Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 13

For Official Use Only

RECEIVED Date Stamp OCT 22 2020 CITY ADMINISTRATOR

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 9/20/2020 through 10/17/2020

Date of election if applicable: (Month, Day, Year) November 3, 2020

1. pe 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. pe of Statement:

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

2nd Pre-election statement

3. ommittee Information

I.D. NUMBER: 1432511

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Scott Bauer for Fourth Ward of Eureka City Council 2020

STREET ADDRESS (NO P.O. BOX): 1505 15th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95501	707-672-6630

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: P.O. Box 6263

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95502	707-672-6630

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Charlene Swenson

MAILING ADDRESS: P.O. Box 6263

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95501	707-326-3881

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 22 Oct 2020 (Date) By Charlene A Swenson (Signature of Treasurer or Assistant Treasurer)

Executed on 10/22/2020 (Date) By Scott Bauer (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

Scott Bauer

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

Eureka City Council, Fourth Ward

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1505 15th 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 9/20/2020 through 10/17/2020

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Scott Bauer for Fourth Ward of Eureka City Council 2020

I.D. NUMBER: 1432511

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 7,085.00	$ 12,164.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 7,085.00	$ 12,164.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 7,085.00	$ 12,164.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 8,233.37	$ 9,901.37
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 8,233.37	$ 9,901.37
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	498.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 8,233.37	$ 10,399.37

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 3,411.00
13. Cash Receipts	Column A, Line 3 above	7,085.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	8,233.37
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 2,262.63

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 — $

19. Outstanding Debts — Add Line 2 + Line 9 in Column B above — $ 0.00

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. mulative 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 9/20/2020 through 10/17/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Scott Bauer for Fourth Ward of Eureka City Council 2020

I.D. NUMBER: 1432511

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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/2020	Robert Greacen 2600 Susan Avenue Arcata, CA 95521	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Conservation Director, Friends of the Eel River	100.00	100.00	
9/25/2020	Brandon Klith 2561 Donna Drive Eureka, CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Registered Nurse, St. Joseph Hospital	100.00	100.00	
9/25/2020	Dale Preston 1335 H Street Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Statistician/Epidemiologist, Hirosoft International	500.00	500.00	
9/26/2020	David Mulhern 526 5th Street Eureka, CA 95501-1033	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	500.00	500.00	
9/28/2020	Susan O'Connor 2614 Pigeon Point Eureka, CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	100.00	100.00	
			SUBTOTAL $	1,300.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 5,450.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1,635.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 7,085.00

*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 9/20/2020
through 10/17/2020

CALIFORNIA FORM 460

NAME OF FILER
Scott Bauer for Fourth Ward of Eureka City Council 2020

I.D. NUMBER
1432511

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2020	Adrian Kamada 55 7th Street Arcata, CA 95521	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney, Humboldt County	100.00	100.00	
9/28/2020	JJ Katri 1619 West Avenue Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Electrical Contractor, Katri and Dart Electrical	250.00	250.00	
9/28/2020	Mike Buettner 1216 Hayes Street Eureka, CA 95501	☑ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	100.00	100.00	
9/29/2020	Scott Talbott 3204 Q Street Eureka, CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	100.00	100.00	
9/29/2020	Andrea Tuttle 1215 Union Street Arcata, CA 95521	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	100.00	100.00	
			SUBTOTAL $ 650.00			

*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 9/20/2020
through 10/17/2020

CALIFORNIA FORM 460

NAME OF FILER
Scott Bauer for Fourth Ward of Eureka City Council 2020

I.D. NUMBER
1432511

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2020	Bonnie Neely 3979 Glenwood Court Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Senior Policy Advisor, Nossaman LLP	250.00	250.00	
10/4/2020	Bruce Young 5062 Jacoby Creek Road Bayside, CA 95524	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	100.00	100.00	
10/2/2020	Robert Pagliuco 841 Stapp Road McKinleyville, CA 95519	☑ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Biologist, National Marine Fisheries Service	150.00	150.00	
10/6/2020	Elizabeth Murguia 3471 California Street Eureka, CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	200.00	500.00	
10/10/2020	Christine Janisse 15520 SW Bristol Lane Beaverton, OR 97005	☑ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Laborer, Moto Perpetuo Farm	100.00	100.00	
			SUBTOTAL $	800.00		

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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 9/20/2020
through 10/17/2020

CALIFORNIA FORM 460

NAME OF FILER
Scott Bauer for Fourth Ward of Eureka City Council 2020

I.D. NUMBER
1432511

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2020	Aaron Read 3390 Holly Drive Sacramento, CA 95854	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Government Advocacy, Aaron Read and Associates	500.00	500.00	
10/16/2020	Kathleen Read 3390 Holly Drive Sacramento, CA 95854	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	500.00	500.00	
10/16/2020	David Aumentado 1731 Wild Canary Street McKinleyville, CA 95519	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Facilities Manager, Papa and Barkley	500.00	500.00	
9/21/2020	Lauren Smith 4720 Greenwood Heights Drive Kneeland, CA 95549	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor, The Key Group	125.00	125.00	
9/21/2020	Victoria Copeland 1905 17th Street Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor, The Key Group	125.00	125.00	
			SUBTOTAL $	1,750.00		

*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 9/20/2020
through 10/17/2020

CALIFORNIA FORM 460

NAME OF FILER
Scott Bauer for Fourth Ward of Eureka City Council 2020

I.D. NUMBER
1432511

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2020	Robert and Shirley Mantyne 3006 Dolbeer Street, Eureka, CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
10/7/2020	Mark Benzinger 5383 Kneeland Road Kneeland, CA 95549	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President, Mercer Fraser Company	500.00	500.00	
10/9/2020	Ted Toppin 2826 Yardley Place El Dorado Hills, CA 95762	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President, Blanning and Baker	500.00	500.00	
10/13/2020	Blanning and Baker 100 Pine Street San Francisco, CA 94111	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $ 1,600.00		

*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

Amounts may be rounded to whole dollars.

Statement covers period
from 9/20/2020
through 10/17/2020

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Scott Bauer for Fourth Ward of Eureka City Council 2020

I.D. NUMBER: 1432511

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ 0.00	$ 0.00	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 0.00 DATE DUE	____% RATE $ ____	$ ____ DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
Gina Bauer 1505 15th Street Eureka, CA 95501 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Registered Nurse St. Joseph Hospital	$ ____	$ 50.00	☑ PAID $ 50.00 ☐ FORGIVEN $ ____	$ 0.00 DATE DUE	____% RATE $ ____	$ 50.00 DATE INCURRED 10/11/20	CALENDAR YEAR $ ____ PER ELECTION** $ ____
Gina Bauer 1505 15th Street Eureka, CA 95501 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Registered Nurse St. Joseph Hospital	$ ____	$ 118.00	☑ PAID $ 118.00 ☐ FORGIVEN $ ____	$ 0.00 DATE DUE	____% RATE $ ____	$ 118.00 DATE INCURRED 10/13/20	CALENDAR YEAR $ 168.00 PER ELECTION** $ ____
		SUBTOTALS	$ 168.00	$ 168.00	$ 0.00	$		

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

Schedule B Summary

1. Loans received this period ..... $ 168.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 168.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. 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

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from 9/20/2020
through 10/17/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Scott Bauer for Fourth Ward of Eureka City Council 2020

I.D. NUMBER
1432511

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)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 0.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 0.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ _____
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 $** 0.00

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

Amounts may be rounded to whole dollars.

SCHEDULE D

CALIFORNIA FORM 460

Statement covers period from 9/20/2020 through 10/17/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Scott Bauer for Fourth Ward of Eureka City Council 2020

I.D. NUMBER: 1432511

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)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
				SUBTOTAL $ 0.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 0.00
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 99.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL .. $ 99.00

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 9/20/2020
through 10/17/2020

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Scott Bauer for Fourth Ward of Eureka City Council 2020

I.D. NUMBER
1432511

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
Visual Concepts 820 N Street, Ste. #2 Arcata, CA 95521	LIT		883.25
Times Printing 106 T Street Eureka, CA 95501	LIT		4,982.86
Lost Coast Communications P.O. Box 25 Ferndale, CA 95536	RAD		764.00

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

SUBTOTAL $ 6,630.11

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 7,963.11
2. Unitemized payments made this period of under $100 ..... $ 270.26
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.) ..... **TOTAL $** 8,233.37

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 9/20/2020 through 10/17/2020

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Scott Bauer for Fourth Ward of Eureka City Council 2020

I.D. NUMBER: 1432511

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
North Coast Journal 310 F Street Eureka, CA 95501	PRT		895.00
Square Space 225 Varick Street, 12th Floor New York, NY 10014	WEB		118.00
Pen and Pine 1335 Williams Eureka, CA 95501	CMP		220.00
David Miller 805 Sun Vista Court Rio Linda, CA 95673	RFD		100.00

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

SUBTOTAL $ 1,333.00