

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
RECEIVED	Page 1 of 8
2020 SEP 23 P 1:31	For Official Use Only
CITY OF FOSTER CITY COMMUNICATIONS/CITY CLERK	

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2020 through 09/19/2020	Date of election if applicable: (Month, Day, Year) NOVEMBER 03, 2020
--	--

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><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <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/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

2. Type of Statement:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

3. Committee Information

I.D. NUMBER  
1422602

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
JON FROMIN FOR CITY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FOSTER CITY	CA	94404	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER  
EMIL VINCENT PICCHI JR

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FOSTER CITY	CA	94404	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

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

Executed on 09/22/2020  
Date

Executed on 09/22/2020  
Date

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

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

By \_\_\_\_\_  
By \_\_\_\_\_  
By \_\_\_\_\_  
By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JON FROOMIN

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

FOSTER CITY CITY COUNCIL MEMBER

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?

☐ 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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JON FROOMIN

Statement covers period  
from 07/01/2020  
through 09/19/2020

CALIFORNIA  
FORM **460**

Page 3 of 8

I.D. NUMBER

1422602

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 2,073	\$ 4,547
2. Loans Received..... Schedule B, Line 3	\$ 500	\$ 500
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 2,573	\$ 5,047
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 300	\$ 700
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 2,873	\$ 5,747

## 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

6. Payments Made..... Schedule E, Line 4	\$ 3,253	\$ 6,538
7. Loans Made..... Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 3,253	\$ 6,538
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 300	\$ 300
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 3,553	\$ 6,838

## 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	\$ 1,281
13. Cash Receipts..... Column A, Line 3 above	\$ 2,573
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 0
15. Cash Payments..... Column A, Line 8 above	\$ 3,253
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 601

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	\$ 0

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.

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>8</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JON FROOMIN

I.D. NUMBER

1422602

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)
08/08/2020	TOM TORGERSON FOSTER CITY, CA. 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100	\$100	
08/09/2020	NEILSEN BUCHANAN PALO ALTO, CA. 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100	\$100	
08/14/2020	DEBORAH WILDER FOSTER CITY, CA. 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAWYER LAW OFFICE OF DEBORAH WILDER	\$100	\$100	
08/18/2020	STEVE TOLER EUGENE, OR. 97405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARTNER MANAGEMENT PARTNERS	\$500	\$1,000	
08/22/2020	PAM FRISELLA FOSTER CITY, CA. 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100	\$100	

SUBTOTAL \$ 900

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 1,875

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 198

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2,073

### \*Contributor Codes

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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>		<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>8</u>		
NAME OF FILER <b>JON FROOMIN</b>		I.D. NUMBER <b>1422602</b>

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)
08/23/2020	CHUCK OGBURN FOSTER CITY, CA. 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100	\$200	
08/28/2020	JIMMY NESS FOSTER CITY, CA. 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER NESS PLUMBING	\$600	\$600	
09/15/2020	JEN FROOMIN FOSTER CITY, CA. 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$275	\$275	
		<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 \$				975		

\*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 B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B – PART 1

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JON FROOMIN

I.D. NUMBER

1422602

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
JON FROOMIN [REDACTED] FOSTER CITY, CA. 94404  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 1,000	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 1,000  DATE DUE	0 % RATE \$ 0	\$ 1,000  11/20/19 DATE INCURRED	CALENDAR YEAR \$ 1,000 PER ELECTION** \$
JEN FROOMIN [REDACTED] FOSTER CITY, CA. 94404  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 0	\$ 500	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 500  DATE DUE	0 % RATE \$	\$ 500  09/15/20 DATE INCURRED	CALENDAR YEAR \$ 500 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** \$
<b>SUBTOTALS \$</b>			500 \$	0 \$	1,500 \$	0		

## Schedule B Summary

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

- Loans received this period ..... \$ 500  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 500  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

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

\*\* If required.

# Schedule C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>		CALIFORNIA FORM <b>460</b>
		Page <u>7</u> of <u>8</u>
NAME OF FILER  JON FROOMIN		I.D. NUMBER  1422602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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)
9/04/20	SHOOTING STAR VIDEO	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER JEFF REGAN	VIDEO PRODUCTION	\$300	\$300	
		<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					
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	300	

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.).....\$ 300

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ 0

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.).....TOTAL \$ 300

### \*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 Payments Made

Amounts may be rounded  
to whole dollars.

Statement covers period from 07/01/2020 through 09/19/2020		CALIFORNIA FORM <b>460</b>
Page 8 of 8		
I.D. NUMBER 1422602		

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

JON FROOMIN

**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
CITY OF FOSTER CITY 610 FOSTER CITY BLVD, FOSTER CITY, CA. 94404	FIL	CANDIDATE STATEMENT	\$333
GRAVIS MARKETING [REDACTED]	CMP	ADVERTISING	\$642
PRINTING FOR LESS [REDACTED]	CMP	ADVERTISING	\$2,222

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

**SUBTOTAL \$ 3,197**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3,197
2. Unitemized payments made this period of under \$100	\$ 56
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.)	<b>TOTAL \$ 3,253</b>