

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

**CALIFORNIA FORM 460**

Page 1 of 49

For Official Use Only

Date Stamp

E-Filed  
02/02/2015  
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Filing ID:  
153980401

|                                |  |
|--------------------------------|--|
| <b>Statement covers period</b> | <b>Date of election if applicable:</b><br>(Month, Day, Year) |
| from <u>10/19/2014</u>         | <u>11/04/2014</u>  |
| through <u>12/31/2014</u>      |  |

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
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1363687

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

STREET ADDRESS (NO P.O. BOX)

|                   |           |              |                      |
|-------------------|-----------|--------------|----------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE      |
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | <u>(916)254-5180</u> |

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

Rebecca Olson

MAILING ADDRESS

|                   |           |              |                      |
|-------------------|-----------|--------------|----------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE      |
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | <u>(916)254-5180</u> |

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 true and correct.

Executed on 02/01/2015  
Date

By Rebecca Olson  
Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure 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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 49

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

na na

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

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP   |
|---|------|-------|-------|
|   | na   | ZZ    | 99999 |

**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?                                    |
|-------------------|--|
|                   | <input type="checkbox"/> YES <input type="checkbox"/> 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?                                    |
|-------------------|--|
|                   | <input type="checkbox"/> YES <input type="checkbox"/> 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  
Sugar-sweetened beverage tax

| BALLOT NO. OR LETTER | JURISDICTION    | <input checked="" type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|-----------------|--|
| D                    | City of Berkely |  |

**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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/19/2014 |                                |
| through                 | 12/31/2014 | Page <u>3</u> of <u>49</u>     |
|                         |            | I.D. NUMBER<br>1363687         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 281,060.05  | \$ 501,473.62                              |
| 2. Loans Received ..... Schedule B, Line 3            | 0.00   | 10,000.00                                  |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 281,060.05  | \$ 511,473.62                              |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 366,735.67   | 417,574.41                                 |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 647,795.72  | \$ 929,048.03                              |

**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 | \$ 0.00          | \$ 0.00     |
| 21. Expenditures Made      | \$ 0.00          | \$ 0.00     |

**Expenditures Made**

|   |               |               |
|---|---------------|---------------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 323,432.27 | \$ 501,858.21 |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00          | 0.00          |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 323,432.27 | \$ 501,858.21 |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | -177,219.31   | 519.16        |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 366,735.67    | 417,574.41    |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 512,948.63 | \$ 919,951.78 |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |              |
|---|--------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 51,999.98 |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 281,060.05   |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 0.00         |
| 15. Cash Payments ..... Column A, Line 8 above                              | 323,432.27   |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 9,627.76  |

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.

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

|   |         |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ 0.00 |
|---|---------|

**Cash Equivalents and Outstanding Debts**

|   |              |
|---|--------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ 0.00      |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 10,519.16 |

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 10/19/2014 |                            |
| through                 | 12/31/2014 | Page <u>4</u> of <u>49</u> |

SEE INSTRUCTIONS ON REVERSE

|   |             |
|---|-------------|
| NAME OF FILER   | I.D. NUMBER |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg | 1363687     |

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/31/2014    | Action Now Initiative (ID# 1366137)<br>Houston, TX 77056  | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 70,000.00                   | 70,000.00  |                                       |
| 10/27/2014    | Berkeley Council of Classified Employees AFT Local<br>Berkeley, CA 94704                        | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 300.00                      | 300.00   |                                       |
| 10/24/2014    | Berkeley Federation of Teachers<br>Berkeley, CA 94702   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1,000.00                    | 3,000.00   |                                       |
| 10/30/2014    | Michael Bloomberg<br>New York, NY 10022   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive Bloomberg LP  | 115,000.00                  | 647,071.00   |                                       |
| 10/23/2014    | Michael Bloomberg<br>New York, NY 10022   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive Bloomberg LP  | 85,000.00                   | 647,071.00   |                                       |

**SUBTOTAL \$** 271,300.00

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 280,730.05
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 330.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 281,060.05

\*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 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                                |            |                                |
|--------------------------------|------------|--------------------------------|
| <b>Statement covers period</b> |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                           | 10/19/2014 |                                |
| through                        | 12/31/2014 | Page <u>5</u> of <u>49</u>     |

|  |                            |
|--|----------------------------|
| NAME OF FILER<br><br>Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg | I.D. NUMBER<br><br>1363687 |
|--|----------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/24/2014         | James Canty<br>Berkeley, CA 94705   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>N.A.   | 1,000.00                    | 2,000.00   |                                       |
| 10/30/2014         | David Collier<br>Berkeley, CA 94707   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>N.A.   | 200.00                      | 200.00   |                                       |
| 10/22/2014         | Pat Crawford<br>Berkeley, CA 94708  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Professor<br>UC Berkeley  | 450.00                      | 572.00   |                                       |
| 10/30/2014         | Nancy Facher<br>Berkeley, CA 94707  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Social Worker<br>Casa Del Sol Mental Health   | 75.00                       | 75.00  |                                       |
| 10/31/2014         | Elmer Grossman<br>Berkeley, CA 94708  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>N.A.   | 100.00                      | 200.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 1,825.00                    |  |                                       |

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/19/2014 |                                |
| through                 | 12/31/2014 | Page <u>6</u> of <u>49</u>     |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg | I.D. NUMBER<br>1363687 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 11/02/2014         | William Haar<br>Oakland, CA 94609   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Public Health<br>Prevention Institute   | 200.00                      | 200.00   |                                       |
| 10/25/2014         | Manuel Hernandez<br>Berkeley, CA 94702  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President<br>Diabetes Hands Foundation  | 100.00                      | 200.00   |                                       |
| 10/27/2014         | Quincey Imhoff<br>Healdsburg, CA 95448  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Photographer<br>Studio Quincey  | 150.00                      | 150.00   |                                       |
| 10/23/2014         | Kristina Kutter<br>Berkeley, CA 94702   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Public Health Program<br>Manager<br>CCHS  | 100.00                      | 100.00   |                                       |
| 10/29/2014         | Wayne Praskins<br>Berkeley, CA 94704  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Government Employee<br>US Environmental<br>Protection Agency                                  | 75.00                       | 75.00  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 625.00                      |  |                                       |

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/19/2014 |                                |
| through                 | 12/31/2014 | Page <u>7</u> of <u>49</u>     |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg | I.D. NUMBER<br>1363687 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/28/2014         | Public Health Institute<br>Oakland, CA 94607  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1,000.00                    | 4,000.00   |                                       |
| 10/21/2014         | Elsa Ramos<br>Berkeley, CA 94703  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>N.A.   | 20.00                       | 70.00  |                                       |
| 10/22/2014         | James Reynolds<br>Berkeley, CA 94708  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Researcher<br>UC Berkeley   | 80.00                       | 80.00  |                                       |
| 10/28/2014         | Randy Riddle<br>Berkeley, CA 94703  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Renne Sloan   | 100.00                      | 100.00   |                                       |
| 10/24/2014         | Terry Roberts<br>Berkeley, CA 94708   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Engineer<br>Terry Roberts Consulting<br>Inc.  | 100.00                      | 200.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 1,300.00                    |  |                                       |

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                                |            |                                |
|--------------------------------|------------|--------------------------------|
| <b>Statement covers period</b> |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                           | 10/19/2014 |                                |
| through                        | 12/31/2014 | Page <u>8</u> of <u>49</u>     |

|  |                            |
|--|----------------------------|
| NAME OF FILER<br><br>Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg | I.D. NUMBER<br><br>1363687 |
|--|----------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 10/19/2014         | Kimi Sakashita<br>Berkeley, CA 94703  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Professor of Nursing<br>University of California<br>San Francisco                             | 100.00                      | 100.00  |                                    |
| 11/05/2014         | Jack Sawyer<br>Berkeley, CA 94704   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Co-op Organizer<br>Parker Street Foundation   | 50.05                       | 362.95  |                                    |
| 10/30/2014         | Aaron Siri<br>Hollis, NY 11423  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Siri & Glimstad LLP   | 180.00                      | 180.00  |                                    |
| 10/25/2014         | Daniel Stea<br>Berkeley, CA 94705   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Broker<br>Stea Realty Group   | 100.00                      | 300.00  |                                    |
| 10/24/2014         | Michael Sullivan<br>Berkeley, CA 94705  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>N.A.   | 100.00                      | 200.00  |                                    |
| <b>SUBTOTAL \$</b> |   |   |   | 530.05                      |   |                                    |

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                                |            |                                |
|--------------------------------|------------|--------------------------------|
| <b>Statement covers period</b> |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                           | 10/19/2014 |                                |
| through                        | 12/31/2014 | Page <u>9</u> of <u>49</u>     |

|  |                            |
|--|----------------------------|
| NAME OF FILER<br><br>Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg | I.D. NUMBER<br><br>1363687 |
|--|----------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/28/2014         | Kathryn Taylor<br>San Francisco, CA 94115   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br>Beneficial State Bank  | 5,000.00                    | 5,000.00   |                                       |
| 10/29/2014         | Kirsten Tobey<br>Berkeley, CA 94708   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Founder<br>Revolution Foods   | 100.00                      | 100.00   |                                       |
| 10/27/2014         | Richard Walker<br>Berkeley, CA 94702  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Professor Emeritus<br>University of California  | 50.00                       | 50.00  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 5,150.00                    |  |                                       |

\*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 B – Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 10/19/2014 |                            |
| through                 | 12/31/2014 | Page 10 of 49              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

1363687

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN                 | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE              |
|---|---|--|------------------------------------|--|--|----------------------------------|--|--|
| Lawrence Capitelli<br>Berkeley, CA 94703<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Partner<br>Red Oak Realty   | \$ 5,000.00                                      | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 5,000.00<br><br>12/31/2014<br>DATE DUE          | 0.000%<br>RATE<br>\$ 0.00        | \$ 5,000.00<br><br>04/14/2014<br>DATE INCURRED | CALENDAR YEAR<br>\$ 9,820.00<br>PER ELECTION**<br>\$ |
| Linda Maio<br>Berkeley, CA 94703<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC         | Councilmember<br>City of Berkeley   | \$ 5,000.00                                      | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 5,000.00<br><br>12/31/2014<br>DATE DUE          | 0.000%<br>RATE<br>\$ 0.00        | \$ 5,000.00<br><br>04/14/2014<br>DATE INCURRED | CALENDAR YEAR<br>\$ 5,260.00<br>PER ELECTION**<br>\$ |
| <br><br><br>† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | \$<br><br>DATE DUE                                 | %<br>RATE<br>\$                  | \$<br><br>DATE INCURRED                        | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$          |

**SUBTOTALS \$ 0.00 \$ 0.00 \$ 10,000.00 \$ 0.00**

**Schedule B Summary**

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

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(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 \$ 0.00**  
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**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period  |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from   | 10/19/2014 |                                |
| through  | 12/31/2014 | Page <u>11</u> of <u>49</u>    |
| NAME OF FILER<br><br>Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | I.D. NUMBER<br><br>1363687     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

I.D. NUMBER

1363687

| 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) |
|--|--|---|--|-------------------------------------|---------------------------|---|------------------------------------|
| 10/24/2014   | Michael Bloomberg<br>New York, NY 10022  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive<br>Bloomberg LP  | TV Advertising<br>Time & Production | 265,235.00                | 647,071.00  |                                    |
| 10/27/2014   | Michael Bloomberg<br>New York, NY 10022  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive<br>Bloomberg LP  | TV Advertising<br>Time & Production | 96,836.00                 | 647,071.00  |                                    |
| 11/04/2014   | Cheeseboard Collective<br>Berkeley, CA 94709   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Food for Event                      | 60.00                     | 60.00   |                                    |
| 11/04/2014   | Ecology Center<br>Berkeley, CA 94710   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Staff Time &<br>Rental Space        | 3,845.04                  | 36,112.83   |                                    |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> |  |   |  |                                     | <b>SUBTOTAL \$</b>        | 365,976.04  |                                    |

**Schedule C Summary**

|  |                 |            |
|--|-----------------|------------|
| 1. Amount received this period – itemized nonmonetary contributions.<br>(Include all Schedule C subtotals.) .....                                    | \$              | 366,583.87 |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....   | \$              | 151.80     |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... | <b>TOTAL \$</b> | 366,735.67 |

\*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 C (Continuation Sheet)  
Nonmonetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/19/2014 |                                |
| through                 | 12/31/2014 | Page <u>12</u> of <u>49</u>    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

1363687

| 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 11/02/2014    | Nancy Fenstermacher<br>Berkeley, CA 94703  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>N.A.  | Copying Services                 | 101.83                    | 101.83  |                                    |
| 11/04/2014    | Monterey Market<br>Berkeley, CA 94707  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Food for Event                   | 156.00                    | 4,156.00  |                                    |
| 11/02/2014    | Whole Foods Market<br>Berkeley, CA 94707   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Gift Card                        | 50.00                     | 50.00   |                                    |
| 11/04/2014    | Kristin Zellert<br>Berkeley, CA 94707  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Nutrition Education<br>Chef<br>Nutrition Education<br>Kristin Zellert                      | Food for Event                   | 300.00                    | 300.00  |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 607.83

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/19/2014 |                                |
| through                 | 12/31/2014 | Page 13 of 49                  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

I.D. NUMBER

1363687

| 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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|-------------------------------|--------------------|---|------------------------------------|
| 11/03/2014         | United Democratic Campaign Berkely-Albany-Emeryville (UDCBAE)                                       | <input type="checkbox"/> Monetary Contribution<br><input checked="" type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Election Night Event Expenses | 300.00             | 300.00  |                                    |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                               |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                               |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                               |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                               |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                               |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |  |                               | 300.00             |   |                                    |

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 300.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 300.00

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/19/2014 |                                |
| through                 | 12/31/2014 | Page 14 of 49                  |
| I.D. NUMBER             |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Renesse Abram<br>Berkeley, CA 94607                                 | SAL  |    |                        | 69.26       |
| Renesse Abram<br>Berkeley, CA 94607                                 | SAL  |    |                        | 34.63       |
| Matthew Anderson<br>Oakland, CA 94609                               | SAL  |    |                        | 923.50      |

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

**SUBTOTAL \$** 1,027.39

**Schedule E Summary**

- |  |                 |                   |
|--|-----------------|-------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | 323,423.45        |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | 8.82              |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              | 0.00              |
| 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 \$</b> | <b>323,432.27</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page 15 of 49                  |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Matthew Anderson<br>Oakland, CA 94609                               | SAL  |    |                        | 1,385.25    |
| Authorize.net<br>American Fork, UT 84003                            |      |    | Merchant Card Fees     | 56.45       |
| Authorize.net<br>American Fork, UT 84003                            |      |    | Merchant Card Fees     | 5.72        |
| William Bennett-Knox<br>Oakland, CA 94610                           | SAL  |    |                        | 923.50      |
| William Bennett-Knox<br>Oakland, CA 94610                           | SAL  |    |                        | 1,385.25    |

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

**SUBTOTAL \$** 3,756.17

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page 16 of 49                  |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT        | AMOUNT PAID |
|---|------|----|-------------------------------|-------------|
| Brantley Pierce Fundraising<br>Berkeley, CA 94703                   | CTB  |    | Election Night Event Expenses | 300.00      |
| Jennifer Browne<br>Berkeley, CA 94702                               | SAL  |    |                               | 173.15      |
| Jennifer Browne<br>Berkeley, CA 94702                               | SAL  |    |                               | 465.26      |
| Amanda Christensen<br>Oakland, CA 94606                             | SAL  |    |                               | 923.50      |
| Amanda Christensen<br>Oakland, CA 94606                             | SAL  |    |                               | 1,385.25    |

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

**SUBTOTAL \$** 3,247.16



**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/19/2014 |                                |
| through                 | 12/31/2014 | Page <u>17</u> of <u>49</u>    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

1363687

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Kathleen Coffey<br>Berkeley, CA 94703                               | SAL  |    |                        | 66.09       |
| Kathleen Coffey<br>Berkeley, CA 94703                               | SAL  |    |                        | 215.73      |
| Lisa Cohen<br>Brookfield, CT 06804                                  | SAL  |    |                        | 197.21      |
| Lisa Cohen<br>Brookfield, CT 06804                                  | SAL  |    |                        | 197.21      |
| Louis Cuneo<br>Berkeley, CA 94704                                   | SAL  |    |                        | 189.26      |

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

**SUBTOTAL \$** 865.50

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page <u>18</u> of <u>49</u>    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Louis Cuneo<br>Berkeley, CA 94704                                   | SAL  |    |                        | 66.09       |
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 24.05       |
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 4.74        |
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 2.55        |
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 5.82        |

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

**SUBTOTAL \$** 103.25

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page 19 of 49                  |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

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|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 2.19        |
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 4.55        |
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 5.83        |
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 7.28        |
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 40.04       |

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

**SUBTOTAL \$ 59.89**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/19/2014 |                                |
| through                 | 12/31/2014 | Page 20 of 49                  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

1363687

**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                        |
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| 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                      |
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| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 3.82        |
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 13.95       |
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 3.64        |
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 4.38        |
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 62.39       |

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

**SUBTOTAL \$ 88.18**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page <u>21</u> of <u>49</u>    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

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|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
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| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 1.10        |
| Cyber Source Corporation<br>Foster City, CA 94404                   |      |    | Merchant Card Fees     | 16.56       |
| Rocio De Oregon<br>Berkeley, CA 94703                               | SAL  |    |                        | 864.54      |
| Rocio De Oregon<br>Berkeley, CA 94703                               | SAL  |    |                        | 1,223.60    |
| Robin Dean<br>Oakland, CA 94611                                     | SAL  |    |                        | 166.32      |

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

**SUBTOTAL \$** 2,272.12

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page <u>22</u> of <u>49</u>    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Raiven Dickerson<br>Richmond, CA 94804                              | SAL  |    |                        | 923.50      |
| Raiven Dickerson<br>Richmond, CA 94804                              | SAL  |    |                        | 1,154.37    |
| Adam Edell<br>Oakland, CA 94606                                     | SAL  |    |                        | 720.48      |
| Adam Edell<br>Oakland, CA 94606                                     | SAL  |    |                        | 1,006.55    |
| Fairbank Maslin Maullin Mertz & Associates<br>Oakland, CA 94612     | POL  |    |                        | 11,750.00   |

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

**SUBTOTAL \$** 15,554.90

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page 23 of 49                  |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR   | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|------|------------------------|-------------|
| Deandre Foster Jr<br>Hayward, CA 94541                              | SAL  |      |                        | 923.50      |
| Deandre Foster Jr<br>Hayward, CA 94541                              | SAL  |      |                        | 1,385.25    |
| Jet'Aime Foster<br>San Francisco, CA 94124                          | SAL  |      |                        | 923.50      |
| Jet'Aime Foster<br>San Francisco, CA 94124                          | SAL  |      |                        | 1,385.25    |
| John Gordon<br>Berkeley, CA 94709                                   |      | Rent |                        | 900.00      |

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

**SUBTOTAL \$** 5,517.50

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page 24 of 49                  |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT       | AMOUNT PAID |
|---|------|----|------------------------------|-------------|
| Rickey Grady<br>Berkeley, CA 94702                                  | SAL  |    |                              | 813.39      |
| Rickey Grady<br>Berkeley, CA 94702                                  | SAL  |    |                              | 1,385.25    |
| Ariella Granett<br>Berkeley, CA 94703                               |      |    | Election Night Entertainment | 500.00      |
| Chelsea Gregory<br>Oakland, CA 94608                                | CNS  |    |                              | 1,000.00    |
| Linda Guyton<br>Berkeley, CA 94703                                  | SAL  |    |                              | 69.26       |

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

**SUBTOTAL \$** 3,767.90



**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page 25 of 49                  |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

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|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
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| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Linda Guyton<br>Berkeley, CA 94703                                  | SAL  |    |                        | 301.14      |
| Rachel Haight<br>Berkeley, CA 94702                                 | SAL  |    |                        | 138.52      |
| Karen Hembry<br>Oakland, CA 94608                                   | SAL  |    |                        | 923.50      |
| Karen Hembry<br>Oakland, CA 94608                                   | SAL  |    |                        | 1,385.25    |
| Internal Revenue Service<br>Ogden, UT 84401                         |      |    | Payroll Taxes          | 4,779.77    |

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

**SUBTOTAL \$** 7,528.18

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page 26 of 49                  |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

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| 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 |
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| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Internal Revenue Service<br>Ogden, UT 84401                         |      |    | Payroll Taxes          | 8,344.37    |
| Gregory Jackson<br>Oakland, CA 94605                                | SAL  |    |                        | 96.97       |
| Gregory Jackson<br>Oakland, CA 94605                                | SAL  |    |                        | 96.97       |
| Jane Norling Design<br>Berkeley, CA 94703                           |      |    | Lawn Sign Design       | 500.00      |
| Andrea Lotker<br>Alameda, CA 94501                                  | SAL  |    |                        | 762.96      |

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

**SUBTOTAL \$** 9,801.27

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page 27 of 49                  |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Andrea Lotker<br>Alameda, CA 94501                                  | SAL  |    |                        | 1,049.02    |
| Candida Martinez<br>Oakland, CA 94609                               | SAL  |    |                        | 53.89       |
| Candida Martinez<br>Oakland, CA 94609                               | SAL  |    |                        | 207.56      |
| Tom Meyer<br>Berkeley, CA 94709                                     | LIT  |    |                        | 500.00      |
| Miller & Olson LLP<br>Burlingame, CA 94010                          | PRO  |    |                        | 10,142.98   |

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

**SUBTOTAL \$** 11,953.45

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page 28 of 49                  |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Miller & Olson LLP<br>Burlingame, CA 94010                          | PRO  |    |                        | 4,248.10    |
| Mission Strategies LLC<br>San Francisco, CA 94110                   | CNS  |    |                        | 5,000.00    |
| Joyce Moore<br>Berkeley, CA 94704                                   | SAL  |    |                        | 204.81      |
| Joyce Moore<br>Berkeley, CA 94704                                   | SAL  |    |                        | 608.12      |
| Susan Park<br>Oakland, CA 94601                                     | SAL  |    |                        | 285.74      |

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

**SUBTOTAL \$** 10,346.77

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/19/2014 |                                |
| through                 | 12/31/2014 | Page 29 of 49                  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

1363687

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

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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Carol Pinell-Gentry<br>Oakland, CA 94609                            | SAL  |    |                        | 103.89      |
| Carol Pinell-Gentry<br>Oakland, CA 94609                            | SAL  |    |                        | 380.94      |
| Post Newspaper Group<br>Oakland, CA 94612                           | PRT  |    |                        | 1,500.00    |
| Primepay<br>Foster City, CA 94404                                   |      |    | Payroll Fees           | 119.68      |
| Primepay<br>Foster City, CA 94404                                   |      |    | Payroll Fees           | 562.50      |

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

**SUBTOTAL \$** 2,667.01

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page <u>30</u> of <u>49</u>    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

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| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Primepay<br>Foster City, CA 94404                                   |      |    | Payroll Fees           | 140.18      |
| PrintPro<br>San Lorenzo, CA 94580                                   | LIT  |    |                        | 29,097.99   |
| PrintPro<br>San Lorenzo, CA 94580                                   | LIT  |    |                        | 7,896.33    |
| PrintPro<br>San Lorenzo, CA 94580                                   | LIT  |    |                        | 97,219.08   |
| Lolis Ramirez<br>Oakland, CA 94611                                  | CNS  |    |                        | 3,000.00    |

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

**SUBTOTAL \$** 137,353.58

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page <u>31</u> of <u>49</u>    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Rochelle Rawls Shaw<br>Richmond, CA 94803                           | SAL  |    |                        | 207.79      |
| Rochelle Rawls Shaw<br>Richmond, CA 94803                           | SAL  |    |                        | 361.57      |
| Holly Scheider<br>Berkeley, CA 94703                                | SAL  |    |                        | 1,852.66    |
| Scott Sellers<br>Berkeley, CA 94706                                 | SAL  |    |                        | 297.45      |
| Allison Shiozaki<br>Berkeley, CA 94703                              | SAL  |    |                        | 204.81      |

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

**SUBTOTAL \$** 2,924.28

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page 32 of 49                  |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Latonya Short<br>Oakland, CA 94605                                  | SAL  |    |                        | 923.50      |
| Latonya Short<br>Oakland, CA 94605                                  | SAL  |    |                        | 577.19      |
| Sara Soka<br>Berkeley, CA 94709                                     |      |    | See schedule G         | 269.59      |
| Sara Soka<br>Berkeley, CA 94709                                     | CNS  |    |                        | 4,000.00    |
| Sara Soka<br>Berkeley, CA 94709                                     | CNS  |    |                        | 1,000.00    |

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

**SUBTOTAL \$** 6,770.28



**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page <u>33</u> of <u>49</u>    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

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| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Sara Soka<br>Berkeley, CA 94709                                     | CNS  |    |                        | 1,250.00    |
| Sara Soka<br>Berkeley, CA 94709                                     |      |    | See schedule G         | 5,717.02    |
| Sara Soka<br>Berkeley, CA 94709                                     | CNS  |    |                        | 3,000.00    |
| Sara Soka<br>Berkeley, CA 94709                                     | OFC  |    |                        | 70.18       |
| Sara Soka<br>Berkeley, CA 94709                                     | CNS  |    |                        | 4,500.00    |

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

**SUBTOTAL \$** 14,537.20

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page <u>34</u> of <u>49</u>    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

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| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Naomi Sorbet<br>Oakland, CA 94703                                   | SAL  |    |                        | 277.05      |
| Naomi Sorbet<br>Oakland, CA 94703                                   | SAL  |    |                        | 402.01      |
| Evelyn Soto<br>Oakland, CA 94606                                    | CNS  |    |                        | 3,500.00    |
| Evelyn Soto<br>Oakland, CA 94606                                    | CNS  |    |                        | 875.00      |
| Evelyn Soto<br>Oakland, CA 94606                                    | CNS  |    |                        | 1,000.00    |

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

**SUBTOTAL \$** 6,054.06

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page 35 of 49                  |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

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| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Statewide Information Systems<br>Sacramento, CA 95816               |      |    | Voter Data             | 7,000.00    |
| Maria Tellez<br>Pittsburg, CA 94565                                 | CNS  |    |                        | 3,000.00    |
| Maria Tellez<br>Pittsburg, CA 94565                                 | CNS  |    |                        | 750.00      |
| Maria Tellez<br>Pittsburg, CA 94565                                 | CNS  |    |                        | 1,000.00    |
| The Organizing and Leadership Academy<br>Oakland, CA 94611          | PRT  |    |                        | 1,000.00    |

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

**SUBTOTAL \$** 12,750.00

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page 36 of 49                  |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

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| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Phoebe Thomas Sorgen<br>Berkeley, CA 94708                          | SAL  |    |                        | 69.26       |
| Phoebe Thomas Sorgen<br>Berkeley, CA 94708                          | SAL  |    |                        | 69.26       |
| Tramutola Advisors<br>Oakland, CA 94611                             |      |    | Copying                | 651.81      |
| Tramutola Advisors<br>Oakland, CA 94611                             | CNS  |    |                        | 35,500.00   |
| Tramutola Advisors<br>Oakland, CA 94611                             |      |    | See Schedule G         | 1,350.39    |

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

**SUBTOTAL \$** 37,640.72

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page <u>37</u> of <u>49</u>    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

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| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Tramutola Advisors<br>Oakland, CA 94611                             | CNS  |    |                        | 15,000.00   |
| Tramutola Advisors<br>Oakland, CA 94611                             | CNS  |    |                        | 5,000.00    |
| US Bank<br>Sacramento, CA 95814                                     |      |    | Bank Fee               | 74.00       |
| Luis Valenzuela<br>Oakland, CA 94062                                | SAL  |    |                        | 720.48      |
| Luis Valenzuela<br>Oakland, CA 94062                                | SAL  |    |                        | 1,006.55    |

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

**SUBTOTAL \$** 21,801.03

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page <u>38</u> of <u>49</u>    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Beth Weinberger<br>Richmond, CA 94805                               | SAL  |    |                        | 243.93      |
| Beth Weinberger<br>Richmond, CA 94805                               | SAL  |    |                        | 356.00      |
| Sophia Weiss<br>Berkeley, CA 94703                                  | SAL  |    |                        | 923.50      |
| Sophia Weiss<br>Berkeley, CA 94703                                  | SAL  |    |                        | 1,385.25    |
| Shabreia Williams<br>Oakland, CA 94601                              | SAL  |    |                        | 741.73      |

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

**SUBTOTAL \$** 3,650.41

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/19/2014 |                                |
| through   | 12/31/2014 | Page <u>39</u> of <u>49</u>    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Shabreia Williams<br>Oakland, CA 94601                              | SAL  |    |                        | 1,385.25    |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$** 1,385.25

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |            |                            |
|---|------------|----------------------------|
| Statement covers period   |            | <b>CALIFORNIA FORM 460</b> |
| from  | 10/19/2014 |                            |
| through   | 12/31/2014 | Page 40 of 49              |
| NAME OF FILER   |            | I.D. NUMBER                |
| Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg |            | 1363687                    |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT            | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|---|---|---------------------------------------|---|--|
| PrintPro<br>San Lorenzo, CA 94580                                      | See Schedule E for codes or descriptions. | 126,317.07  | 0.00                                  | 126,317.07  | 0.00   |
| Sara Soka<br>Berkeley, CA 94709  | See Schedule E for codes or descriptions. | 269.59  | 0.00                                  | 269.59  | 0.00   |
| Tramutola Advisors<br>Oakland, CA 94611                                | Printing and Traveling                    | 51,151.81   | 519.16                                | 51,151.81   | 519.16   |

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

|                     |              |          |              |        |
|---------------------|--------------|----------|--------------|--------|
| <b>SUBTOTALS \$</b> | 177,738.47\$ | 519.16\$ | 177,738.47\$ | 519.16 |
|---------------------|--------------|----------|--------------|--------|

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 519.16
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 177,738.47
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -177,219.31  
May be a negative number



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

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G

|                         |            |                             |
|-------------------------|------------|-----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b>  |
| from                    | 10/19/2014 |                             |
| through                 | 12/31/2014 | Page <u>41</u> of <u>49</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

I.D. NUMBER

1363687

NAME OF AGENT OR INDEPENDENT CONTRACTOR

PrintPro

**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)           |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| United States Postal Service<br>Berkeley, CA 94709                              | POS  |    |                        | 10,525.00   |
| United States Postal Service<br>Berkeley, CA 94709                              | POS  |    |                        | 31,570.00   |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 42,095.00

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

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 10/19/2014 |                            |
| through                 | 12/31/2014 | Page 42 of 49              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

I.D. NUMBER

1363687

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sara Soka

**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)           |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Action Without Borders<br>New York, NY 10001                                    | WEB  |    |                        | 80.00       |
| Alameda County Registrar of Voters<br>Oakland, CA 94612                         |      |    | Voter data             | 195.00      |
| Berkeley Screen Print Company<br>Berkeley, CA 94703                             | CMP  |    |                        | 218.00      |
| BevMo<br>Albany, CA 94706   |      |    | Event Supplies         | 282.46      |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 775.46**

\* 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.

FPPC Form 460 (January/05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule G (Continuation Sheet)**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G (CONT.)

Statement covers period  
 from 10/19/2014  
 through 12/31/2014

**CALIFORNIA FORM 460**

Page 43 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

1363687

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sara Soka

**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)           |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Button Makers.net<br>Seattle, WA 98108  | CMP  |    |                        | 310.00      |
| CallFire<br>Santa Monica, CA 90401  | PHO  |    |                        | 500.00      |
| Cancun Sabor Mexicano<br>Berkeley, CA 94704                                     |      |    | Food for Event         | 325.00      |
| Cheap Pete's Walnut Creek<br>Walnut Creek, CA 94596                             |      |    | Office Supplies        | 86.58       |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 1,221.58

\* 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.

FPPC Form 460 (January/05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule G (Continuation Sheet)**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G (CONT.)

Statement covers period  
 from 10/19/2014  
 through 12/31/2014

**CALIFORNIA FORM 460**

Page 44 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

1363687

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sara Soka

**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                      |
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| 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)           |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT       | AMOUNT PAID |
|---|------|----|------------------------------|-------------|
| CVS Pharmacy<br>Berkeley, CA 94704  |      |    | Office Supplies              | 70.10       |
| FedEx Office<br>Berkeley, CA 94704  |      |    | Copying and mailing services | 760.23      |
| FedEx Office<br>Berkeley, CA 94704  | POS  |    |                              | 7.28        |
| Home Depot<br>Emeryville, CA 94608  |      |    | Office Supplies              | 63.82       |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 901.43**

\* 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.

FPPC Form 460 (January/05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule G (Continuation Sheet)**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G (CONT.)

Statement covers period  
 from 10/19/2014  
 through 12/31/2014

**CALIFORNIA FORM 460**

Page 45 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

1363687

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sara Soka

**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)           |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| LMI.net<br>Berkeley, CA 94709   | WEB  |    |                        | 59.57       |
| NationBuilder<br>Los Angeles, CA 90013  | WEB  |    |                        | 69.00       |
| NationBuilder<br>Los Angeles, CA 90013  |      |    | Database               | 15.00       |
| Noah's New York Bagels<br>Berkeley, CA 94707                                    |      |    | Food for Event         | 119.92      |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 263.49**

\* 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.

FPPC Form 460 (January/05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule G (Continuation Sheet)**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G (CONT.)

Statement covers period  
 from 10/19/2014  
 through 12/31/2014

**CALIFORNIA FORM 460**

Page 46 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

1363687

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sara Soka

**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)           |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Safeway<br>Berkeley, CA 94709   |      |    | Food                   | 224.41      |
| Shell<br>Berkeley, CA 94702   |      |    | Office Supplies        | 50.00       |
| Smoke Berkeley<br>Berkeley, CA 94702  |      |    | Food for Event         | 1,097.50    |
| Staples<br>Berkeley, CA 94704   |      |    | Office Supplies        | 248.15      |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 1,620.06**

\* 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.

FPPC Form 460 (January/05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule G (Continuation Sheet)**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G (CONT.)

Statement covers period  
 from 10/19/2014  
 through 12/31/2014

**CALIFORNIA FORM 460**

Page 47 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

1363687

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sara Soka

**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)           |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Trader Joe's<br>Berkeley, CA 94703  |      |    | Food for Event         | 191.99      |
| Verizon Wireless<br>Berkeley, CA 94704  | PHO  |    |                        | 395.00      |
| Walmart<br>Oakland, CA 94621  | PHO  |    |                        | 58.08       |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 645.07**

\* 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.

FPPC Form 460 (January/05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G

|                         |            |                             |
|-------------------------|------------|-----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b>  |
| from                    | 10/19/2014 |                             |
| through                 | 12/31/2014 | Page <u>48</u> of <u>49</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

I.D. NUMBER

1363687

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Tramutola Advisors

**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                                    |
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| LIT campaign literature and mailings                              | PRT print ads                                 | 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT   | AMOUNT PAID |
|---|------|----|--------------------------|-------------|
| Complete Business Systems<br>Livermore, CA 94551                                |      |    | Copies                   | 251.90      |
| Piedmont Copy<br>Oakland, CA 94611  |      |    | Copies                   | 470.75      |
| Piedmont Copy<br>Oakland, CA 94611  |      |    | Copies                   | 399.91      |
| Lolis Ramirez<br>Oakland, CA 94611  |      |    | Food and Office Supplies | 799.99      |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 1,922.55

\* 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.

FPPC Form 460 (January/05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



**Schedule G (Continuation Sheet)**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

Statement covers period  
 from 10/19/2014  
 through 12/31/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Yes on Measure D, Healthy Child Initiative Ballot Measure Committee with major funding by Michael Bloomberg

1363687

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Tramutola Advisors

**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)           |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Larry Tramutola<br>Oakland, CA 94611  |      |    | Parking                | 75.75       |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 75.75**

\* 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.