

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b>  OCT - 6 2014  City Clerk's Office City of Menlo Park	CALIFORNIA 2001/02 FORM <b>460</b>
	Page <u>1</u> of <u>10</u>
	For Official Use Only

Statement covers period from <u>7/1/14</u>  through <u>9/30/14</u>	Date of election if applicable: (Month, Day, Year)  <u>11/4/14</u>
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
|---|--|

**3. Committee Information**

I.D. NUMBER  
**1368495**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**Kirsten Keith for Council 2014**

STREET ADDRESS (NO P.O. BOX)

CITY <b>Menlo Park</b>	STATE <b>CA</b>	ZIP CODE <b>94025</b>	AREA CODE/PHONE
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
**PO Box 285**

CITY <b>Menlo Park</b>	STATE <b>CA</b>	ZIP CODE <b>94025</b>	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
**Cynthia Welton**

MAILING ADDRESS

CITY <b>Menlo Park</b>	STATE <b>CA</b>	ZIP CODE <b>94025</b>	AREA CODE/PHONE
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 10/6/14  
Date

Executed on 10/06/14  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 1P

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Kirsten Keith

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

Menlo Park City Council

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

Menlo Park CA 94025

**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? <input type="radio"/> YES <input type="radio"/> NO
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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? <input type="radio"/> YES <input type="radio"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
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**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 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	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
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*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>7/1/14</u>	<b>CALIFORNIA FORM 460</b>
through <u>9/30/14</u>	
Page <u>3</u> of <u>11</u>	I.D. NUMBER 1368495

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Kirsten Keith

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>13943.59</u>	\$ _____
2. Loans Received ..... Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>13943.59</u>	\$ _____
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>2303.23</u>	_____
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>16246.82</u>	\$ _____

**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	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>3335.00</u>	\$ _____
7. Loans Made ..... Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>3335.00</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment ..... Schedule C, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>3335.00</u>	\$ _____

**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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>0.00</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>13943.59</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>3335.00</u>
15. Cash Payments ..... Column A, Line 8 above	<u>10608.59</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____

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

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).

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ \_\_\_\_\_

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>7/1/14</u> through <u>9/30/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>11</u>	I.D. NUMBER <b>1368495</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Kirsten Keith**

SEE ATTACHMENT 12 (NEXT PAGE)

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)
<del>7/28/2014</del>	<del>Pater Carpenter Atherton, CA 94027</del>	<del><input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC</del>	<del>Director Menlo Park Fire Board</del>	<del>900.00</del>	<del>900.00</del>	<del>900.00</del>
<del>8/9/2014</del>	<del>Peter Drekmeier Palo Alto, CA 94301-1324</del>	<del><input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC</del>	<del>Policy Director Tuolumne River Trust</del>	<del>100.00</del>	<del>100.00</del>	<del>100.00</del>
<del>8/18/2014</del>	<del>Deborah Conrad Atherton, CA 94027</del>	<del><input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC</del>	<del>Retired N/A</del>	<del>1000.00</del>	<del>1000.00</del>	<del>1000.00</del>
<del>8/18/2014</del>	<del>2012 Supervisor Simitian Palo Alto, CA 94303</del>	<del><input type="radio"/> IND <input checked="" type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC</del>	<del>--</del>	<del>250.00</del>	<del>250.00</del>	<del>250.00</del>
<del>8/23/2014</del>	<del>John Boyle Menlo Park, CA 94025</del>	<del><input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC</del>	<del>Retired N/A</del>	<del>250.00</del>	<del>250.00</del>	<del>250.00</del>
<b>SUBTOTAL \$</b>				<b>2500.00</b>		

**Schedule A Summary**

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$ <u>13919.59</u>
2. Amount received this period – unitemized contributions of less than \$100 .....	\$ <u>24.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$</b> <u>13943.59</u>

**\*Contributor Codes**  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee

	DATE	NAME	ADDRESS	CODE	OCCUPATION	EMPLOYER	AMMOUNT
	7/28/2014	Peter Carpenter	Atherton, CA 94027-2125	IND	Director Fire District	MPFPD	\$900.00
Pg05	8/9/2014	Peter Drekmeier	Palo Alto, CA 94301	IND	Policy Director	Tuolumne Trust	\$100.00
	8/18/2014	Deborah Conrad	Atherton, CA 94027	IND	Marketing Ninja	Cowboy Ventures	\$1,000.00
	8/25/2014	Jack Nelson	Menlo Park, CA 94025	IND	Retired	-	\$100.00
	8/25/2014	John Boyle	Menlo Park, CA 94025	IND	Retired	-	\$250.00
	8/25/2014	2012 Supervisor Simitian Office	726 Greer Road, Palo Alto, CA 94303	COM	Supervisor	Santa Clara County	\$250.00
	8/25/2014	Lee Duboc	Menlo Park, CA 94025	IND	Retired	-	\$100.00
	8/25/2014	Dan OBrien	Menlo Park, CA 94025	IND	Business Owner	Self	\$250.00
	8/26/2014	Deborah Conrad	Atherton, CA 94027	IND	Marketing Ninja	Cowboy Ventures	\$1,019.90
	8/28/2014	Katherine Strehl	Menlo Park, CA 94025	IND	Retired	-	\$103.49
	8/31/2014	Robert Anderson	Menlo Park, CA 94025	IND	Retired	-	\$103.49
Pg07	9/2/2014	Steve Dostart	Palo Alto, CA 94301-2401	IND	Business Owner	Self	\$250.00
	9/2/2014	Todd Lewis	Palo Alto, CA 94303	IND	Agro Business	Self	\$103.49
	9/3/2014	Dave Bragg	Menlo Park, CA 94025	IND	Fireman	MPFPD	\$257.24
	9/3/2014	Josh Pierry	Redwood City, CA 94061	IND	Business Owner	Pierry Interactive	\$250.00
	9/6/2014	Sheryl Bims	Menlo Park, CA 94025	IND	Manager	Protocomm Systems, LLC	\$103.49
	9/6/2014	Rose Bickerstaff	Menlo Park, CA 94026	IND	RE Consultant	RB and Assoc.	\$103.49
	9/8/2014	Mike Scanlon	San Mateo, CA 94402	IND	Transportation Exec	SMCTA	\$100.00
	9/8/2014	Jerry Hill	San Mateo, CA 94402	IND	Senator	State of California	\$250.00
	9/8/2014	Katie Zoglin	Mountain View, CA 94040	IND	Senior Deputy City Attorney	San Jose City Attorney's Office	\$50.00
	9/8/2014	John O'Malley	Menlo Park, CA 94025	IND	Retired	-	\$200.00
Pg09	9/8/2014	Kimberly LeMieux	Menlo Park, CA 94025	IND	Real Estate Sales	Laurel Homes	\$250.00
	9/9/2014	Joshua Becker	Menlo Park, CA 94025	IND	CEO	Lex MachIna	\$100.00
	9/10/2014	Anne Woodell	Oakland, CA 94611	IND	Retired	-	\$100.00
	9/10/2014	San Mateo County Building and Trades Council	1153 Chess, Foster City, CA 94404	COM	-	-	\$250.00
	9/10/2014	James Clendenin	Menlo Park, CA 94025	IND	Retired	-	\$100.00
	9/10/2014	Mary Rupp	San Francisco, CA 94115	IND	Attorney	Self	\$100.00
	9/10/2014	Steven Chase	S San Francisco, CA 94080-3635	IND	Attorney	Self	\$50.00
	9/10/2014	RosalInd Souza	San Carlos, CA 94070	IND	Retired	-	\$250.00
	9/10/2014	Katie Ferrick	Menlo Park, CA 94025	IND	Community Relations	Linkedin	\$100.00
	9/10/2014	Rob Silano	Menlo Park, CA 94025	IND	Director Fire Protection	MPFPD	\$50.00
Pg11	9/12/2014	Joshua Hugg	San Mateo, CA 94401	IND	Program Manager	Housing Leadership Council	\$50.00
	9/13/2014	Darleen Francis	Walnut Creek, CA 94595	IND	Retired	-	\$50.00
	9/13/2014	Mary Galvin	Portland, OR 97209	IND	Sales & Marketing	Intel	\$100.00
	9/13/2014	Lois Everett	San Mateo, CA 94402-3207	IND	Retired	-	\$50.00
	9/13/2014	Tod Spieker	Palo Alto, CA 94303	IND	Property Manager	Self	\$1,000.00
	9/13/2014	Melissa Michelson	Palo Alto, CA 94306	IND	Professor	Menlo College	\$50.00
	9/13/2014	Sanford Carnahan	Menlo Park, CA 94025	IND	Retired	-	\$50.00
	9/18/2014	John Tarlton	Menlo Park, CA 94025	IND	Business Owner	Tarlton Properties	\$900.00
	9/19/2014	Henry Riggs	Menlo Park, CA 94025	IND	Architect	Self	\$100.00
	9/19/2014	Ted Schlein	Menlo Park, CA 94025	IND	VC	Kleiner, Perkins, Caufield & B	\$500.00
	9/19/2014	Paul Demeester	San Francisco, CA 94123	IND	Attorney	Self	\$100.00
Pg13	9/19/2014	Scott Marshall	Menlo Park, CA 94025	IND	General Contractor	Self	\$100.00
	9/19/2014	James Lewis	Menlo Park, CA 94025	IND	Retired	-	\$100.00
	9/22/2014	PG&E	77 Beale St, San Francisco, CA 94105	OTH	-	-	\$250.00
	9/22/2014	David Bohannon	San Mateo, CA 94403	IND	Property Manager	Bohannon Corporation	\$1,000.00
	9/22/2014	Shirley Chiu	Menlo Park, CA 94025	IND	Business Owner	Self	\$150.00
	9/22/2014	Matt Matteson	Menlo Park, CA 94025	IND	Property Management	Self	\$500.00
	9/22/2014	Alicia Aguirre	Redwood City, CA 94062	IND	Professor	Canada Junior College	\$100.00
	9/25/2014	Andrew Barnes	Menlo Park, CA 94025	IND	Broker	Premier Properties	\$100.00
	9/27/2014	Eric Doyle	Menlo Park, CA 94025	IND	Retired	-	\$100.00
	9/30/2014	Julia Miller	Sunnyvale, CA 94087	IND	Retired	-	\$50.00



**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>7/1/14</u> through <u>9/30/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>11</u>	
I.D. NUMBER 1368495	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Kirsten Keith

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)
9/7/14	David D. Bohannon San Mateo CA 94403	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Property Manager David D. Bohannon Organization	Event	\$1,337.43	\$1,337.43	\$1,337.43
9/14/14	Catherine Carlton Menlo Park, CA 94025	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Council Member	Event	\$98.40	\$98.40	\$98.40
09/30/14	Vibrant Downtown - No on M - With Major Funding by Greenheart Land Company	<input type="radio"/> IND <input checked="" type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		Literature Distribution	125.00	125.00	125.00
09/30/14	Vibrant Downtown - No on M - With Major Funding by Greenheart Land Company	<input type="radio"/> IND <input checked="" type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		Slate Mailing	742.40	742.40	742.40

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 2303.23**

**Schedule C Summary**

1. Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.) .....	\$	2204.83
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$	98.40
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.) .....	<b>TOTAL \$</b>	2303.23

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

Statement covers period  
from 7/1/14  
through 9/30/14

SCHEDULEE

**CALIFORNIA  
FORM 460**

Page 01 of 11

I.D. NUMBER  
1368495

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Kirsten Keith

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

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
Custom Sign Banner Houston, TX	CMP	Lawn Signs	355.00
PS Print 2861 Mandela Pkwy, Oakland, CA 94608	LIT	Literature	315.52
PSD PO Box 2100 Redwood City, CA 94064	CVC	Donation	25.00

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

**SUBTOTAL \$ 695.52**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$	3285.71
2. Unitemized payments made this period of under \$100 .....	\$	49.29
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.) .....	<b>TOTAL \$</b>	<b>3335.00</b>

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

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM <b>460</b>
from	7/1/14	
through	9/30/14	Page <u>9</u> of <u>11</u>
NAME OF FILER Kirsten Keith		I.D. NUMBER 1368495

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Kirsten Keith

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

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> 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
Office of Chief Election Officer 40 Tower Road, San Mateo, CA 94402	CMP	Voter Data File	125.00
Pacific Printing 980 S First St, San Jose, CA	OFC	envelopes and letterhead	331.69
Copy America 344 S California Ave, Palo Alto, CA 94306	LIT	Color copies	59.81
Pacific Printing 980 S First St, San Jose, CA	LIT	Literature	922.20
Staples 700 El Camino Real, Ste 120, Menlo Park, CA 94025	LIT	envelopes	42.50

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

**SUBTOTAL \$ 1481.20**

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

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

Statement covers period		CALIFORNIA FORM <b>460</b>
from	7/1/14	
through	9/30/14	Page <u>10E</u> of <u>11</u>
NAME OF FILER Kirsten Keith		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kirsten Keith

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

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
Staples 700 El Camino Real, Ste 120, Menlo Park, CA 94025	LIT		Clr Crds	136.25
Staples 700 El Camino Real, Ste 120, Menlo Park, CA 94025	LIT		Literature	180.00
Facebook 1601 Willow Road, Menlo Park, CA 94025	WEB		Advertising	25.22
PS Print 2861 Mandela Pkwy, Oakland, CA 94608	LIT		Literature	402.80
Pacific Printing 980 S First St, San Jose, CA	LIT		Literature	206.63

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

**SUBTOTAL \$ 950.90**

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

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

Statement covers period		CALIFORNIA FORM <b>460</b>
from	7/1/14	
through	9/30/14	Page <u>11</u> of <u>11</u>
NAME OF FILER Kirsten Keith		I.D. NUMBER 1368495

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kirsten Keith

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

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
PayPal Fees	OFC	Fees charged	158.09

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

**SUBTOTAL \$ 158.09**