Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from **January 1, 2016**

through **Sept 24, 2016**

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

Nov 8, 2016

Date Stamp

CITY OF GOLETA
CITY CLERK'S OFFICE

2016 OCT 13 PM 4:10

CALIFORNIA FORM 460

Page **1** of **9**

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [✓] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
    (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee

- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
    (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee
    (Also Complete Part 7)

2. Type of Statement:

- [✓] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
  (Also file a Form 410 Termination)
- [✓] Amendment (Explain below)
  Corrected sections A and E. Change pagination, words that were
  capitalized and move address to different lines

- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1387560

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

Stuart Kasdin for Goleta City Council 2016

STREET ADDRESS (NO P.O. BOX)
7636 Hollister Ave., unit 258

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	805-717-6486

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

stuart.kasdin@gmail.com
OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Stuart Kasdin

MAILING ADDRESS
7636 Hollister Ave, 258

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Goleta	CA	93117	805-717-6486

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.
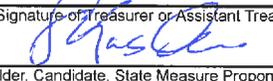
Executed on **10-13-16**
Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on **10-13-16**
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

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

Stuart Kasdin

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

City Council, City of Goleta

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
7636 Hollister Ave Unit 258	Goleta	CA	93117

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? ☐ YES ☐ 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? ☐ YES ☐ 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	☐ SUPPORT ☐ 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

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

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	January 1, 2016	
through	Sept 24, 2016	Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stuart Kasdin

I.D. NUMBER
1387560

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 3744	$ 4044
2. Loans Received	Schedule B, Line 3	7088	7088
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 10832	$ 10832
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 10832	$ 10832

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	Column B
6. Payments Made	Schedule E, Line 4	$ 1634	$ 1634
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1634	$ 1634
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	250	250
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 1884	$ 1884

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$
___/___/___	$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0
13. Cash Receipts	Column A, Line 3 above	10832
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	1634
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 9198

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

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.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 7338

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www.fppc.ca.gov

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period	
from	January 1, 2016
through	Sept 24, 2016

SCHEDULE A

CALIFORNIA FORM 460

Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stuart Kasdin

I.D. NUMBER

1387560

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)
9/21/2016	Democratic Women of Santa Barbara County 1212 S Victory Blvd, Burbank, 91502 ID: 1387560	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,000	1000	
9/20/2016	Olson, John Daniel 7041 Marymount Way, Goleta, 93117	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500	500	
9/4/2016	Santa Barbara Women's Political Committee 125 E DeLaGuerra, SB, 93101 ID 880912	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500	500	
9/5/2016	Reelect Paula Perotte 2014 7847 Rio Vista Drive Goleta 93117. ID 1329680	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		250	250	
9/23/2016	Katie M Davis 528 Woodleaf Lane, Goleta CA 93117	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired.	250	250	

SUBTOTAL $ 2500

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) ....$ 2745

2. Amount received this period – unitemized monetary contributions of less than $100 ....$ 999

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......................**TOTAL $** 3744

*Contributor Codes

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

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

Statement covers period

from ___January 1, 2016___

through ___Sept 24, 2016___

Page __5__ of __9__

NAME OF FILER

Stuart Kasdin

I.D. NUMBER

1387560

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)
9-24	Susan Ehrlich 1249 Camino Meleno, Santa Barbara, CA 93111	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired, former university administrator	145	145	
9-21	Philip D Norvell 28 Vereda Cordillera, Goleta CA 93117	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Med Labs, Inc. Medical Electronics Engineer	100	100	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 245

*Contributor Codes

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

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Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period	
from	January 1, 2016
through	Sept 24, 2016

CALIFORNIA FORM 460

Page 6 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stuart Kasdin

I.D. NUMBER

1387560

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
Stuart Kasdin 7636 Hollister Ave., #258 Goleta, CA 93117 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Independent consultant, candidate for city council	$ 0	$ $7,688	☐ PAID $ 0 ☐ FORGIVEN $ 0 DATE DUE	$ 7688	0 % RATE $	$ DATE INCURRED	CALENDAR YEAR $ 7688 PER ELECTION** $
 †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $ DATE DUE	$	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
 †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $ DATE DUE	$	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $ 7688	$	$	$ 7688	$ 0		

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

Schedule B Summary

1. Loans received this period ....$ 7688
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ....$ 0
   (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 $ 7688
   Enter the net here and on the Summary Page, Column A, Line 2.   (May be a negative number)

†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

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

FPPC Form 460 (Jan/2016)
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Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period	
from	January 1, 2016
through	Sept 24, 2016

SCHEDULE E

CALIFORNIA FORM 460

Page 7 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stuart Kasdin

I.D. NUMBER

1387560

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
CopyrightSB, 5710 hollister avenue, goleta, ca 93117	lit	remit envelopes	142
Jetimpex, Inc., 18801 Collins Ave 102-120, Sunny Isles Beach, FL, 33160-2492 Template Monster	web	Purchase template for building website on wordpress	116
PaymentSphere Inc, 560 Timpanogos Pkwy , Orem, UT 84097	web	Purchase Basic Web Hosting, domain name, privacy protection, plus monthly renewals	106

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

SUBTOTAL $ 364

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $	1333
2. Unitemized payments made this period of under $100 .... $	301
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 $**	1634

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA **460**
FORM

Statement covers period

from __January 1, 2016__

through __Sept 24, 2016__

Page __8__ of __9__

NAME OF FILER

Stuart Kasdin

I.D. NUMBER

1387560

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 goleta, 130 Cremona Drive, Suite B , Goleta CA 93117	fil	candidate statement charges	540
Animation299, Jess Davis, 15476 NW 77th ct 203, Miami Lakes, FL 33016	web	animation for web ad	250
woodland hills printing 21602 ventura blvd, woodland hills, ca 91364	lit	fliers	179

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

SUBTOTAL $ 969

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Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA FORM **460**
from __January 1, 2016__	
through __Sept 24, 2016__	Page __9__ of __9__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stuart Kasdin

I.D. NUMBER

1387560

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 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
Animation299, Jess Davis, 15476 NW 77th ct 203, Miami Lakes, FL 33016	finsih animation	0	500	250	250

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

	SUBTOTALS $	0	$ 500	$ 250	$ 250

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ....**INCURRED TOTALS $** __500__

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) .... **PAID TOTALS $** __250__

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .... **NET $** __250__

May be a negative number

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