

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp

CALIFORNIA
FORM 460

Page 1 of 6

For Official Use Only

Statement covers period
from 10/18/2020

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

NOVEMBER 03, 2020

through 12/31/2020

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:

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

3. Committee Information

I.D. NUMBER
1422602

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

JON FROOMIN 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

JONFROOMINFORCITYCOUNCIL@GMAIL.COM

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 certify under penalty of perjury under the laws of the State of California that

the information in the attached schedules is true and complete. I

Executed on 12/26/2020 Date

Executed on 12/26/2020 Date

Executed on Date

Executed on Date

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

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Cover Page — Part 2**

COVER PAGE - PART 2

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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 10/18/2020

through 12/31/2020

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Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 353 | \$ 6,099 |
| 2. Loans Received..... Schedule B, Line 3 | (1500) | (1000) |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ (1147) | \$ 5099 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ (1147) | \$ 5099 |

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 | \$ 375 | \$ 7197 |
| 7. Loans Made..... Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 375 | \$ 7197 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment..... Schedule G, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 375 | \$ 7197 |

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 | \$ 1,516 |
| 13. Cash Receipts..... Column A, Line 3 above | (1147) |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | 0 |
| 15. Cash Payments..... Column A, Line 8 above | 375 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ (6) |

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).

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

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 | \$ |

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

| | |
|--|---|
| Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u> | SCHEDULE A CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JON FROOMIN

| 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) |
|---------------|---|---|---|--|---|---------------------------------------|
| 10/22/2020 | STEVEN SANDY 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 | \$200 | \$200 | |
| 10/27/2020 | JON FROOMIN FOSTER CITY, CA 94404 (ERROR EXPENSE DEPARTMENT) | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | \$53 | \$53 | |
| 11/02/2020 | WALLACE LEVIN SAN FRANCISCO, CA 94127 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | \$100 | \$200 | |
| 12/23/2020 | JON FROOMIN FOSTER CITY, CA 94404 LOAN FORGIVEN (CAPTURED ON SCHEDULE F) | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | \$37.70 amount incld in Schedule B | \$90.70 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ 353 (\$37.70 S-B)

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 353
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 353**

*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

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| 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 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 checked="" type="checkbox"/> PAID \$ 962.30 <input checked="" type="checkbox"/> FORGIVEN \$ 37.70 | \$ 0 | 0 % RATE | \$ 1000 11/20/19 DATE INCURRED | CALENDAR YEAR \$ 1000 PER ELECTION** \$ |
| LEN 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 | \$ 500 | \$ 0 | <input checked="" type="checkbox"/> PAID \$ 500 <input type="checkbox"/> FORGIVEN | \$ 0 | 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 | \$ | % RATE | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| SUBTOTALS | | \$ 0 | \$ 1,500 | \$ 0 | \$ 0 | | | |

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 1,500
(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 \$ (1,500)
Enter the net here and on the Summary Page, Column A, Line 2.

† 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.

(May be a negative number)

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period
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SCHEDULE E
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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 |
|---|---------|---|-------------|
| A&A GAS [REDACTED] BURLINGAME, CA 94010 | | FUEL-DEBIT CARD USE ERROR FOR CANDIDATE PERSONAL FUEL. REPAID BY CANDIDATE | \$53 |
| CITY OF FOSTER CITY [REDACTED] FOSTER CITY, CA 94404 | | CANDIDATE STATEMENT PRINTING EXPENSE - CHARGED BY COUNTY, THROUGH CITY | \$317 |
| | | | |

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

SUBTOTAL \$ 370

Schedule E Summary

| | |
|--|---------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 370 |
| 2. Unitemized payments made this period of under \$100 | \$ 5 |
| 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 \$ 375 |