Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED	CALIFORNIA 460
	Statement covers period from 10/18/2626	Date of election if applicable: (Month, Day, Year)	OCT <b>2 9</b> 2020	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	11 3 Zi Zi	MANAGERS OFFICE	
1. Type of Recipient Committee: All Committees - Comm	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Co Recall (Also Complate Pan 5)	marily Formed Ballot Measure mmittee Controlled Sponsored Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendrnent (Explain b	ermination)	terly Statement cial Odd-Year Report
General Purpose Committee Soonscred Small Contributor Committee Off	marily Formed Candidate/ iceholder Committee Complete Parl 7)			
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Thomas Randall  City Council District 6  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODI  OPTIONAL: FAX/ E-MAIL ADDRESS	AREA CODE/PHONE	Treasurer(s)  NAME OF TREASURED  CITY  NAME OF ASSISTANT TREASUR  MAILING ADDRESS  CITY  OPTIONAL: FAX/E-MAIL ADDRESS	STATE ZIP CO	DDE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C Executed on	alifornia that the foregoing  By ———  By ———————————————————————————	olling Officeholder, Candidate, State Measure P gnature of Controlling Officeholder, Candidate, gnature of Controlling Officeholder, Candidate,	roponent or Responsible Officer of Spons State Measure Proponent State Measure Proponent	redules is true and complete. I  FPPC Form 460 (Jan/2016))  vice@fppc.ca.gov (866/275-3772)  www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

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CALIFO	RNIA 460
FOR	M. 400
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Page	of

Officeholder or Candidate Controlled Co	mmittee	6.	Primarily Formed Ballo	t Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE Thomas Landall			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND I	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	M		
DESIDENTIAL BUSINESS ADDRESS (NO AND STREET	TY CT G		Identify the controlling office	holder, candid	late, or state mea	sure propone	ent, if any.
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR P	ROPONENT		
	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DIS	TRICT NO. IF	/NY
COMMITTEE NAME	I.D. NUMBER			U. J 1066 -			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7	officeholder(s) or candidate(s)	for which this	committee is prim	arily formed.	ames of
COMMITTEE ADDRESS STREET ADDRESS (NC	NAME OF BALLOT MEASURE    NAME OF BALLOT MEASURE			SUPPORT OPPOSE			
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	T OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
	,						
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	i <b>ch</b> continuati	on sheets if nece	ssary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		through -	I.D. NUMBER
Thomas Randall			1430259
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions         Schedule A, Line 3           2. Loans Received         Schedule B, Line 3           3. SUBTOTAL CASH CONTRIBUTIONS         Add Lines 1 + 2           4. Nonmonetary Contributions         Schedule C, Line 3           5. TOTAL CONTRIBUTIONS RECEIVED         Add Lines 3 + 4		s 666 s 666 71 s 737	Contributions
Expenditures Wade  6. Payments Made	\$ 0 0	s 429 s 429 s 7 11 s 567	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy) / \$
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  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	\$ O	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.  FPPC Form 460 (Jan/2016)  FPPC Advice: advice@fppc.ca.gov (866/275-3772
		1	www.fppc.ca.gov

Schedule / Monetary (	4 Contributions Received		s may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through 10/2	8/2020	Page of		
NAME OF FILER	nas Randall					I.D. NUM	30259	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC		,				
			SUBTOTAL	\$				
(include all	A Summary  ceived this period – itemized monetary contribution: Schedule A subtotals.)			0	IND COI OTH PTY	(other t H – Other (e Y – Political	al ent Committee han PTY or SCC) e.g., business entity)	
3. Total mone (Add Lines	tary contributions received this period.  1 and 2. Enter here and on the Summary Page, C	olumn A, Line	1.) <b>TOTAL</b> \$	0	FPPC Advice: adv		C Form 460 (Jan/2016)) ca.gov (866/275-3772)	

*.	Am	ounts may be rou	ınded	_		SCHEDULE B - PART 1				
Schedule B – Part 1		to whole dollars			Statement cov	ers period	CALIFORN	1A 160		
Loans Received					from /6//8	12020	FORM	-100		
					1= 10	ah.	I I HAVE TO THE	4947		
					through / 0/2	8/2020	Page	of		
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER							I.D. NUMBER			
NAME OF FILER	1						1/19	0000		
Thomas Kane	dall						14.3	0209		
THE PARTY OF THE P	IF AN INDIVIDUAL, ENTER	OUTSTANDING	(b) AMOUNT	(c) AMOUNT PA	ID OUTSTANDING	(e) INTEREST	(f) ORIGINAL	(g) CUMULATIVE		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	RECEIVED THIS	OR FORGIVE	N BALANCE AT	PAID THIS PERIOD	AMOUNT OF LOAN	CONTRIBUTIONS TO DATE		
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIO	PERIOD PERIOD	PERIOD	LOAN	CALENDAR YEAR		
				☐ PAID		`		CALENDAR YEAR		
				\$	_ \$	%	\$	\$		
				FORGIVEN	ı	RATE		PER ELECTION**		
to a serial seri		\$	\$	\$	DATE DUE	S	DATE INCURRED	S		
IND COM OTH PTY SCC				PAID			+	CALENDAR YEAR		
				_		10				
				\$	-   -	RATE	\$	5		
				FORGIVEN	4	1		PER ELECTION**		
				\$		s		s		
†□IND □ COM □ OTH □ PTY □ SCC		\$	S		DATE DUE		DATE INCURRED			
				☐ PAID				CALENDAR YEAR		
				\$	\$	%	\$	\$		
			,	FORGIVE		RATE		PER ELECTION**		
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4		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$		
T IND COM OTH PTY SCC					DATE DOE		DATE INCORRED			
		SUBTOTALS	\$	\$	\$	\$		(82)		
						(Enter (e) on Sche	dule E, Line 3)			
Schedule B Summary					<b>a</b>					
1. Loans received this period				\$ _		_				
(Total Column (b) plus uniternized loan	ns of less than \$100.)				A	C	Contributor Code	<u></u>		
2. Loans paid or forgiven this period				\$ _	/ 0		ND – Individual			
(Total Column (c) plus loans under \$1	00 paid or forgiven.)				~	0	COM - Recipient (			
(Include loans paid by a third party that	at are also itemized on Sch	edule A.)			0	1,	other than) DTH – Other (e.g.	PTY or SCC)		
3. Net change this period. (Subtract Lin				NET \$ _			PTY – Other (e.g. PTY – Political Pa			
Enter the net here and on the Summa	iry Page, Column A, Line 2.							ributor Committee		
					(May be a negative number)					
Character facility and his mathematical and	must be reported an Schodule A	$\overline{}$								
*Amounts forgiven or paid by another party also r  ** If required.	nust be reported on Schedule A.						FPPC For	m 460 (Jan/2016))		
ii required.						FPPC Advice: a	dvice@fppc.ca.g	ov (866/275-3772)		
								www.fppc.ca.gov		

•					SCHE	DULE B - PART 2
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.	S from	tatement covers period 10/18/202 ugh /0/28/2620	CALIFOR	
SEE INSTRUCTIONS ON REVERSE			thro	ugh 10/28/2020	)_ Page	of
NAME OF FILER Thomas Randall					1.D. NUMBER 143	0259
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER	_	CALENDAR YEAR	
	OTH		DATE		PER ELECTION (IF REQUIRED)	
	□scc				AMOUNT GUARANTEED THIS PERIOD  CALIFORN FORM FORM  AMOUNT GUARANTEED TO DATE  CALENDAR YEAR  S	
	□IND		LENDER			
	□ COM □ OTH □ PTY		DATE		PER ELECTION	
	□scc				\$	
	□IND	¥	LENDER			
	□ COM □ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc			_	5	
	□IND		LENDER		CALENDAR YEAR	
	□ COM □ OTH □ PTY		DATE			
	scc			_	\$	
			SUBTOTA	AL \$	Summary Page,	

Schedul Nonmon	e C netary Contributions Received		Amounts may be rounded to whole dollars.	Sta from .	atement covers p	eriod	CALIFORNIA 460				
SEE INSTRUCTION	TIONS ON REVERSE				throu	gh / 8/28/	2020	Page	of		
+1	smas Randall							1.0. NUME	0259		
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 GOODS OR SER		AMOUNT/ FAIR MARKET VALUE		TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)		
		□IND □COM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC									
		☐IND ☐COM ☐OTH ☐PTY ☐SCC									
		☐IND ☐COM ☐OTH ☐PTY ☐SCC									
Attach add	ditional information on appropriately labeled	l continuation	sheets.	SUBT	OTAL \$			7			
1. Amount (Include	e C Summary received this period – itemized nonmonetal all Schedule C subtotals.)					0	— IND COI	– Individua M – Recipie (other th H – Other (e	atributor Codes  - Individual  1 - Recipient Committee (other than PTY or SCC)  - Other (e.g., business entity)		
3. Total no	received this period – unitemized nonmone rimonetary contributions received this periones 1 and 2. Enter here and on the Summar	d.				0			ontributor Committee		
								FPPC I	Form 460 (Jan/2016))		

Schedule	∌ D			SCHEDULE D					
Supporti	y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be to whole dol		Statement covers	s period	CALIFORNIA 460			
	TIONS ON REVERSE			through (6/28/	2626	Page	of		
NAME OF FILER						I.D. NUMB	30259		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)		
		Monetary Contribution							
		Nonmonetary Contribution							
	Support Oppose	Independent Expenditure							
	SARTA AMERICAN CONTROL CONTROL AND	Monetary Contribution							
		☐ Nonmonetary Contribution							
	Support Doppose	Independent Expenditure							
	1.1 0310000	Monetary Contribution							
		☐ Nonmonetary Contribution							
	☐ Support ☐ Oppose	Independent Expenditure							
Separate Proposed Services			SUBTOTAL	\$					
Schodule	e D Summary								
	contributions and independent expenditures mad	e this period. (Includ	de all Schedule D subtotals	.)		\$_	0		
	ed contributions and independent expenditures m					14	Ô		
3. Total cor	ntributions and independent expenditures made th	is period. (Add Lines	s 1 and 2. Do not enter on	the Summary Page	e.)TOT	AL \$	0		

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

CALIFORNIA 460

of

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)\*
CVC civic donations
FIL cancidate filing/ballot fees
FND fundraising events civic donations
FIL
cancidate filing/ballot fees
FND
fundraising events
independent expenditure supporting/opposing others (explain)\*
legal defense
LIT
civic donations
cancidate filing/ballot fees
fundraising events
legal defense
campaign literature and mailines

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating PHO phone banks polling and survey research POL

postage, delivery and messenger services professional services (legal, accounting) PRO print ads

RAD radio airtime and production costs

radio arrume and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL tv. or cable airtime and production costs
TRC candidate travel, lodging, and meals
transfer between committees of the same candidate/sponsor

VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

## Schedule E Summary

1	. Itemized payments made this period. (Include all Schedule E subtotals.)\$		O	
			0	
	. Unitemized payments made this period of under \$100\$		0	
	. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	-	<u> </u>	
1	Total newments made this period (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)		0	

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule F	Amounts may be round	led			SCHEDULE F	
Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement cove	ORNIA 460			
,			0130	2/2020	Mathra Car	
SEE INSTRUCTIONS ON REVERSE			through /0/20	Page	of	
Thomas Randall	andri a mon non partical antique partical por la partical na la partical na la partical na la partical na la pa	nale want was an act of the about the about the about the about the about	en personale entire per al martin de cos o mai e sa est	I.D. NU	430259	
CODES: If one of the following codes accurately describe	s the payment, you may MBR member communication	enter the code. Oth	RAD radio airtime ar	nd production costs		
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and appearar OFC office expenses	nces	RFD returned contril SAL campaign work	cers' salaries		
CVC civic donations FIL candidate filing/ballot fees	PET petition circulating PHO phone banks	and.	TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals			
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and survey rese POS postage, delivery and n	nessenger services	TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor			
LEG legal defense LIT campaign literature and mailings	PRO professional services (I PRT print ads	egal, accounting)	VOT voter registration WEB information tec	hnology costs (internet, e	e-mail)	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c)  AMOUNT PAID  THIS PERIOD  (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
		OF THIS PERIOD		(ALSO REPORT ON E)	OF THIS FERIOD	
· .						
$F^{**} = v$						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$	\$	
Schedule F Summary						
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)	accrued expenses under	\$100.)		RRED TOTALS \$.		
<ol><li>Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized</li></ol>	edule F, Column (c) subto payments on accrued exp	tals for payments on enses under \$100.).		PAID TOTALS \$ .	0	
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	<u></u>		NET\$	0	
,				FPF	May be a negative number PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772) www.fppc.ca.gov	

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period

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S AUGUDED	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER homas of Agent or Independent

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

CMP campaign paraphernalia/misc.

CNS campaign consultants
CTB contribution (explain nonmonetary)\*
CVC civic donations
FIL candidate filing/ballot fees

FIL candidate initigration trees
FIND individualsing events
IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances OFC PET office expenses petition circulating

PHO POL phone banks polling and survey research

POS postage, delivery and messenger services professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor TSF

VOT voter registration
WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR  IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
			9

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*  SEE INSTRUCTIONS ON REVERSE NAME OF FILER  Thomas Rando	· V		ay be rounded le dollars.		Statement cover from 10/18/2 through 10/28/	2020	CALIFORN FORM Page	of
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(E) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b)  AMOUNT  LOANED THIS  PERIOD	(e) REPAYMENT O FORGIVENES THIS PERIOD	S BALANCE AI	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) Z CUMULATIVE LOANS TO DATE
	, and the second se	s	s	PAID   S	S DATE DUE	RATE  \$	S DATE INCURRED  S DATE INCURRED	CALENDAR YEAR  \$ PER ELECTION**  \$ CALENDAR YEAR  \$ PER ELECTION**  \$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
Schedule H Summary	,x·					(Enter (e) on Schedule I, Line 3)		×
1. Leans made this period(Total Column (3) plus uniterrized loan 2. Payments received on loans(Total Column (c) plus uniterrized payr 3. Net change this period. (Subtract Line (Enter the net here and on the Summa	s of less than \$100.) nents of less than \$100.) 2 from Line 1.)					he a negalive number)		**If Required

Schedule 1 Miscellaneous Increases to Cash see instructions on reverse	Amounts may be to whole dol		Statement covers period from 10/18 /24 20 through 10/28/2020	CALIFORNIA 460 FORM
NAME OF FILER	ſ I			1.D. NUMBER 1420259
1 nomas Janda	AND ADDRESS OF SOURCE			AMOUNT OF
	E AND ADDRESS OF SOURCE TTEE, ALSO ENTER I.D. NUMBER)	DES	CRIPTION OF RECEIPT	INCREASE TO CASH
	=			
Attach additional information on appropriately	labeled continuation sheets.		SUBTOTA	L \$i
Schedule I Summary  1. Itemized increases to cash this period  2. Unitemized increases to cash of under \$1  3. Total of all interest received this period or  4. Total miscellaneous increases to cash thi Summary Page, Line 14.)	00 this period	n (e).)and on the	\$ 0	FPPC Form 460 (Jan/2016))
			FPPC Advice: ac	lvice@fppc.ca.gov (866/275-3772)