Recipient Committee Campaign Statement Cover Page

Date Stamp: City of Carmel-by-the-Sea SEP 27 2018 Received by City Clerk

CALIFORNIA FORM 460

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2018 through 09/22/2018

Date of election if applicable: (Month, Day, Year) 11/6/18

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

- [x] 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:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1406039

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Jeff Baron for City Council 2018

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: Carmel By The Sea | STATE: CA | ZIP CODE: 93921 | AREA CODE/PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: PO Box 232

CITY: Carmel By the Sea | STATE: CA | ZIP CODE: 93921 | AREA CODE/PHONE: [redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Wim Braak

MAILING ADDRESS: [redacted]

CITY: Carmel By the Sea | STATE: CA | ZIP CODE: 93921 | AREA CODE/PHONE: [redacted]

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 9/26/2018 (Date) By [redacted] nt Treasurer

Executed on 9/26/2018 (Date) By [redacted] 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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jeff Baron

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

City Council Carmel By the Sea

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP

[redacted] | Carmel | CA 93921

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2018 through 09/22/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jeff Baron for City Council 2018

I.D. NUMBER
1406039

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 8,047.00	$ 9,047.00
2. Loans Received	*Schedule B, Line 3*	0.00	2,500.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 8,047.00	$ 11,547.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	500.00	500.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 8,547.00	$ 12,047.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 2,958.29	$ 5,124.07
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 2,958.29	$ 5,124.07
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	495.78	1,505.82
10. Nonmonetary Adjustment	*Schedule C, Line 3*	500.00	500.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 3,954.07	$ 7,129.89

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 1,334.64
13. Cash Receipts	*Column A, Line 3 above*	8,047.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	150.00
15. Cash Payments	*Column A, Line 8 above*	2,958.29
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 6,515.08

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 4,005.82

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).

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	$	$

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.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 07/01/2018
through 09/22/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jeff Baron for City Council 2018

I.D. NUMBER
1406039

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)
07/08/18	Amy Anderson [redacted] Carmel, CA 93923	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	200.00	
07/09/2018	Hewitt Pate [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Chevron	250.00	250.00	
08/12/2018	Peter Carcione [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Carcione's Fresh Produce	100.00	100.00	
08/12/2018	Ann Garbarinin Golson [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	299.00	
08/23/2018	Christopher Campbell [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Mediator	250.00	250.00	
			SUBTOTAL $	1,000.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 4,725.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 3,322.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 8,047.00

*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

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM **460**

NAME OF FILER
Jeff Baron for City Council 2018

I.D. NUMBER
1406039

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)
08/30/2018	David Kusin [redacted] Dallas, TX 75206	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Economist Kusin & Company	150.00	150.00	
09/11/2018	Donald Goodhue [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	150.00	150.00	
09/13/2018	Jon Lindsay [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
09/15/2018	Neil Sheffield [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500.00	500.00	
09/20/2018	Robert Jenkins [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	
			SUBTOTAL $	1,150.00		

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PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM **460**

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NAME OF FILER
Jeff Baron for City Council 2018

I.D. NUMBER
1406039

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)
09/20/2018	Mark Enayati [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
09/21/2018	Dan Greaney [redacted] Santa Monica, CA 90403	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Writer Fox Studios	500.00	500.00	
09/21/2018	Jennifer Nobis [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	125.00	125.00	
09/21/2018	Philip Daunt [redacted] Monterey, CA 93940	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Self	250.00	250.00	
09/21/2018	Joan Wellington [redacted] Carmel, CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Physical Therapist	100.00	100.00	
			SUBTOTAL $	1,075.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2018
through 09/22/2018

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NAME OF FILER
Jeff Baron for City Council 2018

I.D. NUMBER
1406039

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)
09/21/2018	Kenneth Talmage [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Business Owner	250.00	250.00	
09/21/2018	Dennis W Haserot [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President National Data Support	300.00	300.00	
09/21/2018	Brian F Sours [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant CFO Consulting	200.00	200.00	
09/21/2018	Craig McCallister [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Golf Mart	250.00	250.00	
9/22/2018	Thomas Brocato [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Screen Writer	250.00	250.00	
			SUBTOTAL $	1,250.00		

*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

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2018
through 09/22/2018

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NAME OF FILER
Jeff Baron

I.D. NUMBER
1406039

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)
9/22/2018	Sarah Jewitt-Brocato [redacted] Carmel, CA 93921	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	250.00		

*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
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jeff Baron for City Council 2018

I.D. NUMBER
1406039

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
Jeff Baron [redacted] Carmel, CA 93921 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 1,500.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 1500.00 n/a DATE DUE	0.00 % RATE $ 0.00	$ 1500.00 05/31/18 DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
Jeff Baron [redacted] Carmel, CA 93921 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$ 1,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 1000.00 n/a DATE DUE	0.00 % RATE $ 0.00	$ 1000.00 06/2018 DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ _____ DATE DUE	_____ % RATE $ _____	$ _____ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
		SUBTOTALS $	0.00 $		$ 2,500.00 $			

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

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (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 $ 0.00
   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.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period
from 07/01/2018
through 09/22/2018

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NAME OF FILER

Jeff Baron for City Council 2018

I.D. NUMBER

1406039

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)
8/29/2018	Carmel Belle Doud Craft Studios Carmel, CA 93921	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Event food & drink	500.00	500.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
Attach additional information on appropriately labeled continuation sheets.				**SUBTOTAL $**	500.00		

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 500.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0.00
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 $** 500.00

*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 E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jeff Baron for City Council 2018

I.D. NUMBER
1406039

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
Christine U Prado 312 Wellington Way Central, SC 29630		Graphic Design	1,337.00
City of Carmel PO Box CC Carmel, CA 93921		Ballot Statement	131.00
Carmel Office Supplies Lincoln St, SE of Ocean Carmel, CA 93921	LIT		679.39

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

SUBTOTAL $ 2,147.39

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 2,724.11
2. Unitemized payments made this period of under $100 ..... $ 350.72
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 3,074.83

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jeff Baron for City Council 2018

I.D. NUMBER
1406039

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
Carmel Office Supplies PO Box 2426 Carmel, CA 93921	LIT		275.86
Chase Visa PO Box 6294 Carol Stream, IL 60197-6294		Credit card payment	300.86

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

SUBTOTAL $ 576.72

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM **460**

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NAME OF FILER
Jeff Baron for City Council 2018

I.D. NUMBER
1406039

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
Chase Visa PO Box 6294 Carol Stream, IL 60197-6294	Various	189.53	796.64	300.86	685.31
Jeff Baron Camino Real, 13 NE of 4th Carmel, CA 93921		614.61	0.00	0.00	614.61
Kevin D'Angelo Camino Real, 13 NE of 4th Carmel, CA 93921		205.90	0.00	0.00	205.90
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	**SUBTOTALS $**	1010.04	$ 796.64	$ 300.86	$ 1,505.82

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 $** 796.64
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 $** 0.00
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 $** 495.78
   May be a negative number

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

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jeff Baron for City Council 2018

I.D. NUMBER
1406039

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Chase Visa

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
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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
Facebook 1 Hackers Way Menlo Park, CA 94025		Social Media	89.30
US Postal Service 56B 5th Ave Lot 1 Carmel, CA 93921	POS		100.00
Google 1600 Amphitheater Parkway Mountain View, CA 94043		Online expense	19.36
Campaign Partner PO Box 118 Still River, MA 01467		Web/Online expense	58.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 266.66

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

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jeff Baron for City Council 2018

I.D. NUMBER
1406039

NAME OF AGENT OR INDEPENDENT CONTRACTOR
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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* 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
Amazon Market Place 410 Terry Ave North Seattle, WA	OFC		16.26
Brown Paper Tickets 220 Nickerson St. Seattle, WA 98109	MTG		47.57
Zoho 4141 Hacienda Dr. Pleasanton, CA 94588		Web/Online expenses	30.00
Chase PO Box 6294 Carol Stream, IL 60197-6294		Fees	28.51

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 122.34

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

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2018
through 09/30/2018

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jeff Baron for City Council 2018

I.D. NUMBER
1406039

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Chase Visa

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
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* 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
Whole Foods Del Monte Shopping Ctr Monterey, CA 93940	FND	Food for event	437.64

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 437.64

** 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 I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

SCHEDULE I

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM **460**

Page 17 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jeff Baron for City Council 2018

I.D. NUMBER

1406039

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7/09/2018	Carl Cherry Center 4th & Guadalupe Carmel, CA 93921	Refund of deposit for event	150.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 150.00

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 150.00
2. Unitemized increases to cash of under $100 this period. ..... $ 0.00
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** $ 150.00