COVER PAGE

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)	Date Stamp	CALIFORNIA FORM 460
from 7/01/2018	November 6, 2018	RECEIVED OCT 01 2018 CITY ADMINISTRATION	Page _____ of _____
through 9/22/2018			For Official Use Only

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

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

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

Missing page from packet

3. Committee Information

I.D. NUMBER: 1405986

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Susan Seaman for Mayor 2018

STREET ADDRESS (NO P.O. BOX): 1316 F St.

CITY: Eureka | STATE: CA | ZIP CODE: 95501 | AREA CODE/PHONE:

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: Sarah West

MAILING ADDRESS: 2127 C St.

CITY: Eureka | STATE: CA | ZIP CODE: 95501 | AREA CODE/PHONE:

NAME OF ASSISTANT TREASURER, IF ANY: Susan Seaman

MAILING ADDRESS: 1316 F St.

CITY: Eureka | STATE: CA | ZIP CODE: 95501 | 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 9/28/2018 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 9/28/2018 (Date) By Susan Seaman (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

CALIFORNIA FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Susan Seaman

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

Eureka Mayor

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1316 F St. Eureka, CA 95501

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 7/01/2018 through 9/22/2018

CALIFORNIA FORM 460

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Susan Seaman

I.D. NUMBER: 1405986

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ $8,484.25	$ $10,814.25
2. Loans Received	*Schedule B, Line 3*	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ $8,484.25	$ $10,814.25
4. Nonmonetary Contributions	*Schedule C, Line 3*	$100	$100
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ $8,584.25	$ $10,914.25

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ $6,252.45	$ $6,616.14
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ $6,252.45	$ $6,616.14
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	$100	$100
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ $6,352.45	$ $6,716.14

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ $1966.31
13. Cash Receipts	*Column A, Line 3 above*	$8,484.25
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	$6,252.45
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ $4,198.11

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — *See instructions on reverse* — $ 0

19. Outstanding Debts — *Add Line 2 + Line 9 in Column B above* — $ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$
___/___/___	$

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 7/01/2018
through 9/22/2018

CALIFORNIA FORM 460

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Susan Seaman

I.D. NUMBER
1405986

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/25/2018	Ben Brown 258 Hillsdale St. Eureka CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Yoga Teacher, Self Employed	$500.00	$500.00	$500.00
9/11/2018	Alexandra Stillman P.O. Box 1194 Arcata CA 95518	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief Compliance Officer, Papa and Barkley	$100.00	$100.00	$100.00
8/08/2018	Wendy Cerruti 111 Hawthorne Dr. Pleasant Hill CA 94523	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Senior Program Manager, Blue Shield of California	$250.00	$250.00	$250.00
8/09/2018	Cody Johns 1920 William St. Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Senior Clinical Supervisor, Autism Learning Center	$100.00	$100.00	$100.00
8/13/2018	Kathy Miller 4724 Patricia Dr. Eureka, CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Controller, Hilfiker Pipe Company	$300.00	$300.00	$300.00
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ $4,663
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ $3,821.25
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ $8,484.25

*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
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 7/01/2018
through 9/22/2018

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Susan Seaman

I.D. NUMBER
1405986

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/17/2018	Susan O'Connor 2614 Pigeon Point Rd. Eureka, CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100.00	$100.00	$100.00
7/20/2018	Dale Preston 1333 H St. Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Radiation Scientist Hirosoft International	$250.00	$250.00	$250.00
7/20/2018	David Mulhern 3524 Edgewood Rd. Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self, Real Estate Investor	$250.00	$250.00	$250.00
7/21/2018	Leila Roberts 5436 Noe Ave. Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director, Northcoast SBDC	$100.00	$100.00	$100.00
7/25/2018	Ken Miller 1658 Ocean Dr. McKinleyville, CA 95519	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	None.	$150.00	$150.00	$150.00
			SUBTOTAL $			

Schedule A Summary

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

*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
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 7/01/2018
through 9/22/2018

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Susan Seaman

I.D. NUMBER
1405986

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/03/2018	Amy O'Connor 865 New Navy Base Rd. Samoa, CA 95564	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor, Humboldt State University	$263.00	$263.00	$263.00
8/03/2018	John O'Connor 865 New Navy Base Rd. Samoa, CA 95564	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief Compliance Officer, Papa & Barkley	$500.00	$500.00	$500.00
9/11/2018	M. Lisa Dugan 760 Montana Rd. McKinleyville, CA 95519	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director of Child Support Services, Humboldt County, DHHS	$200.00	$200.00	$200.00
9/21/2018	Richard Marks 110 Rideout Samoa, CA 95564	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self, Consultant	$100.00	$100.00	$100.00
9/11/2018	Building and Construction Trades Council of Humboldt-Del Norte Counties P.A.C. 902325	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500.00	$500.00	$500.00
			SUBTOTAL $			

Schedule A Summary

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

*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
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 7/01/2018
through 9/22/2018

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Susan Seaman

I.D. NUMBER
1405986

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/2018	Central Labor Council of Humboldt Del Norte Counties AFL-CIO	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	N/A	$500.00	$500.00	$500.00
9/21/2018	United Food Commercial Workers Local 5 PAC	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	N/A	$500.00	$500.00	$500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $		

Schedule A Summary

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

*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
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from 7/01/2018
through 9/22/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Susan Seaman

I.D. NUMBER: 1405986

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)
7/10/2018	Brandi Easter Photography	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Campaign Portraits	$100.00	$100.00	$100.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $**

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ $100.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** $100.00

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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/01/2018
through 9/22/2018

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Susan Seaman

I.D. NUMBER
1405986

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Carson Park Design 2607 H St, Eureka, CA 95501	CMP		$1,427.86
Humboldt Bay Harbor Madaket Cruise 1 C St, Eureka, CA 95501	FND	Reserve Madaket for Fundraising Event	$360
Political Data INC PO Box 59570, Norwalk, CA 90652		Voter Data	219.03

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

SUBTOTAL $ $2,006.89

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ $5,937.76
2. Unitemized payments made this period of under $100 ..... $ $314.69
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** $6,252.45

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/01/2018
through 9/22/2018

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Susan Seaman

I.D. NUMBER
1405986

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Fed Ex Office Supply Store 2021 5th St. Eureka, CA 95501 US	CMP		$141.58
The Central Office 326 I St, Eureka, CA 95501	CMP		$106.76
Brandi Easter Photography 5197 Ericson Way, Arcata, CA		Photos for campaign materials	$150.00
Scrapper's Edge 728 4th St, Eureka, CA 95501	CMP		$214.96
Times Printing 106 T St, Eureka, CA 95501	CMP		$530.57

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

SUBTOTAL $ $1,143.87

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/01/2018
through 9/22/2018

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Susan Seaman

I.D. NUMBER
1405986

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Sequoia Park Zoological Society 3414 W St, Eureka, CA 95503		Ticket to Zootini	$125.00
Shirt Circuit 2030 1st St, Eureka, CA 95501		Campaign TShirts	$206.00
City of Eureka	FIL		$460.00
Jenna Catsos 1335 William St. Eureka CA 95501	CNS		$1,758.00
Senior News P.O. Box 201 Cutten, CA 95534	PRT		$238.00

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

SUBTOTAL $ $2,787