Recipient Committee Campaign Statement Cover Page

RECEIVED
Date Stamp
OCT 21 2021
TOWN CLERK
TOWN OF TIBURON

CALIFORNIA FORM **460**

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9/19/21
through 10/16/21

Date of election if applicable:
(Month, Day, Year)
Nov. 2, 2021

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: 1440954

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Defever for Town Council 2021

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

CITY: Tiburon STATE: CA ZIP CODE: 94920 AREA CODE/PHONE: [redacted]

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

CITY: Tiburon STATE: CA ZIP CODE: 94920 AREA CODE/PHONE: [redacted]

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

Treasurer(s)

NAME OF TREASURER
Kathleen Defever

MAILING ADDRESS
[redacted]

CITY: Tiburon STATE: CA ZIP CODE: 94920 AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

O[redacted]

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 tru[redacted]

Executed on 10/20/21 (Date) By [redacted]

Executed on 10/20/21 (Date) By (Signature of Sponsor)

Executed on _____ (Date) By

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
Kathleen Defever

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Tiburon Town Council member (seeking)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[redacted] Tiburon, CA 94920

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 9/19/21
through 10/16/21

CALIFORNIA FORM 460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Defever for Town Council 2021

I.D. NUMBER
1440954

Contributions Received

		Column A (TOTAL THIS PERIOD, FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 7,500	$ 14,500
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 7,500	$ 14,500
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 7,500	$ 14,500

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 5,738	$ 12,034
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 5,738	$ 12,034
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	2,100	2,100
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 7,838	$ 14,134

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 704
13. Cash Receipts	Column A, Line 3 above	7500
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	5738
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 2466

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

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	$ 2100

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

CALIFORNIA FORM 460

Statement covers period
from 9/19/21
through 10/16/21

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Defever for Town Council 2021

I.D. NUMBER: 1440954

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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/21	Kathleen Defever [redacted] Tiburon, CA 94920	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney, self-employed, Defever Law	5,000	12,000	
9/27/21	Eric Crandall [redacted] Tiburon, CA 94920	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed, FIELD One	700	700	
9/27/21	Alex Fraige [redacted] San Rafael, CA 94901	☒IND ☐COM ☐OTH ☐PTY ☐SCC	self-employed, Sierra Pines Group	700	700	
10/5/21	Jon Rankin [redacted] Tiburon, CA 94920	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Self-employed attorney	100	100	
10/7/21	Conor Flaherty [redacted] Tiburon, CA 94920	☒IND ☐COM ☐OTH ☐PTY ☐SCC	asset manager, Preserve Partners	1,000	1,000	
			SUBTOTAL $	7,500		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 7,500
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 7,500

*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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 9/19/21
through 10/16/21

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Defever for Town Council 2021

I.D. NUMBER
1440954

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
Captured Memories Photography 7075 Redwood Blvd., Ste. L Novato, CA 94945	TEL			570.00
~~CA Secretary of State Political Reform Division 1500 11th St., Rm 495 Sacramento, CA 95814~~	~~FIL~~			~~50~~ see unitemized
Ram Print 800 Redwood Hwy. Frontage Rd #804 Mill Valley, CA 94941	LIT/ POS			5006

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

SUBTOTAL $ ~~5656~~ 5576

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 5,576
2. Unitemized payments made this period of under $100 ..... $ 162
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 $ 5,738

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 9/19/21
through 10/16/21

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Defever for Town Council 2021

I.D. NUMBER 1440954

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
Ammi Publishing Comp, Inc. 1550 Tiburon Blvd Ste D Tiburon, CA 94920	PRT	0 ~~2,000~~ ~~2,100~~	~~2,100~~ 2,100	0	2,100

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

SUBTOTALS $ 0 $ 2,100 $ 0 $ 2,100

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 $ 2,100

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

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 $ 2,100
May be a negative number