بر ع يو			t jedni skutojnik jako jakonik kono konoj se julije.	OOVED DIOE
Recipient Committee Campaign Statement Cover Page			PECEIVE)	CALIFORNIA 460
	Statement covers period from 10/23/17	Date of election if applicable: (Month, Day, Year)	2018 JAN 31 P	Page1 of17   50
SEE INSTRUCTIONS ON REVERSE	12/31/17	11/7/17	OFFICE OF CITY CL	ERK
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	والموافق المرابط والمرابط والم	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored soc Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	arterly Statement ecial Odd-Year Report
	NUMBER 396776	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	000110	NAME OF TREASURER		
Charlie Drechsler for City Council 2017		Lori Poultney		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	_ <del></del>	CITY	STATE ZIP C	CODE AREA CODE/PHONE
emeen box		San Mateo	CA 944	
CITY STATE ZIP COD	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	· · · · · · · · · · · · · · · · · · ·	
San Mateo CA 94401  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
. Verification				
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of C		nowledge the information contained	herein and in the attached so	hedules is true and complete. I
Executed on	Ву			· ——
1/31/18	BySignature of Con		sponsible Officer of Spon	sor
Executed on	Ву		Proponent	<u></u>
Executed on	By	control of Controlling Officeholder Continues	Serie Manager Property	

## Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460 FORM

Officeholder or Candidate Controlled Committe	e	6.	Primarily Formed Balle	ot Measure	Committee	<b>;</b>	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Charlie Drechsler							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NU	MBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	1 -	SUPPORT OPPOSE
City Council Member							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY  San Mateo	STATE ZIP		Identify the controlling offic			measure prop	oonent, if any.
	,		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PE	ROPONENT		
Related Committees Not Included in this Staten not included in this statement that are controlled by you or are contributions or make expenditures on behalf of your candidate.	primarily formed to receive		OFFICE SOUGHT OR HELD	·-		DISTRICT NO.	IF ANY
COMMITTEE NAME	. NUMBER		···				
	ONTROLLED COMMITTEE?  ☐ YES ☐ NO	7.	Primarily Formed Cano officeholder(s) or candidate(s	didate/Office) for which this	eholder Co committee is p	ommittee Li primarily forme	st names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	DITROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		Atta	ch continuati	on sheets if ne	ecessary	

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
State	ment covers period 10/23/17	CALIFORNIA 460
through_	12/31/17	Page3 of17
		I.D. NUMBER

NAME OF FILER Charlie Drechsler for City Council 2017 1396776 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 6.055 1/1 through 6/30 7/1 to Date 3.518 2. Loans Received Schedule B. Line 3 Contributions 3.250 12.573 Received 0 21. Expenditures 12,573 3.250 Made **Expenditures Made Expenditure Limit Summary for State** 12.333 **Candidates** 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made\* 7,398 12,333 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ \_\_\_\_\_ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 (mm/dd/yy) 7,398 12.333 **Current Cash Statement** 4,633 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 3.250 add amounts in Column A to the corresponding 0 \*Amounts in this section may be different from amounts amounts from Column B reported in Column B. 7,398 of your last report. Some amounts in Column A may 485 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ \_\_\_\_ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse \$ FPPC Form 460 (Jan/2016)

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

Schedule			nts may be rounded whole dollars.	Otatamant an		SCHEDULE		
Monetary	Contributions Received			Statement cov	vers period /23/17		IFORNIA ORM	460
SEE INSTRUCTIO	DNS ON REVERSE			through12	2/31/17	Page	4	of17
NAME OF FILER						1.D. NU 13967		
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 CALENDAR Y (JAN. 1 - DEC	YEAR	ТО	ELECTION DATE EQUIRED)
10/29/17	San Mateo Building Trades Joint Council PAC - 870669 1153 Chess Drive #206, Foster City CA 94404	☐IND ☐COM ☐OTH ☐PTY ☑SCC		1,000	1,0	000		1,000
10/29/17	IBEW Local Union # 617 1701 Leslie Street - 990208 San Mateo, CA 94402	☐IND ☐COM ☐OTH ☐PTY ☑SCC		500	5	500		500
10/29/17	Northern California Carpenters Regional Council - 972104 265 Hegenberger Rd #200, Oakland CA 94621	☐IND ☐COM ☐OTH ☐PTY ☑SCC		500	Ę	500		500
10/29/17	SEIU Local 521 - 1297708 555 Capitol Mall #1425 Sacramento, CA 95814	☐IND ☐COM ☐OTH ☐PTY ☑SCC		1,000	1,0	000		1,000
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$	186			
1. Amount re	A Summary eceived this period – itemized monetary contributions.  Il Schedule A subtotals.)		\$	3,000	IND-			

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

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ \_

3. Total monetary contributions received this period.

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

250

3,250

SCC - Small Contributor Committee

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

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o		Statement cov	ers period	CALIFORNIA 460		
				through 12	/31/17	Page5 of17		
NAME OF FILER Charlie Dre	echsler for City Council 2017					1.D. NUI		
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 T CALENDAR \ (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	N/A	□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC				:		
		□IND □COM □OTH □PTY □SCC				1		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				7 - 17 P		
			SUBTOTAL	\$	1000	all harman	ren i sa	

\*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 B – Part 1 to whole dollars.  Loans Received				Statement cov	vers period 23/17	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through12	2/31/17	Page 6	of <u>17</u>
NAME OF FILER							I.D. NUMBER	
Charlie Drechsler for City Council 2017							1396776	
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 PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Cynthia Drechsler San Mateo, CA 94401	VP of Sales Bromium Inc.			PAID  \$ FORGIVEN	s0	%	s <u>3.518</u>	s 3,518 PER ELECTION**
<sup>†</sup> ☑ IND □ COM □ OTH □ PTY □ SCC		\$3,518	s0	\$3,518	12/31/17 DATE DUE	s0	7/1/17 DATE INCURRED	\$ <u>3,518</u>
		S	s	PAID  \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR  \$  PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC				PAID	DATE DUE	%	DATE INCURRED	CALENDAR YEAR
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	FORGIVEN \$	DATE DUE	\$	DATE INCURRED	PER ELECTION** \$
		SUBTOTALS \$	\$	\$	\$	\$	1000	
Schedule B Summary  1. Loans received this period		,		\$	0	(Enter (e) on Schedule E, Line 3)		
<ul> <li>(Total Column (b) plus unitemized loan</li> <li>2. Loans paid or forgiven this period</li> <li>(Total Column (c) plus loans under \$100</li> <li>(Include loans paid by a third party that</li> </ul>	00 paid or forgiven.)		,	\$	0		TH – Òther (e.g., l	ommittee PTY or SCC) business entity)
3. Net change this period. (Subtract Lin Enter the net here and on the Summa					May be a negative number)		TY – Political Part CC – Small Contri	
*Amounts forgiven or paid by another party also n	nust be reported on Schedule A.	<b>)</b>					FPPC Forr	m 460 (Jan/2016)

\*\* If required.

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

SCHEDULE B - PART 2 Schedule B - Part 2 Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **Loan Guarantors** 10/23/17 **FORM** from 12/31/17 7 of 17 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1.D. NUMBER Charlie Drechsler for City Council 2017 1396776 IF AN INDIVIDUAL, ENTER AMOUNT BALANCE FULL NAME, STREET ADDRESS AND CUMULATIVE CONTRIBUTOR OCCUPATION AND EMPLOYER LOAN **GUARANTEED** ZIP CODE OF GUARANTOR OUTSTANDING TO DATE CODE (IF SELF-EMPLOYED, ENTER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) THIS PERIOD TO DATE NAME OF BUSINESS) CALENDAR YEAR LENDER N/A ПСОМ PER ELECTION □отн DATE (IF REQUIRED) □ PTY SCC CALENDAR YEAR LENDER □ COM PER ELECTION □отн (IF REQUIRED) DATE □ PTY □scc CALENDAR YEAR LENDER COM PER ELECTION OTH DATE (IF REQUIRED) □ PTY □ scc CALENDAR YEAR LENDER COM PER ELECTION

DATE

SUBTOTAL \$

□отн

□ PTY
□ SCC

(IF REQUIRED)

Enter on Summary Page,

Line 17 only.

Schedu	le C		to whole dollars.				SCHEDULE (			
Nonmonetary Contributions Received			to whole dollars.	•	5	Statement covers p	eriod	CALIFORNIA 460		
					fron	10/23/1	7	FO	RM 400	
					thro	ough12/31/	17	Page	8 of 17	
SEE INSTRUCT	TIONS ON REVERSE	<del> </del>						I.D. NUME		
01	week along to a Oite a Octor of 1 0047									
Charlie D	rechsler for City Council 2017						r	139677	6	
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	N/A	□IND □COM □OTH □PTY □SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC			-					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		□IND □COM □OTH □PTY □SCC								
Attach add	itional information on appropriately labeled	continuation s	sheets.	SUBTO	TAL \$					
. Amount	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)				\$		IND-		des  at Committee an PTY or SCC)	
. Amount i	received this period – unitemized nonmonet	ary contribution	ons of less than \$100		\$			– Òther (e.	g., business entity)	
	monetary contributions received this periodes 1 and 2. Enter here and on the Summary		nn A. Lines 4 and 10.)	ATOTA	L\$			– Political F – Small Co	ontributor Committee	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole do		Statement covers	california 460		
	TONS ON REVERSE			through 12/3	1/17	Page	9 of 17
Charlie Dr	२ rechsler for City Council 2017					1.D. NUME 139677	*
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	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	N/A  Support Oppose						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	_ \$			
1. Itemized	e D Summary contributions and independent expenditures made						

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period **CALIFORNIA Supporting/Opposing Other FORM** 10/23/17 from. Candidates, Measures and Committees Page \_\_\_\_10\_\_\_of \_\_\_17 12/31/17 through NAME OF FILER I.D. NUMBER Charlie Drechsler for City Council 2017 1396776 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DESCRIPTION DATE AMOUNT THIS TYPE OF PAYMENT MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) CALENDAR YEAR TO DATE PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary N/A Contribution Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose Contribution Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose

SUBTOTAL \$

					•		SCHEDULE
Schedule E  Payments Made  Amounts may be rounded to whole dollars.				State	ment covers perio	CALIF	DRNIA 460
				from	10/23/17	FO	RM 400
SEE INSTRUCTIONS ON REVERSE				through	12/31/17	Page	11 of 17
NAME OF FILER				·		I.D. NUMI	BER
Charlie Drechsler for City Council 2017						139677	6
CODES: If one of the following codes accurately describe	es the payment, vo	ou may ente	er the code. (	Otherwise, desc	ribe the payme	ent.	
campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su POS postage, deliv PRO professional se PRT print ads	munications I appearances ses lating urvey research very and mess	enger services	RAD radi RFD retu SAL cam TEL t.v. o TRC can TRS stafi TSF tran VOT vote	o airtime and produ rned contributions paign workers' sala or cable airtime and didate travel, lodgin f/spouse travel, lodgin	aries I production costs Ig, and meals Iging, and meals Igitees of the same	e candidate/sponsor mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	,	CODE O	२	DESCRIPTION OF I	PAYMENT		AMOUNT PAID
Speakeasy Political 160 Pine Street San Francisco, CA 94111		PRT					7,229
Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.				SUBTOTAL \$	7,229
Schedule E Summary							
Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$	7,229
2. Unitemized payments made this period of under \$100	•						169
3. Total interest paid this period on loans. (Enter amount from				·····	•••••	·············	0
re reserving the para time portion of loans, third afficult for	ii coileadie D, I all	. i. Outuilli	1 - 1 - 1	*****************		<b>.</b>	

7,398

SCHEDU	HFF	CONT

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

	OUNTED OFF TO (OUNT)
Statement covers period	CALIFORNIA 160
from10/23/17	FORM 400
through 12/31/17	Page 12 of 17
	I.D. NUMBER

1396776

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Charlie Drechsler for City Council 2017

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

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	R DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A					

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement covers period from10/23/17		california 460 form			
			through12	/31/17	Page 13	of17	
SEE INSTRUCTIONS ON REVERSE							
NAME OF FILER					I.D. NUMBER		
Charlie Drechsler for City Council 2017					1396776		
CODES: If one of the following codes accurately describe	es the payment, you may	enter the code. Oth	erwise, describe th	e payment.		<del></del>	
CMP campaign paraphernalia/misc.	MBR member communicatio	ns	RAD radio airtime a		osts		
CNS campaign consultants	MTG meetings and appearar	nces	RFD returned contri				
CTB contribution (explain nonmonetary)*	OFC office expenses		SAL campaign worl		dian anata		
CVC civic donations FIL candidate filing/ballot fees	PET petition circulating PHO phone banks		TEL t.v. or cable air	•			
FIL candidate filing/ballot fees FND fundraising events	POL polling and survey rese	arch		, , ,			
IND independent expenditure supporting/opposing others (explain)*				ween committees of the same candidate/sponsor			
LEG legal defense	PRO professional services (I	VOT voter registration					
LIT campaign literature and mailings	PRT print ads	<b>.</b>	WEB information ted	chnology costs (i	nternet, e-mail)		
	0005.05	(a)	(b)	(c)		(d)	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING	AMOUNT INCURRED THIS PERIOD	AMOUNT F		OUTSTANDING ANCE AT CLOSE	
	BESONAL HON ON THE MEAN	BALANCE BEGINNING OF THIS PERIOD	IIIIS PERIOD	(ALSO REPORT		F THIS PERIOD	
N/A							
						ati .	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ ::::::::::::::::::::::::::::::::::::	\$	\$	\$		
Schedule F Summary							
1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) sub accrued expenses under \$	ototals for §100.)	INC	JRRED TOTA	\LS\$		
2. Total accrued expenses paid this period. (Include all Schoaccrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subtot	als for payments on					
3. Net change this period. (Subtract Line 2 from Line 1. En	ter the difference here and						
on the Summary Page, Column A, Line 9.)	***************************************	166511111111111111111111111111111111111	*******************************	N	NET \$	acceptive surebas	
					May be a	negative number	

SCHEDULE F (CONT.) Amounts may be rounded Schedule F to whole dollars. **CALIFORNIA** Statement covers period (Continuation Sheet) **FORM** 10/23/17 **Accrued Expenses (Unpaid Bills)** from 12/31/17 17 through NAME OF FILER I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor TSF independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail)

PRT print ads

Charlie Drechsler for City Council 2017

campaign literature and mailings

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
N/A					
SUBTOTALS \$ \$ \$					

1396776

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule G SCHEDULE G Statement covers period Payments Made by an Agent or Independent **CALIFORNIA** Amounts may be rounded 10/23/17 to whole dollars. **Contractor (on Behalf of This Committee) FORM** from 12/31/17 17 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1396776 Charlie Drechsler for City Council 2017 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. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)\* t.v. or cable airtime and production costs CVC civic donations petition circulating candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF voter registration PRO professional services (legal, accounting) VOT LEG legal defense

campaign literature and mailings

LIT

PRT

print ads

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OF	R DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A			

<sup>\*</sup> 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.

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SCHEDULE H Statement covers period Amounts may be rounded Schedule H **CALIFORNIA** to whole dollars. 10/23/17 **FORM** Loans Made to Others\* from. 12/31/17 of. 17 Page through. SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1396776 Charlie Drechsler for City Council 2017 (d) OUTSTANDING (a) OUTSTANDING (b) AMOUNT (c) IF AN INDIVIDUAL, ENTER CUMULATIVE INTEREST ORIGINAL FULL NAME, STREET ADDRESS AND ZIP CODE REPAYMENT OR OCCUPATION AND EMPLOYER BALANCE BEGINNING THIS BALANCE AT AMOUNT OF LOANS OF RECIPIENT LOANED THIS RECEIVED **FORGIVENESS** (IF SELF-EMPLOYED, ENTER CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) TO DATE PERIOD LOAN THIS PERIOD' NAME OF BUSINESS) PERIOD PERIOD CALENDAR YEAR ☐ PAID N/A RATE PER ELECTION\*\* FORGIVEN DATE INCURRED DATE DUE CALENDAR YEAR ☐ PAID RATE PER ELECTION\*\* FORGIVEN DATE INCURRED DATE DUE \*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be SUBTOTALS \$ reported on Schedule E. (Enter (e) on Schedule I, Line 3) **Schedule H Summary** 

\*\*If Required

Loans made this period	
Payments received on loans	<u> </u>
Net change this period. (Subtract Line 2 from Line 1.)	(May be a negative number)

Schedule I Miscellaneous Increases to Cash  SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Amounts may be rounded to whole dollars.	Statement covers period  from10/23/17  through12/31/17	CALIFORNIA <b>460</b> FORM  Page 17 of 17  I.D. NUMBER  1396776	
Charlie Drechsler	FULL NAME AND ADDRESS OF SOURCE		DESCRIPTION OF RECEIPT	AMOUNT OF	
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	INCREASE TO CASH	
N/A	Α			`	
Attach additional	I information on appropriately labeled continuation sheets.		SUBTOTA	L\$	
Schedule I Sur	mmary				
	ses to cash this period		\$	<u> </u>	
	reases to cash of under \$100 this period			<del></del>	
	est received this period on loans made to others. (Se				
	eous increases to cash this period. (Add Lines 1, 2,		TOTAL \$	_	

## Instructions for Schedule I Miscellaneous Increases to Cash

Report any transaction that increases the cash position of the officeholder, candidate, or committee, but is not a monetary contribution, loan, or loan repayment, on Schedule I.

Itemize the sources of \$100 or more received during the reporting period.

### Examples include:

- Interest received or credited to checking or savings accounts or other time deposits.
- Proceeds from the sale of property, such as paintings, furniture, or other items sold at garage sales or auctions, etc., when the amount received is the "fair market value" of the item. Amounts received over the fair market value are reported on Schedule A. (Report donated items as nonmonetary contributions on Schedule C.)
- Proceeds from the sale of campaign property, such as office furniture or equipment.
- Refunds received on deposits, such as telephone deposits.
- · Refunds received from overpayment of bills.

 Transfers received from another authorized committee of the same candidate. (Candidates for elective state office should refer to FPPC Campaign Disclosure Manual 1 for information about reporting transferred funds that must be attributed to specific contributors of the committee making the transfer.)

Report on Line 3 of the Schedule I Summary the lump sum of interest payments received on loans made to others. Do not itemize. This amount is transferred from Schedule H, Column (g).