Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp: RECEIVED SEP 24 2020 CITY OF LINCOLN

CALIFORNIA FORM 460

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2020 through 09/24/2020

Date of election if applicable: (Month, Day, Year) 11/8/16

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

- [x] 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
- [x] 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: 1387027

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

Karleskint for City Council

STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY: Lincoln | STATE: CA | ZIP CODE: 95648 | [redacted]

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

campaign2020@karleskint.com

Treasurer(s)

NAME OF TREASURER

Elizabeth Karleskint

MAILING ADDRESS

[redacted]

CITY: Lincoln | STATE: CA | ZIP CODE: 95648 | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

campaign2020@karleskint.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 fo[redacted]

Executed on 9/24/2020 (Date) — By [redacted] (Signature of Treasurer)

Executed on 9/24/2020 (Date) — By [redacted] (Signature of Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 07/01/2020
through 09/24/2020

CALIFORNIA FORM 460

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NAME OF FILER
Elizabeth Karleskint

I.D. NUMBER
1387027

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 1000.00	$
2. Loans Received	*Schedule B, Line 3*	0.00	
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 1000.00	$
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 1000.00	$

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 536.31	$
7. Loans Made	*Schedule H, Line 3*	0.00	
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 536.31	$
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 536.31	$

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ $1,557.54
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*	$ $2,021.23

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* — $

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).

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	$	$

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
/ /	$
/ /	$

*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 07/01/2020
through 09/24/2020

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SEE INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1387027

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)
8/11/2020	COMMITTEE FOR HOME OWNERSHIP NORTHSTATE BUILDING INDUSTRY ASSOC	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 1000.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 1000.00

*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 E (Continuation Sheet) Payments Made

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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
Aldo Pineschi Consulting, Inc. [redacted] Roseville, CA 95661	CNS	Consulting fees	500.00
HARLAND CLARKE CHECK/ACC. [redacted] KARLESKINT FOR CITY CO	CMP	Campaign checks	36.31

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

SUBTOTAL $ 536.31