OF FILER Steve Young for City Council 2016	I.D. NUMBER 1384682
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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)
09/01/16	Daina Apple 878 Rose Drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	75	75	75
09/10/16	Marilyn J. Bardet 333 E K St. Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired Artist	40	290	290
8/19/16	Bob Berman 250 W K St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	planner self employed	75	150	150
7/14/16	Madeline J. Borges 782 Borton Way Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	50	90	90
8/31/16	Madeline J. Borges 782 Borton Way Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	40	90	90
SUBTOTAL \$				280		

*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 <u>July 1, 2016</u> through <u>September 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>40</u>

NAME OF FILER Steve Young for City Council 2016	I.D. NUMBER 1384682
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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)
8/30/16	Leslie Kalman 794 west h street Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN Self-employed	115	115	115
7/30/16	Sue Kibbe 22 Del Centro Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	designer self-employed	50	50	50
7/1/16	Patricia Kneisler 450 Greenbrier Ct. Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	civil engineer self-employed	100	100	100
9/7/16	Jack Kolk 1660 Shirley Dr. Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cybersecurity and Compliance Consulting ACR 2 Solutions, Inc.	75	75	75
8/23/16	Elizabeth Lasensky 187 Full Circle Davis CA 95618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25	25	25
SUBTOTAL \$				365		

*Contributor Codes
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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 <u>July 1, 2016</u> through <u>September 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>40</u>
I.D. NUMBER 1384682	

NAME OF FILER

Steve Young for City Council 2016

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)
9/15/16	Jonathan Levitt 170 West J St Apt 5 Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100	100	100
7/1/16	ZHUANGWU LI 742 Kearney Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nedical scientist Allied Biotech, inc.	100	100	100
8/24/16	AnneMarie Martins 823 W K St. Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Talent Agent SRO Artists, Madison WI	40	40	40
8/30/16	Charlotte Morris 272 West I Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	100
7/30/16	Cindy Pearman 2060 Casa Grande A 94510 Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housekeeper for hire self-employed	50	50	50
SUBTOTAL \$				390		

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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 <u>July 1, 2016</u> through <u>September 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>40</u>

NAME OF FILER Steve Young for City Council 2016	I.D. NUMBER 1384682
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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)
9/7/16	Leslie Overlock 201 Hillcrest Ave Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Talent Agent SRO Artists, Madison WI	40	40	40
8/27/16	Priscilla M. Whitehead 288 W J Street Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50	100	100
8/27/16	Alan Plutchok 144 East G street Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	275	275
8/29/16	Alan Plutchok 144 East G street Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	75	275	275
8/10/16	Reed Robbins 1063 jefferson Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Event Facility Owner Self-employed	100	100	100
SUBTOTAL \$				365		

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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>July 1, 2016</u> through <u>September 24, 2016</u>	CALIFORNIA FORM 460
Page <u>9</u> of <u>40</u>	I.D. NUMBER <u>1384682</u>

NAME OF FILER <u>Steve Young for City Council 2016</u>	I.D. NUMBER <u>1384682</u>
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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)
9/9/16	Elizabeth Patterson 1215 West Second St. Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	40	340	340
9/4/16	Doris Rosen 1852 Bonanza St #102 Walnut Creek CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50	50	50
9/18/16	Margaret Rossoff 4154 Opal Street Oakland CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	family therapist self-employed	100	100	100
8/28/16	Donnell Rubay 175 west H Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	writer selfemployed	50	50	50
9/9/16	Jack Ruszel 1329 W. L Street Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business owner Ruszel Woodworks	90	540	540
SUBTOTAL \$				330		

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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 <u>July 1, 2016</u> through <u>September 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>40</u>

NAME OF FILER Steve Young for City Council 2016	I.D. NUMBER 1384682
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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)
7/1/16	David Schulter, PhD 428 Hawthorne Lane Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed PhD	25	25	25
8/5/16	robert schwiebert 616 Rose drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	100
9/16/16	Solano Stonewall Democratic Club Paula Bauer treasurer, 419 Wallace Ave vallejo CA 94590	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC#13786038	200	200	200
9/9/16	James Spillane 1232 W K street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		40	40	40
8/26/16	Judith Sullivan 313 Sunrise court Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	75	75	75
SUBTOTAL \$				440		

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 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 <u>July 1, 2016</u> through <u>September 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>40</u>

NAME OF FILER Steve Young for City Council 2016	I.D. NUMBER 1384682
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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)
9/8/16	Christine Stevens 108 Carlisle Way Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	social worker Calif. Dept. of Corrections	40	140	140
9/21/16	Christine Stevens 108 Carlisle Way Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	social worker Calif. Dept. of Corrections	100	140	140
9/1/16	Bart Sullivan 1543 Sherman Drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	patent agent Self-employed	85	285	285
09/03/16	Pat Toth-Smith 315 west K st Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Photographer self-employed	40	40	40
9/1/16	Toby Tover 1701 Lindo Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist Toby Tover self-employed	40	40	40
SUBTOTAL \$				305		

*Contributor Codes
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(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 <u>July 1, 2016</u> through <u>September 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>40</u>

NAME OF FILER Steve Young for City Council 2016	I.D. NUMBER 1384682
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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)
9/15/16	united Democrats of Southern Solano County Paula Bauer treasurer, 419 Wallace Ave vallejo CA 94590	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC#746068	270	270	270
8/28/16	Jonathan Van Landschoot 175 west H Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Park Aid/retired schoolteacher California state parks	50	50	50
8/24/16	Jean Walker 88 Banbury Way Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Library Assistant City of Benicia	25	25	25
7/1/16	Nancy Zakar Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	teacher	10	10	10
7/23/16	Susan Nowland Venturelli 171 West H Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	100
SUBTOTAL \$				455		

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 OTH – Other (e.g., business entity)
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 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 <u>July 1, 2016</u> through <u>September 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>40</u>
I.D. NUMBER 1384682	

NAME OF FILER

Steve Young for City Council 2016

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)
8/24/16	Ethan Buckner 1822 Berkeley Way Apt 1 Berkeley CA 94703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organizer Stand.earth	27	27	27
7/2/16	Thomas Busfield 300 St. Augustine Ct. Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	100
8/15/16	Roger Straw 766 West J Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	40	150	150
9/3/16	James Egan 1299 West K Street Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staff Cardiologist US Veteran Administration	75	225	225
9/9/16	Amanda Cherry 925 Bolton Circle Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		75	75	75
SUBTOTAL \$				317		

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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>July 1, 2016</u> through <u>September 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>14</u> of <u>40</u>

NAME OF FILER Steve Young for City Council 2016	I.D. NUMBER 1384682
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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)
9/1/16	hadieh elias 541 hastings drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer ESE Consulting Engineers, Inc.	75	225	225
9/7/16	Patrick Roetzer 1085 W K Street Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	dentist University of the Pacific	75	75	75
9/9/16	Sheila Clyatt 910 West 8th Street Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		40	40	40
9/9/16	Ann Corcoran 1398 W K St. Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		40	40	40
8/10/16	Greg Davis 131 West D Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	100
SUBTOTAL \$				330		

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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>July 1, 2016</u> through <u>September 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>15</u> of <u>40</u>

NAME OF FILER Steve Young for City Council 2016	I.D. NUMBER 1384682
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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)
9/9/16	CHRIS ESPARZA 1459 Charmaine ct Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	75	75	75
7/18/16	Jan Evans 921 W K St Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	75	75	75
8/17/16	Reva Flexer 134 Panorama drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Library Aid Solano County	50	50	50
8/25/16	David Fong 1631 Susan Court Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25	25	25
8/16/16	Fredric J. Schlatter 475 W. J Street Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed DBA California Sign Graphics	50	140	140
SUBTOTAL \$				275		

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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>July 1, 2016</u> through <u>September 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>16</u> of <u>40</u>

NAME OF FILER Steve Young for City Council 2016	I.D. NUMBER 1384682
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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)
08/28/16	Fredric J. Schlatter 475 W. J Street Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed DBA California Sign Graphics	40	140	140
9/9/16	John Furtado 320 St Augustine Court Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		75	75	75
7/1/16	Steven Goetz 347 Goldenslopes Court Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	planner City of Lafayette	99	139	139
9/8/16	Steven Goetz 347 Goldenslopes Court Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	planner City of Lafayette	40	139	139
7/1/16	Kathryn L. Griffin 236 Baker Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	100
SUBTOTAL \$				354		

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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>July 1, 2016</u> through <u>September 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>17</u> of <u>40</u>
I.D. NUMBER 1384682	

NAME OF FILER

Steve Young for City Council 2016

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)
9/6/16	Kathy Kerridge 771 West I St. Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	75	275	275
9/10/16	Russell Hands 390 West I St Benicia CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Surgeon Kaiser Permanente	75	75	75
9/10/16	Elle Hands 390 West I St Benicia CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	housewife	200	200	200
9/9/16	Susan Harman 4114 39th Avenue Oakland CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	100
8/29/16	Daniel Joseph 675 Belvedere Drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurseryman McDonnell Nursery, Orinda, California	100	160	160
SUBTOTAL \$				550		

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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>July 1, 2016</u> through <u>September 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>18</u> of <u>40</u>
I.D. NUMBER 1384682	

NAME OF FILER

Steve Young for City Council 2016

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)
8/1/16	Barbara Jewell 438 Lori Drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney at Law Gagen McCoy	100	100	100
7/2/16	Marion Joseph 4 Politzer Drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50	50	50
8/28/16	Ralph Dennis 2140 Via Media Ct Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	75	275	275
9/10/16	Connie Millholland 2138 Via Media Ct Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist	50	100	100
9/9/16	Ann Joseph 675 Belvedere Drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		55	55	55
SUBTOTAL \$				330		

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**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>19</u> of <u>40</u>
	I.D. NUMBER 1384682

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

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
				<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____				
† <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		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SUBTOTALS								\$ _____	\$ _____

Schedule B Summary

1. Loans received this period \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ _____
(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 \$ _____
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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

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

**Schedule B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>20</u> of <u>40</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER

1384682

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
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL \$					Enter on Summary Page, Line 17 only.	

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
Page <u>21</u> of <u>40</u>	I.D. NUMBER 1384682

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/16	Carol Thompson 131 E. H Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Artist	2 painted wooden bowls for auction	50	100	100
9/9/16	Madeline Koster 25 Corte Dorado Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	5 pottery items for auction, mugs, vases cookie jar	237	237	237
9/9/16	Joyce Byrum 201 hillcrest avenue Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	Pillow Peace clay sculpture	150	150	150
9/9/16	Barrie Robinson 2270 Clearview Circle Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	glass vase for auction	350	350	350

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 787

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$ 8,132
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ 236
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....	TOTAL \$ 8,368

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Schedule C
Nonmonetary Contributions Received
Continuation sheet

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>July 1, 2016</u>	CALIFORNIA FORM 460
through <u>September 24, 2016</u>	
Page <u>22</u> of <u>40</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER
1384682

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/16	Susan Sullivan 1543 Sherman Drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	2 large framed photos-south of france for auction	270	270	270
9/9/16	Alan Plutchok 144 East G St Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	Wine Barrel Head Cutting Board for auction	80	355	355
9/9/16	Dan Joseph 675 Belvedere Drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales McDonnell nursery, Orinda	Succulent clay Planter for auction	60	160	160
9/9/16	Mary Francis Kelly-Poh 643 Windsor Drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	Framed Christo Post for auction	50	50	50

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 460

Schedule C Summary Continuation sheet

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** _____

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Schedule C
Nonmonetary Contributions Received
Continuation sheet

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
Page <u>23</u> of <u>40</u>	I.D. NUMBER 1384682

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Steve Young for City Council 2016

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/16	Elisabeth Patterson 1215 West Second St. Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	South African print for auction for auction	50	340	340
9/9/16	Schlatter Fred 475 W. J Street Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	selfemployed DBA California Sign Graphics	Hand Carved Wooden Sign for auction	300	440	440
9/9/16	Stan Houston/Mozart Einstein & Me 739 1st Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	Ukulele & Lessons for auction	200	200	200
9/9/16	rob jenkins 1123 shasta st. Vallejo CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retail trader joes	Lincoln mixed media for auction	150	150	150

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 700

Schedule C Summary Continuation sheet

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** _____

*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 C
Nonmonetary Contributions Received
Continuation sheet

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>24</u> of <u>40</u>
I.D. NUMBER 1384682	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/16	Leon Ronna 2060 casa grande street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	Day Tripper Print	250	250	250
9/9/16	Kathy Oja 1720 shirley dr. Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	goldbird for auction	200	200	200
9/9/16	Stephen Schumm 1250 E 3rd Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	Stephen Schumm watercolor painting	200	200	200
9/9/16	Meade Chris 162 West G St. Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	Collage on Canvas	250	250	250

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 900

Schedule C Summary Continuation sheet

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$ _____

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 (other than PTY or SCC)
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PTY – Political Party
SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received
Continuation sheet

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>July 1, 2016</u>	CALIFORNIA FORM 460
through <u>Sept. 24, 2016</u>	
Page <u>25</u> of <u>40</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER

1384682

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/16	Celeste Joy 111 West C Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	house moving phil joy	watercolor for auction	300	300	300
9/9/16	Nikki b. Davis 442 Marina Place Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	Pat Ryll Blue Vase with Flowers for auction	125	500	500
9/9/16	Linda Stevenson, c/o: GALLERY 621 309 first st. Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	Smiling Dawn print	350	350	350
9/9/16	Nikki b. Davis 442 Marina Place Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	Chris Ray painting	75	500	500

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 850

Schedule C Summary Continuation sheet

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** _____

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 (other than PTY or SCC)
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Schedule C
Nonmonetary Contributions Received
Continuation sheet

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>26</u> of <u>40</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER

1384682

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/16	Grebmeier Linda 991 Tyler Street #218 Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist and Adjunct Professor CCA in SF and SCC in Fairfield	Linda Grebmeier monotype for auction	500	500	500
9/9/16	June Silva 93 Carlisle Way Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		succulent planter	30	30	30
9/9/16	Susan Lane 301 Clark Drive, Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	Susan Lane Tea Dancing Quilt	250	250	250
9/9/16		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 780

Schedule C Summary Continuation sheet

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....\$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** _____

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Schedule C
Nonmonetary Contributions Received
Continuation sheet

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>27</u> of <u>40</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER
1384682

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/16	Michael Belote 925 L Street, #1250 sacramento CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	attorney California Advocates	2 Giants Tickets for auction	300	300	300
9/9/16	Hadieh Elias 541 Hastings Dr Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	engineer ESE Consulting Engineers, Inc.	oil Painting for auction	150	225	225
9/9/16	Marjorie Lutz 2866 Sunburst Drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	3 water color paintings for auction	300	300	300
9/9/16	Nikki b. Davis 442 Marina Place Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	oil painting for auction	300	500	500

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,050

Schedule C Summary Continuation sheet

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** _____

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Schedule C
Nonmonetary Contributions Received
Continuation sheet

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>28</u> of <u>40</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER
1384682

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/16	david loveall 442 Marina Place Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chiropractic practice Self-employed	oil painting + Artist proof print for auction	500	500	500
9/9/16	Jerrold Turner 940 East L Street Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	painting for auction	450	450	450
9/9/16	Jan Turner 940 East L Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	painting for auction	450	450	450
9/9/16	Carrie Rehak 735 Buchanan Street #212 Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	drawing fo rauction	65	65	65

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1465

Schedule C Summary Continuation sheet

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** _____

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Schedule C
Nonmonetary Contributions Received
Continuation sheet

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>July 1, 2016</u> through <u>Sept .24, 2016</u>	CALIFORNIA FORM 460
	Page <u>29</u> of <u>40</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER
1384682

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/16	Susan Street 240 East 2nd Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Artist	prepare gourmet dinner_auction item	200	200	200
9/9/16	Lee W. Snider 793 carsten Circle Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	artist self-employed	prepare gourmet dinner_auction item	200	200	200
9/9/16	Kukkola Becky 768 West H Street Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	small business owner self-employed	vineyard tour and wine tasting auction item	540	540	540
9/9/16	Bart Sullivan 1543 Sherman Drive Benicia CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	patent agent Self-employed	2 large framed photos-south of france for auction	200	285	285

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1140

Schedule C Summary Continuation sheet

- Amount received this period – itemized nonmonetary contributions. \$ _____
(Include all Schedule C subtotals.)
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** _____

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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
Page <u>30</u> of <u>40</u>	I.D. NUMBER <u>1384682</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

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

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>31</u> of <u>40</u>
I.D. NUMBER 1384682	

NAME OF FILER

Steve Young for City Council 2016

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	July 1, 2016	
through	Sept. 24, 2016	Page <u>32</u> of <u>40</u>
NAME OF FILER		I.D. NUMBER
Steve Young for City Council 2016		1384682

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER

1384682

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
Qgiv Inc. 53 Lake Morton Drive Lakeland, FL 33801	WEB		Fees	414.
Gordon Gray Design 96 Banbury Way Benicia CA 94510	LIT			3,566
Color Zone 4357 Park Road Benicia, CA 94510	LIT			900

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

SUBTOTAL \$ 4,880

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	8,790
2. Unitemized payments made this period of under \$100.....	\$	563
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$	9,353

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>33</u> of <u>40</u>
	I.D. NUMBER 1384682

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

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 Benicia, 250 East L St., Benicia CA 94510	CVC	Human Services Board	250
Benicia Rotary Club, Benicia	CVC		225
Facebook	WEB	Facebook Ad	801
Polygone Publishing 771 West H Street Benicia, CA 94510	PRT		905
Lowe's, 401 Columbus Pkwy, Vallejo CA 94591	CMP	Lowe's posts for signs	325
Costco, 198 Plaza Dr., Vallejo, CA 94591	FND		355
Assistance -Plus, 4375 Emerald Ridge Lane, Fairfield, CA 94534	LIT	---	848
Lisa Donnecke, 4484 Snowberry Ct. Concord CA	FND	Wine	201

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

SUBTOTAL \$ 3,910

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>35</u> of <u>40</u>
I.D. NUMBER 1384682	

NAME OF FILER

Steve Young for City Council 2016

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 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
SUBTOTALS \$					

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

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from <u>July 1, 2016</u>	CALIFORNIA FORM 460
through <u>Sept. 24, 2016</u>	
Page <u>36</u> of <u>40</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER

1384682

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 |
| 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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* 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*

Amounts may be rounded to whole dollars.

SCHEDULE H

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>37</u> of <u>40</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER

1384682

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 OR FORGIVENESS THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____				
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	\$ _____
		SUBTOTALS	\$ _____	\$ _____	\$ _____	\$ _____			

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

Schedule H Summary

- Loans made this period.....\$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans.....\$ _____
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.).....NET \$ _____
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>38</u> of <u>40</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER
1384682

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	auction items bought DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/9/16	Martha Young 1125 W. 11th Street Benicia, CA 94510	Kathy Oja Gold Bird (\$50), Three mugs pottery by Madeline Koster(\$30) JoyceByrum PillowPeace Clay Sculpture(\$50)	130
9/9/16	Spencer Rundberg 350 canyon court Benicia CA 94510	Stephen Schummm Water Color (\$50) Celedon Vase Pottery(\$30),M.Koster Cookie Jar Pottery(\$30),O.ParadiseDrawing(\$10)	120
9/9/16	Bob Berman 250 W K St Benicia CA 94510	The Umbrella Christo post Cards (\$30) Nikki B. Davis Peninsula Oil Painting (\$450)	480
9/9/16	Jack Ruszel 1329 W. L St. Benicia CA 94510	The Vineyardist Experience w Becky Kukkola	540
9/9/16	Ann Corcoran 1398 W K St. Benicia CA 94510	Near Miegs Point water color (\$25) Stan Houston Ukullele & lessons (\$200)	225

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,495

Schedule I Summary

1. Itemized increases to cash this period.	\$ 3,315
2. Unitemized increases to cash of under \$100 this period.	\$ 778
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 4,093

Schedule I *Continuation Sheet*
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>39</u> of <u>40</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER

1384682

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	auction items bought DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/9/16	Jack Kolk 1660 Shirley Dr. Benicia, CA 94510	Julio C. Polanco Meringue I Painting	125
9/9/16	James Spillane 1232 W K street Benicia CA 94510	Jon Oaks Glass Vase (\$50) Collage on Canvas (\$50)	100
9/9/16	Ann Joseph 675 Belvedere Drive Benicia CA 94510	Lutz Pine at Hammonasset watercolor (70) Madeline Koster Blue Vase pottery (40)	110
9/9/16	Donalyn Lemone 1448 Charmian ct. Benicia CA 94510	Rivers South of France large Framed Photograph	160
9/9/16	Amanda Cherry 925 Bolton Circle Benicia CA 94510	Gourmet Dinner forFour (\$300),SchlatterHand Carved Sign (200),Smiling Dawn print (\$100) lincoln mixed media(60),Artist Proof Print(\$10)	670

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,165

Schedule I Summary *Continuation Sheet*

- Itemized increases to cash this period. \$ _____
- Unitemized increases to cash of under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ _____**

Schedule I *Continuation Sheet*
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>July 1, 2016</u> through <u>Sept. 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>40</u> of <u>40</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Steve Young for City Council 2016

I.D. NUMBER
1384682

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	auction items bought DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/9/16	Alan Plutchok 144 East G street Benicia, CA 94510	Spa Basket from Benicia Merchants (\$80) Two Giants Tickets & Memorabilia (\$200)	280
9/9/16	Daniel Morgan 771 West I St. Benicia CA 94510	Jerrold Turner Point Mendocino painting(350) Carol Thompson's Love Painted Wooden Bowl (\$25)	375

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 655

Schedule I Summary *Continuation Sheet*

- Itemized increases to cash this period.\$ _____
- Unitemized increases to cash of under \$100 this period.\$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ _____