Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 7

For Official Use Only

Date Stamp: RECEIVED OCT 2 2018 CITY ADMINISTRATION

SEE INSTRUCTIONS ON REVERSE

Statement covers period: from 9/23/2018 through 10/20/2018

Date of election if applicable: (Month, Day, Year) 11/6/2018

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER: 1408038

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Bergel for City Council 2018

STREET ADDRESS (NO P.O. BOX): 825 S Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95501	7074988086

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: Linda Atkins

MAILING ADDRESS: 825 S Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95501	7074988086

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 10/24/18 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 10/24/18 (Date) By [signature] (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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Kim Bergel

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

Eureka City Council Ward 5

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

1312 K Street 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.

SUMMARY PAGE

Statement covers period from 9/23/2018 through 10/20/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Bergel for City Council 2018

I.D. NUMBER: 1408038

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 3098.00	$ 8229.00
2. Loans Received	*Schedule B, Line 3*		
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 3098.00	$ 8229.00
4. Nonmonetary Contributions	*Schedule C, Line 3*		
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 3098.00	$ 8229.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 5291.73	$ 6989.65
7. Loans Made	*Schedule H, Line 3*		
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 5291.73	$ 6989.65
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*		
10. Nonmonetary Adjustment	*Schedule C, Line 3*		
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 5291.73	$ 6989.65

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 3433.08
13. Cash Receipts	*Column A, Line 3 above*	3098.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	
15. Cash Payments	*Column A, Line 8 above*	5291.73
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 1239.35

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.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 9/23/2018
through 10/20/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bergel for City Council 2018

I.D. NUMBER
1408038

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)
9/25/2018	Jon OConnor 865 New Navy Base Drive Somoa, CA 95564	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Complience and Real Estate Papa and Barkley	500.00	500.00	
9/30/2018	William Pierson 950 Freshwater Rd. Eureka, CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Piersons Building Center	500.00	500.00	
10/12/2018	Carpenters Local 751 940 E St. Suite 12 Eureka, CA 95501	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/11/2018	David Mulhern 3524 Edgewood Rd. Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed Teal Estate	500.00	500.00	
10/12/2018	Ed Olsgard 2020 Fern Eureka, CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	250.00	250.00	
			SUBTOTAL $	2250.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 2850.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 248.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 3098.00

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 9/23/2018
through 10/20/2018

CALIFORNIA FORM 460

NAME OF FILER: Bergel for City Council 2018

I.D. NUMBER: 1408038

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)
9/26/2018	Richard Marks 110 Rideout St. Somoa, CA 95564	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self Marks Consulting	100.00	100.00	
9/24/2018	National Union of Healthcare Workers 5801 1787 Tribute Rd., Suite K Sacramento, CA 95815	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	600.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
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SCC – Small Contributor Committee

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 9/23/2018
through 10/20/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bergel for City Council 2018

I.D. NUMBER
1408038

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Humboldt Democratic Central Committee 940 E St. Eureka, CA 95501	CTB	Sponsor Democrat of the Year	250.00
Senior News 1910 California St. Eureka, CA 95501	PRT	Print AD	238.00
North Coast Journal 310 F St Eureka, CA 95501		Online ads in NCJ and Kym Kemp	400.00

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

SUBTOTAL $ 888.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 5177.73
2. Unitemized payments made this period of under $100 ..... $ 114.00
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 $** 5291.73

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 9/23/2018 through 10/20/2018

CALIFORNIA FORM 460

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NAME OF FILER: Bergel for City Council 2018

I.D. NUMBER: 1408038

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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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Lost Coast Outpost 1400 Main St #104 Fortuna, CA 95536		Online ads	625.00
Carson Park Designs 2607 H St Eureka, CA 95501	PRO	Ad design	185.00
North Coast Journal 310 F St Eureka, CA 95501	PRT	Print ads	1395.00
Times Printing 106 T St Eureka, CA 95501	LIT	Absentee mailers	584.73
Lost Coast Communications 1400 Main St #104 Fortuna, CA 95536	RAD		1500.00

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

SUBTOTAL $ 4289.73