Recipient Committee					COVER PAGE
Campaign Statement		-		Date Stamp	CALIFORNIA 460
Cover Page				RECEIVED	FORM 400
	Statement covers period from September 20, 2020	Date of election if applical (Month, Day, Year)	ble:	OCT 232020	Page of
SEE INSTRUCTIONS ON REVERSE	through October 17, 2020	Nov 3, 2020	_	CITY CLERK	
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statemer	nt:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Stater Semi-annual State Termination Stater (Also file a Form 4 Amendment (Expl	ement ment 110 Te	t □ S∣ ermination)	uarterly Statement pecial Odd-Year Report
3. Commutee information 1	D. NUMBER 1431836	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Mike Cohen for Pacifica City Council 2020 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP C Pacifica CA 940 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BC CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS	ODE AREA CODE/PHONE 44 0X	NAME OF TREASURER Maxine Cohen MAILING ADDRESS CITY NAME OF ASSISTANT TRE MAILING ADDRESS CITY		STATE ZIP	CODE AREA CODE/PHONE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	4	OPTIONAL: FAX / E-MAIL A	DDRE	SS	
I. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State o Executed on 10-22-2020 Executed on Date Executed on Date Executed on Date	By Signature of Cont	knowledge the information contained. Contect. Trolling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, Candidate, Candidate, Candidate	sistant ure Pro	Treasurer oponent or Responsible Officer of Spo state Measure Proponent	
				FPPC Advice: a	FPPC Form 460 (Jan/2016)) dvice@fppc.ca.gov (866/275-3772)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Pageo	f

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Mike Cohen							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICAE	BLE)	BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT	
Member of Pacifica City Council District 4				A 200		OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP					
	Pacifica CA S	94044	Identify the controlling office			oponent, if any.	
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this Sta	atement: List any comm	nittees					
not included in this statement that are controlled by you o contributions or make expenditures on behalf of your can	r are primarily formed to re didacy.	ceive	OFFICE SOUGHT OR HELD		DISTRICT	IO. IF ANY	
COMMITTEE NAME	I.D. NUMBER						
		7.	Primarily Formed Cand	lidate/Office	holder Committee	I lot names of	
NAME OF TREASURER	CONTROLLED COMMITT	EE?	officeholder(s) or candidate(s)	for which this	committee is primarily for	med.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	ח	
						SUPPORT OPPOSE	
CITY STATE ZIP	CODE AREA CODE	/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD	
						SUPPORT	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	055105 00110117 07 115	OPPOSE	
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT	
NAME OF TREASURER	CONTROLLED COMMITT	EE2				☐ OPPOSE	
	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.						OPPOSE	
			4	The state of the s			
CITY STATE ZIP (CODE AREA CODE	PHONE	Atta	ch continuetic	n sheets if necessary		
			Aust	on vonanuau	ा आक्टाङ ॥ ।।व ८च्डऽब्राप्		
						-	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 9-20-2020

california 460

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Cohen

Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$ 4349.97	s 5924.95	General Elections
2. Loans Received	7027.15	7027.15	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 11377.12	\$ 12952.10	20. Contributions Received \$\$
4. Nonmonetary Contributions	251	251	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ 11628.12	\$ 13203.10	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made	\$ 8463.77	\$ 8703.45	Candidates
7. Loans Made			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 8463.77	\$	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3			Date of Election Total to Date
10. Nonmonetary Adjustment			(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 8463.77	\$ 8703.45	\$
Current Cash Statement			-
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 1335.30	To calculate Column B.	
13. Cash Receipts Column A, Line 3 above	11377.12	add amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4		A to the corresponding amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	8463.77	of your last report. Some amounts in Column A may	reported in Column B.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$ 4248.65	be negative figures that	
If this is a termination statement, Line 16 must be zero.		should be subtracted from previous period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	this is the first report being filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$	any).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above			FPPC Form 460 (Jan/2016)
		1	FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A	Amounts may be rounded		
Monetary Contributions Received	to whole dollars.	State	
		from 9-20	
SEE INSTRUCTIONS ON REVERSE		through	

_	F. 11 'S		SCHEDULE A				
	Statement coverage from 9-20-2020	ers period	CALIFORNIA 460 FORM				
	through10-17-202	0	Page of				
			1.D. N 14318	UMBER 336			
T	AMOUNT	CUMULATIVE TO		PER ELECTION			
	RECEIVED THIS	CALENDAR Y	EAR	TO DATE			

DATE	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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
10-2-2020	Operating Engineers Local 3 1620 S Loop Rd Alameda CA 94502	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500	500	500	
10-5-2020	Thomas Thompson	IND COM OTH PTY SCC	Real Estate Broker Vabrato Real Estate Services	900	900	900	
10-8-2020	William Alvarez	☑IND □COM □OTH □PTY □SCC	Pacifica Firefighters Firefighter-Engineer	500	500	500	
10-8-2020	Jason Lloyd	IND COM OTH PTY	requesting data	199.98	199.98	199.98	
10-17-2020	California Real Estate Political Action Committee (CREPAC) #890106 515 S. Figueroa St. Suite 1110 Los Angeles, CA 90071	☐IND ☐COM ØOTH ☐PTY ☐SCC		2000.00	2000.00	2000.00	
	SUBTOTAL \$						

Schedule A Summary

NAME OF FILER Mike Cohen

1. Amount received this period – itemized monetary contributions. 4099.98

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

3. Total monetary contributions received this period.

*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

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

			through	Page	of
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	□IND □COM □OTH □PTY □SCC				
	□IND □COM □OTH □PTY □SCC				
	□IND □COM □OTH □PTY □SCC				
	OTH SCC			-	
	☐IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
	CONTRIBUTOR	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IND	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IND	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CODE * OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) IND	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE* CONTRIBUTOR CODE* COUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) PERIOD COM OTH PTY SCC IND COM OTH PTY SCC

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

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Loans Received		to whole dollars	3.		Statement covered from 9-20-2020	ers period	california 460		
SEE INSTRUCTIONS ON REVERSE					through 10-17-2	020	Page	of	
NAME OF FILER Mike Cohen							I.D. NUMBER 1431836		
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 PA OR FORGIVE THIS PERIO	EN BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Michael Cohen	Software Engineer Autodesk	s	\$	PAID \$	<u>\$ 7027.15</u>	% RATE	\$ 7027.15 9-17-2020 DATE INCURRED	7027.15 PER ELECTION** \$ 7027.15	
				\$ PAID \$ FORGIVEN	- \$	RATE	s	\$PER ELECTION**	
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID \$ FORGIVEN	DATE DUE	RATE	DATE INCURRED	CALENDAR YEAR \$ PER ELECTION***	
□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	\$	
Schedule B Summary . Loans received this period	s of less than \$100)			\$	027.15	(Enter (e) on Schedu	ile E, Line 3)		
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that). Net change this period. (Subtract Line Enter the net here and on the Summar) 	0 paid or forgiven.) t are also itemized on Sche	dule A.)		.NET \$	027.15 (May be a negative number)	IN CC O1 P1	Contributor Codes D – Individual DM – Recipient C (other than i FH – Other (e.g., I FY – Political Part CC – Small Contri	ommittee PTY or SCC) business entity)	
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.)			, , , , , , , , , , , , , , , , , , , ,		EDDC Farm	1460 /lon/2016\\	

Schedule B - Part 2 **Loan Guarantors**

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

Statement covers period

oan Guarantors to whole dol		to whole dollars.		Statement covers period	CALIFOR FORM	california 460		
EE INSTRUCTIONS ON REVERSE				through	Page	of		
AME OF FILER					I.D. NUMBE			
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE		
	□IND □COM		LENDER		CALENDAR YEAR	0		
	□OTH □PTY □scc		DATE		PER ELECTION (IF REQUIRED)			
	□ IND □ COM	а :	LENDER		CALENDAR YEAR			
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)			
	□IND □COM		LENDER		CALENDAR YEAR			
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)			
	□IND □COM		LENDER		CALENDAR YEAR			
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)			
			SUB	TOTAL \$	Enter on Summary Page, Line 17 only.			

Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period

Nonmoneta	ary Contributions Received		to wnoie dollars.			9-20-2020	eriod	CALIFC FOR	ORNIA 460
EE INSTRUCTIONS	S ON REVERSE				throu	ugh10-17-2020		Page	of
AME OF FILER								1.D. NUMB 143183	1
Mike Cohen								1-10.00	
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	CUMULAT DAT CALENDA (JAN 1 - [TE IR YEAR	PER ELECTION TO DATE (IF REQUIRED)
10-1-20 20	nneth Loyd	IND COM OTH PTY	Retired Construction Supervisor	Signs		251	251		251
		□IND □COM □OTH □PTY □SCC							
		OTH SCC			-				
		□IND □COM □OTH □PTY □SCC							
Attach additior	nal information on appropriately labeled	continuation	sheets.	SUBT	OTAL \$				
(Include all S	Summary eived this period – itemized nonmonetar Schedule C subtotals.)				\$	251	UND COM	(other th I – Other (e. I – Political I	I nt Committee nan PTY or SCC) .g., business entity)
3. Total nonmo (Add Lines 1	onetary contributions received this period 1 and 2. Enter here and on the Summar	d. y Page, Colu	mn A, Lines 4 and 10.)	ТОТ	4L \$ _	251 FPPC A	dvice: advice:		Form 460 (Jan/2016)) a.gov (866/275-3772) www.fppc.ca.gov

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

	SCHEDULE D			
Statement covers period	california 460			
fromthrough	Page of			
	I.D. NUMBER			

OF FILER	ONS ON REVERSE					
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	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	
	OK COMMITTEE	Monetary Contribution				
		Nonmonetary Contribution				
	Support Oppose	Independent Expenditure				
	Support Oppose	Monetary Contribution				
		Nonmonetary Contribution				
	Support Doppose	independent Expenditure				
	Support Coppess	Monetary Contribution				
		Nonmonetary Contribution				
	Support Doppose	Independent Expenditure				
	П заррок С сърска		SUBTO	TAL \$		
	le D Summary d contributions and independent expenditures ma	nde this period. (Include	all Schedule D subto	tals.)	•••••	\$
	ممسينا المناب والمارات	made this perion of life	10:1 AD I U U	******		
	ized contributions and independent expenditures ontributions and independent expenditures made	made this perion of life	10:1 AD I U U	******		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

	SCHEDULE D (CONT
Statement covers period from	california 460
through	Page of
	I.D. NUMBER

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

<u> </u>	SCHEDULE B
Statement covers period	CALIFORNIA 460
from 9-20-2020	FORM 400
through 10-17-2020	Page of
	I.D. NUMBER
	1424026

		from 520 2020	TORW
SEE INSTRUCTIONS ON I	REVERSE	through 10-17-2020	Page of
NAME OF FILER			I.D. NUMBER
Mike Cohen			1431836

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 PET petition circulating CVC civic donations TEL t.v. or cable airtime and production costs 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 independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services 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 DESCRIPTION OF PAYMENT	AMOUNT PAID
Mike Cohen for Pacifica City Council District 4 2020 #1431836	CMP	yard signs	901.31
Mike Cohen for Pacifica City Council District 4 2020 #1431836	CMP	mail flyers	235.31
Michael Cohen 1251 Aspen Dr Pacifica CA 94044	POS	EDDM postage	463.20

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

SUBTOTAL \$

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 8463.77
2. Unitemized payments made this period of under \$100	\$ _29.68
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 8493.45

SCHEDULE E (CON	IT.)

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

Control of the Contro	SCHEDOLE E (CONT.)		
9-20-2020 from	CALIFORNIA 460 FORM of		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Cohen

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

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

independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense LEG professional services (legal, accounting) VOT voter registration campaign literature and mailings LIT PRT print ads

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

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT **AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Michael Cohen **CMP** mail flyers 1090.39 Michael Cohen POS **EDDM Postage** 514.36 Michael Cohen **CMP** mail flyers 1310.16 Michael Cohen **CMP** mail flyers 1310.16 Michael Cohen **CMP** mail flyers 1310.16

SUBTOTAL \$

Schedule E Continuation Sheet) Payments Made	A	mounts may be rounded to whole dollars.	from _	tement covers period 9-20-2020 gh 10-17-2020	SCHEDULE E (CONT. CALIFORNIA 460 FORM Page of
IAME OF FILER					I.D. NUMBER
Mike Cohen	ander acquiretely describes the		Other in	1	1431836
CAMP campaign paraphernalia/misc. CAMP campaign consultants CAMP contribution (explain nonmonetary)* CAMP contribution (explain nonmonetary)* CAMP campaign consultants CAMP campaign paraphernalia/misc. CAMP campaign consultants CAMP campaign co	MBI MTC OFC PET PHC POI /opposing others (explain)*	petition circulating phone banks polling and survey research	RAD RFD SAL TEL TRC TRS TSF	radio airtime and production returned contributions campaign workers' salariest t.v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging	n costs s oduction costs and meals

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

LEG legal defense LIT campaign literature and mailings	PRO professional s	services (lega	I, accounting) VOT voter registration WEB information technology costs	s of the same candidate/sponsors (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DESCRIPTION OF PAYMENT	AMOUNT PAID
Michael Cohen		POS	EDDM Postage	514.36
Michael Cohen	,	POS	EDDM Postage	514.36
Michael Cohen		WEB	internet marketing	125
Michael Cohen		WEB	internet marketing	175

SUBTOTAL \$ 1328.72

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

FPPC Form 460 (Jan/2016))

Schedule F	Amounts may be roun	ded			SCHEDULE		
Accrued Expenses (Unpaid Bills)	to whole dollars.		Statement cove		FORM 460		
SEE INSTRUCTIONS ON REVERSE			through	Pag	e of		
NAME OF FILER				I.D. N	UMBER		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services (PRT print ads	earch messenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airl TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	nd production costs outions ters' salaries time and production cos el, lodging, and meals evel, lodging, and meals en committees of the sa	s me candidate/sponsor		
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		
* 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 seconds)	Schodulo E Column (h) au	hadala fa a					
accrued expenses of \$100 or more, plus total unitemized	accrued expenses under	\$100.)	INCUI	RRED TOTALS \$			
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total uniternized	edule F, Column (c) subtot payments on accrued exp	tals for payments on enses under \$100.).		PAID TOTALS \$			
Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.)	ter the difference here and			NET \$			
				FP	May be a negative number PC Form 460 (Jan/2016)) C.Ca. gov (866/275-3772)		

Schedule F	Amounts may be round			SCHEDULE F (CONT		
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from		california 460		
				Page of		
NAME OF FILER		40			I.D. NUM	BER
CODES: If one of the following codes accurately describe	s the payment, you may	enter the code. Oth	erwise, describe the	e 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 * Payments that are contributions or independent expenditures must a	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (PRT print ads	earch nessenger services legal, accounting)	RAD radio airtime an returned contrit SAL campaign work t.v. or cable airt TRC candidate trave staff/spouse tra TSF transfer betwee VOT voter registratio WEB information tech	outions ers' salaries ime and product I, lodging, and m vel, lodging, and n committees of n	ion costs neals I meals I the same	e candidate/sponsor 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 PA THIS PERIC (ALSO REPORT)	ac	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	-					
					- ±	
		9	4		2	

SUBTOTALS \$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		ts may be rounded whole dollars.	Statement covers per	california 460
SEE INSTRUCTIONS ON REVERSE		3	through	Page of
NAME OF FILER				I.D. NUMBER
NAME OF AGENT OR INDEPENDENT CONTRACTOR				5
CODES: If one of the following codes accurately describes	the payment,	you may enter the	code. Otherwise, describe the pa	yment.
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense	PRO professiona PRT print ads	nd appearances uses ulating s s survey research livery and messenger se I services (legal, account	RAD radio airtime and process returned contributions SAL campaign workers' so TEL t.v. or cable airtime at TRC candidate travel, lodg TRS staff/spouse travel, lo transfer between convices VOT voter registration WEB information technological staff.	s alaries nd production costs ging, and meals dging, and meals nmittees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		× -		
	55			

Attach additional information on appropriately labeled continuation sheets.

* 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.

TOTAL* \$

Schedule H Loans Made to Others*			ay be rounded le dollars.		Statement cover	ers period	CALIFORN FORM	NIA 460
SEE INSTRUCTIONS ON REVERSE					through		Page	of
NAME OF FILER							I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENESS THIS PERIOD		(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$	s	PAID S ——— FORGIVEN S ——— PAID	SDATE DUE	% RATE	\$DATE INCURRED	CALENDAR YEAR \$ PER ELECTION \$ CALENDAR YEAR
		s	\$	FORGIVEN	DATE DUE	% RATE	DATE INCURRED	\$———— PER ELECTION** \$———
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$	\$		
Schedule H Summary						(Enter (e) on Schedule I, Line 3)		
Loans made this period	s of less than \$100.) nents of less than \$100.) 2 from Line 1.)				\$ NET \$	be a negative number)		**If Required

Schedule I Miscellaneous In		Amounts may be rounded to whole dollars.	Statement covers period from through	CALIFORNIA 460 FORM Page of
NAME OF FILER				I.D. NUMBER
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 infon	mation on appropriately labeled continuation sheets.	•	SUBTOTA	AL\$
 Unitermized increase Total of all interest re Total miscellaneous 	exerved this period	edule H, Column (e).)d 3. Enter here and on the	\$\$	
				FPPC Form 460 (Jan/2016)) lvice@fppc.ca.gov (866/275-3772)