Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84210.5)

Type or print in ink.

Statement covers period from 9/20/15 through 10/17/15

Date of election if applicable (Month, Day, Year)
11/3/15

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 6)
   • Ballot Measure Committee
     • Primarily Formed
     • Controlled
     • Sponsored
       (Also Complete Part 6)
   • General Purpose Committee
     • Sponsored
     • Small Contributor Committee
     • Political Party/Central Committee
   • Primarily Formed Candidate/Offsholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   • Preliminary Statement
   • Semi-annual Statement
   • Termination Statement
   • Amendment (Explain below)
   • Quarterly Statement
   • Special Odd-Year Report
   • Supplemental Preliminary Statement - Attach Form 495
   • Summary Page: Column B

3. Committee Information
   I.D. NUMBER 1376087

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   DIANE PAPAN FOR CITY COUNCIL 2015

   STREET ADDRESS (NO P.O. BOX)
   MILLBRAE, CA 94030

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   MILLBRAE, CA 94030

   CITY
   STATE Zip Code
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS

   Treasurer(s)
   NAME OF TREASURER
   STELLA KYRIAKIS

   MAILING ADDRESS
   MILLBRAE, CA 94030

   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 Jan. 7, 2016
   By
   Date
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on Jan. 7, 2016
   By
   Date
   State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By
   Date
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   Executed on
   By
   Date
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   FPSC Form 460 (June/01)
   FPPC Toll-Free Helpline: 866/ASK-FPPC
   State of California
# Campaign Disclosure Statement

**Summary Page**

Type or print in ink. Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 9/20/15</td>
<td>Page 2 of 2</td>
</tr>
<tr>
<td>through 10/17/15</td>
<td>I.D. NUMBER 1376087</td>
</tr>
</tbody>
</table>

**DATE OF ELECTORAL REPORT**

- **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
    - $ 0
  - 21. Expenditures Made
    - $ 0

**Contributions Received**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$5,355.00</td>
<td>$23,481.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>0</td>
<td>1,000.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$5,355.00</td>
<td>$24,481.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>0</td>
<td>500.00</td>
</tr>
</tbody>
</table>

**TOTAL CONTRIBUTIONS RECEIVED**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,355.00</td>
<td>$24,481.00</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$7,944.86</td>
<td>$16,441.66</td>
</tr>
<tr>
<td>Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$7,944.86</td>
<td>$16,441.66</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**TOTAL EXPENDITURES MADE**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7,944.86</td>
<td>$16,441.66</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$10,629.20</td>
<td>$8,039.34</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>5,355.00</td>
<td>0</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>7,944.86</td>
<td>0</td>
</tr>
</tbody>
</table>

**ENDING CASH BALANCE**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>$8,039.34</td>
<td>$8,039.34</td>
</tr>
</tbody>
</table>

**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).**

**Loan Guarantees Received**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule B, Part 2</td>
<td>$</td>
</tr>
</tbody>
</table>

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>

**FPPC Form 460 (January/05)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)