

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

**CALIFORNIA
FORM 460**

Page 1 of 20

For Official Use Only

Statement covers period
from 9/20/15
through 10/17/15

Date of election if applicable
(Month, Day, Year)

11/3/15

**CITY OF FOSTER CITY
EMID**
15 OCT 22 PM 4:56

SEE INSTRUCTIONS ON REVERSE

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

- 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: RECEIVED

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1379248

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

SAM HIASI FOR CITY COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)

311 Mullet Court

CITY Foster City STATE CA ZIP CODE 94404 AREA CODE/PHONE 650 578-1280

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

SAMHIASI4CITYCOUNCIL@GMAIL.COM

Treasurer(s)

NAME OF TREASURER

Sal Censoprano, CPA

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

SAL@CENSOPRANO.COM

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 10/22/15
Date

Executed on 10/22/15
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By X [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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
SAM HINDI			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
CITY COUNCIL			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
311 MULLET COURT	FOSTER CITY	CA	94404

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
CA	
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

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>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>20</u>
	I.D. NUMBER 1379248

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SAM HINDI FOR CITY COUNCIL 2015

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>12094</u>	\$ <u>17294</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>0</u>	<u>10000</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>12094</u>	\$ <u>27294</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>12094</u>	\$ <u>27294</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	\$ <u>27294</u>	\$ <u>27294</u>
21. Expenditures Made	\$ <u>12834</u>	\$ <u>12834</u>

Expenditures Made

	Column A	Column B
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>8918</u>	\$ <u>12834</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>8918</u>	\$ <u>12834</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>8918</u>	\$ <u>12834</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
<u>11 / 3 / 15</u>	\$ <u>12834</u>
<u> / / </u>	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>11284</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>12094</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>8918</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>14460</u>

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).

*Amounts in this section may be different from amounts reported in Column B.

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>10000</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u> </u>

**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 <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>20</u>
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NAME OF FILER SAM HINDI FOR CITY COUNCIL 2015	I.D. NUMBER 1379248
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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)
9/12/2015	SAMER ELBANDAK [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PUBLISHER	25.00		
9/6/2015	MELISSA SPEIDEL [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00		
9/7/2015	MAHER ALCHAAR [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00		
9/12/2015	MOURAD ATASSI [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9/12/2015	JAMES MAIN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25.00		
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 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 <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>20</u>
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NAME OF FILER SAM HINDI FOR CITY COUNCIL 2015	I.D. NUMBER 1379248
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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)
9/12/2015	JANET BROWN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED	50.00		
9/12/2015	WILLIAM SCHWARZ [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	50.00		
9/12/2015	FRANK SAUNDERS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	25.00		
9/12/2015	MICHAEL MCCARTHY [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER	25.00		
9/12/2015	WANA POPAL [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR	25.00		

SUBTOTAL \$ 175.00

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**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 <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>20</u>
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NAME OF FILER SAM HINDI FOR CITY COUNCIL 2015	I.D. NUMBER 1379248
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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)
9/12/2015	NICK FANOUIGIUS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPER	40.00		
9/12/2015	JIM LIU [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED	50.00		
9/12/2015	KOFTHAM KHALLATA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		60.00		
9/12/2015	LATISA BROOKS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00		
9/12/2015	JOHNNY KHAMIS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY COUNCIL	100.00		
SUBTOTAL \$				300.00		

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**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 <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER SAM HINDI FOR CITY COUNCIL 2015	I.D. NUMBER 1379248
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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)
9/15/2015	CA REAL ESTATE POLITICAL COMM [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00		
9/12/2015	ZHENHAI SHEN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9/12/2015	FANG WANG [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9/12/2015	LING WANG [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9/12/2015	JENNIFER JANG [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00		
SUBTOTAL \$				2850.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460 Page <u>8</u> of <u>20</u>
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NAME OF FILER SAM HINDI FOR CITY COUNCIL 2015	I.D. NUMBER 1379248
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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)
9/12/2015	MALEK FAHAM [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LABORER	200.00		
9/12/2015	ISMAIL BUSTANY [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LABORER	150.00		
9/12/2015	ZIAD ZEID [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER	200.00		
9/12/2015	MICHAEL AYOUBI [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER	100.00		
9/12/2015	CHARLES FERRERA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00		
SUBTOTAL \$				750.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period from <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460 Page <u>9</u> of <u>20</u>
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NAME OF FILER SAM HINDI FOR CITY COUNCIL 2015	I.D. NUMBER 1379248
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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)
9/12/2015	AMIN KABBANI [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		175.00		
9/12/2015	ASHWANI BHAKHRI [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY	100.00		
9/12/2015	SAM QAM [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER	100.00		
9/12/2015	ALOA HALAWA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9/12/2015	DIMITRIOS FOURNAKAKIS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPER	50.00		
SUBTOTAL \$				525.00		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER SAM HINDI FOR CITY COUNCIL 2015	
I.D. NUMBER 1379248	

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)
9/12/2015	WILFREDO ORBINO [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER	100.00		
9/12/2015	AHMAD SAWAS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER	100.00		
9/12/2015	WALID BAROUDI [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACCOUNTANT	100.00		
9/12/2015	PATRICK SULLIVAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR	100.00		
9/12/2015	SCARBOROUGH INSURANCE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS OWNER	100.00		
SUBTOTAL \$				500.00		

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**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 <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1379248	

NAME OF FILER
SAM HINDI FOR CITY COUNCIL 2015

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)
9/12/2015	REYAD FEZZAUR [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9/12/2015	JIM LIU [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS OWNER	50.00	100.00	
9/12/2015	JAD JABRI [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		30.00		
9/12/2015	TONY ZHAO [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20.00		
9/12/2015	JULIE REN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
SUBTOTAL \$				300.00		

*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 <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460 Page <u>12</u> of <u>20</u>
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NAME OF FILER SAM HINDI FOR CITY COUNCIL 2015	I.D. NUMBER 1379248
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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)
9/12/2015	MALEK FAHAM [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER	100.00		
9/12/2015	RICHARD GEDYMIN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	50.00		
9/12/2015	AZMI HABIB [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER	50.00		
9/12/2015	MAHA NABER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER	50.00		
9/12/2015	SHIRLEY FERER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR	50.00		
SUBTOTAL \$				300.00		

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**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 <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460 Page <u>13</u> of <u>20</u>
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NAME OF FILER SAM HINDI FOR CITY COUNCIL 2015	I.D. NUMBER 1379248
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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)
9/12/2015	MOHAMMED SAMMAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25.00		
9/12/2015	PETER JERRAM [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25.00		
9/12/2015	MOHAMMED ELDABAANY [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00		
9/12/2015	AMAR SAMMAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9/12/2015	BOZKURT ERKMAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
SUBTOTAL \$				400.00		

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**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 <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER SAM HINDI FOR CITY COUNCIL 2015	I.D. NUMBER 1379248
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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)
9/15/2015	CAA PAC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
9/17/2015	KAREN GORRA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9/21/2015	LILLI REY [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9/18/2015	GARY POLLARD [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY COUNCIL	250.00		
9/15/2015	RON SELIGMAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA	100.00		
SUBTOTAL \$				1050.00		

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**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 9/20/2015
through 10/17/2015

**CALIFORNIA
FORM 460**

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NAME OF FILER

SAM HINDI FOR CITY COUNCIL 2015

I.D. NUMBER

1379248

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)
9/12/15	COPYLAND PRINTING [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRINTING	25.00		
9/12/2015	CAROL TOMPKINS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	50.00		
9/12/2015	JUAN KADAH [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GENERAL MGR	500.00		
9/14/2015	KHALID MAKHAMREH [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO	250.00		
9/12/2015	WALTER RUZZO [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FACILITY MGR	250.00		
SUBTOTAL \$				1075		

Schedule A Summary

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

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(other than PTY or SCC)
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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 <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460 Page <u>16</u> of <u>20</u>
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NAME OF FILER SAM HINDI FOR CITY COUNCIL 2015	I.D. NUMBER 1379248
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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)
9/12/2015	LAURA ZHU [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9/12/2015	DANIEL ZHENG [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00		
9/12/2015	FCAA [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		630.00		
9/29/2015	NANCY HSIEH [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00		
9/11/2015	BRET BARTON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
SUBTOTAL \$				930.00		

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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 <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER SAM HINDI FOR CITY COUNCIL 2015	I.D. NUMBER 1379248
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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)
10/1/2015	FOUNDERS MANAGEMENT [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00		
10/1/2015	SCOTT FROST [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		190.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				2690.00		

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**Schedule B – Part 1
Loans Received**

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

Statement covers period
from 9/20/15
through 10/17/15

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NAME OF FILER

I.D. NUMBER
1379248

SAM Hanoi FN City Council 2015

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
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>10,000</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>10,000</u> DATE DUE _____	<u>0</u> % RATE	\$ <u>10,000</u> DATE INCURRED _____	CALENDAR YEAR \$ <u>2015</u> PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$					\$ <u>10,000</u> \$			

Schedule B Summary

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0
(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
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

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SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
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SAM HINDI FOR CITY COUNCIL 2015		1379248

SEE INSTRUCTIONS ON REVERSE

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
TRUCKER GROUP	PRT		CHECK	4995.00
UPS	POS		CHECK	7.00
CONSTANT CONTACT	PRT		CHECK	30.00

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

SUBTOTAL \$ 5032.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>8918</u>
2. Unitemized payments made this period of under \$100	\$	<u>4</u>
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 \$	<u>8918</u>

**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 460
from	9/20/2015	
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SAM HINDI FOR CITY COUNCIL 2015		1379248

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SAM HINDI FOR CITY COUNCIL 2015

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/bailot 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
INFO BOOTH	LIT		CHECK	100.00
KRS MEDIA	TEL		CHECK	2782.00
TUCKER GROUP	PRT		CHECK	1000.00

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

SUBTOTAL \$ 3882.00