

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp	CALIFORNIA FORM 460
RECEIVED JAN 31 2017 CITY MANAGER'S OFFICE CITY OF BENICIA	
Page <u>1</u> of <u>5</u>	For Official Use Only

Statement covers period
from July 1, 2016
through Dec 31, 2016

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

SEE INSTRUCTIONS ON REVERSE

<p>1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.</p> <p><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></p> <p><input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small></p>	<p>2. Type of Statement:</p> <p><input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below)</p> <p><input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report</p>
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<p>3. Committee Information</p> <p>I.D. NUMBER <u>1373412</u></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Patterson Freedom of Speech Legal Defense Fund</u></p> <p>STREET ADDRESS (NO P.O. BOX)</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE <u>Benicia CA 94510</u></p> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE <u>Benicia CA 94510</u></p> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>	<p>Treasurer(s)</p> <p>NAME OF TREASURER <u>Mary Frances Kelly-Poh</u></p> <p>MAILING ADDRESS</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE <u>Benicia CA 94510</u></p> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>MAILING ADDRESS</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE</p> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>
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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 <u>1/30/2017</u> Date	By <u>[Signature]</u> Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on <u>1/30/2017</u> Date	By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Patterson Freedom of Speech Legal Defense Fund

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor of Benicia

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
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 Comm to Re-Elect Mayor Elizabeth Patterson	I.D. NUMBER 1289634
NAME OF TREASURER Mary Frances Kelly-Poh	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY Benicia	STATE ZIP CODE AREA CODE/PHONE CA 94510 707-746-5668

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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>	CALIFORNIA FORM 460
through <u>Dec 31, 2016</u>	
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>1373412</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patterson Freedom of Speech Legal Defense Fund

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>380.00</u>	\$ <u>380.00</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>0.00</u>	<u>380.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>380.00</u>	\$ <u>380.00</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>0.00</u>	\$ <u>380.00</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>60.00</u>	\$ <u>170.00</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>60.00</u>	\$ <u>170.00</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	<u>4530.21</u>	<u>4530.21</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>4590.21</u>	\$ <u>4700.21</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
____/____/____	\$ _____
____/____/____	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>393.54</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>380.00</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	<u>70.84</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>60.00</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>784.38</u>

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

17. LOAN GUARANTEES RECEIVED..... *Schedule B, Part 2* \$ _____

Cash Equivalents and Outstanding Debts

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

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).

**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>Dec 31, 2016</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>5</u>
	I.D. NUMBER 1373412

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patterson Freedom of Speech Legal Defense Fund

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)
7/26/16	Kathy Kerriage 771 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 Teacher/Attorney	200.00	200.00	
10/9/2016	Luanna M. Villanueva 1517 Oak Avenue Davis, CA 95616-1002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
		<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				
SUBTOTAL \$				300.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>300.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>80.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$ <u>380.00</u>

*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 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>Dec 31, 2016</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1373412	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Patterson Freedom of Speech Legal Defense Fund

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period.	\$ 0.00
2. Unitemized increases to cash of under \$100 this period.	\$ 70.84
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 70.84