Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 09/20/2020
through 10/17/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
   - [ ] General Purpose Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored
   - [ ] Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
   - [ ] Preliminary Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
   - [ ] Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER
     1430894
   - COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
     BROOKS FOR CITY COUNCIL 2020; LATISA
   - STREET ADDRESS (NO P.O. BOX)
     FOSTER CITY
   - CITY
     FOSTER CITY
   - STATE
     CA
   - ZIP CODE
     94404
   - AREA CODE/PHONE

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   - CITY
     FOSTER CITY
   - STATE
     CA
   - ZIP CODE
     94404
   - AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)
   - NAME OF TREASURER
     WILLIAM PITNEY
   - MAILING ADDRESS
     FOSTER CITY
     CA
     94404
   - NAME OF ASSISTANT TREASURER, IF ANY

   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 following is true.

   Executed on 10-22-2020
   Date

   Executed on 10-22-2020
   Date

   Executed on
   Date

   Executed on
   Date

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
LATISA BROOKS

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
FOSTER CITY, CITY COUNCIL

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

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

NAME OF TREASURER CONTROLLED COMMITTEE?

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.

<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD</td>
<td>TOTAL TO DATE</td>
</tr>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$200</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$200</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$2,596</td>
</tr>
</tbody>
</table>

Expenditures Made

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Total</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule E, Line 4</td>
<td>$903</td>
<td>Payments Made</td>
</tr>
<tr>
<td>Schedule H, Line 3</td>
<td>0</td>
<td>Loans Made</td>
</tr>
<tr>
<td>Add Lines 6 + 7</td>
<td>$903</td>
<td>SUBTOTAL CASH PAYMENTS</td>
</tr>
<tr>
<td>Schedule F, Line 3</td>
<td>0</td>
<td>Accrued Expenses (Unpaid Bills)</td>
</tr>
<tr>
<td>Schedule C, Line 3</td>
<td>0</td>
<td>Nonmonetary Adjustments</td>
</tr>
<tr>
<td>Add Lines 8 + 9 + 10</td>
<td>$903</td>
<td>TOTAL EXPENDITURES MADE</td>
</tr>
</tbody>
</table>

Current Cash Statement

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Summary Page, Line 16</td>
<td>$703</td>
</tr>
<tr>
<td>Column A, Line 3 above</td>
<td>200</td>
</tr>
<tr>
<td>Schedule I, Line 4</td>
<td>0</td>
</tr>
<tr>
<td>Column A, Line 8 above</td>
<td>903</td>
</tr>
<tr>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>0</td>
</tr>
</tbody>
</table>

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).

Expenditure Limit Summary for State Candidates

22. Date of Election Total to Date

Expenditure Limit Summary for (mm/dd/yy) $_____

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

Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>See instructions on reverse</td>
<td>$0</td>
</tr>
<tr>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$0</td>
</tr>
</tbody>
</table>

CALIFORNIA FORM 460
Page 3 of 5
I.D. NUMBER 1430894

SUMMARY PAGE

Statement covers period from 09/20/2020 through 10/17/2020
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 09/20/2020
tthrough 10/17/2020

NAME OF FILER
BROOKS FOR CITY COUNCIL 2020; LATISA

I.D. NUMBER
1430894

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/02/2020</td>
<td>Stephani Mardahl Seattle, WA 98115</td>
<td>IND</td>
<td>Retired</td>
<td>150</td>
<td>150</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 150

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) $ 150

2. Amount received this period – unitemized monetary contributions of less than $100 $ 50

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $ 200
Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 09/20/2020
through 10/17/2020

NAME OF FILER
BROOKS FOR CITY COUNCIL 2020; LATISA

I.D. NUMBER
1430894

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

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

<table>
<thead>
<tr>
<th>Name and Address of Payee</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt Printer</td>
<td>CMP</td>
<td>Lawn Signs and Flyers</td>
<td>903</td>
</tr>
</tbody>
</table>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 903
2. Unitemized payments made this period of under $100 ....................................................................................................... $ 0
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 $ 903

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