

# Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA  
FORM  
**460**

**FILED**  
Date Stamp

DEC 19 2016

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For Official Use Only

**ALBANY CITY CLERK**

Date of election if applicable:  
(Month, Day, Year)  
Nov. 8, 2016

Statement covers period  
from Oct. 23, 2016  
through Dec. 10, 2016

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

## 3. Committee Information

ID. NUMBER  
1389305

### Treasurer(s)

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

Committee to Support Giesen-Fields for City Council 2016

NAME OF TREASURER

Erik Giesen-Fields

MAILING ADDRESS

P.O. Box 6292

STREET ADDRESS (NO P.O. BOX)

329 Jefferson Street

CITY

Oakland

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

P.O. Box 6292

CITY

Albany

OPTIONAL: FAX / E-MAIL ADDRESS

info@erikgiesenfields.com

CITY

Albany

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

Albany

OPTIONAL: FAX / E-MAIL ADDRESS

STATE

CA

ZIP CODE

94607

AREA CODE/PHONE

(510) 359-8554

STATE

CA

ZIP CODE

94706

AREA CODE/PHONE

(510) 359-8554

STATE

CA

ZIP CODE

94706

AREA CODE/PHONE

(510) 359-8554

## 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 December 10, 2016  
Date

Executed on December 10, 2016  
Date

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

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

By

By

By

By

Assistant Treasurer

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Erik Giesen-Fields

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Albany, California City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
329 Jefferson Street Oakland, CA 94607

**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 | <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

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from Oct. 23, 2016  
through Dec. 10, 2016

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Support Giesen-Fields for City Council 2016

I.D. NUMBER  
1389305

## 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    | \$ 1,279.49  | \$ 3,985.85                                |
| 2. Loans Received..... Schedule B, Line 3            | (3,349)  | 0  |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | (2,069.51)   | 3,985.85                                   |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0  | 0  |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | (2,069.51)   | 3,985.85                                   |

## Expenditures Made

|  |             |             |
|--|-------------|-------------|
| 6. Payments Made..... Schedule E, Line 4                   | \$ 1,027.19 | \$ 5,013.04 |
| 7. Loans Made..... Schedule H, Line 3                      | 0           |             |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | 1,027.19    | 5,013.04    |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0           |             |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | 0           |             |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | 1,027.19    | 5,013.04    |

## Current Cash Statement

|  |             |
|--|-------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ 2,069.51 |
| 13. Cash Receipts..... Column A, Line 3 above                              | (2,069.51)  |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | 0           |
| 15. Cash Payments..... Column A, Line 8 above                              | 1,027.19    |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | 0           |

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

## LOAN GUARANTEES RECEIVED

|  |      |
|--|------|
| 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 |

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

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

## Expenditure Limit Summary for State Candidates

|  |                |               |
|--|----------------|---------------|
| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) | \$ _____       | Total to Date |
| Date of Election (mm/dd/yy)  | ____/____/____ |               |

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

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).

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

## CALIFORNIA FORM 460

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from Oct. 23, 2016  
through Dec. 10, 2016

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| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 10/31/2016         | Adam Von Kreuzhof<br>480 West Broadway Fl. 2<br>New York, NY 10012                           | <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 | Unemployed   | 200                         | 200   |                                    |
| 11/1/2016          | Linda Giesen<br>121 E. 1st Street, P.O. Box 389<br>Dixon, IL 61021                           | <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 | Self Employed<br>Dixon & Giesen Law<br>Offices   | 200                         | 400   |                                    |
| 11/03/2016         | Linda Rodriguez<br>140 Camden Plaza West, Apt. 27a<br>New York, NY 10012                     | <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 | Vice President<br>Chase Philantropy  | 100                         | 100   |                                    |
| 11/10/2016         | Mary Giesen<br>2821 Santa Clara Street<br>Richmond, CA 94804                                 | <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  | 300                         | 300   |                                    |
| 11/19/2016         | Allene Sieling<br>325 Hill Way<br>San Carlos, CA 94070                                       | <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  | 400                         | 400   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>1,200</b>                |   |                                    |

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,200

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 79.49

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,279.49

\*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.

**CALIFORNIA 460  
FORM**

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| FULL NAME, STREET ADDRESS AND ZIP CODE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*  | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
|---|---|---|--|--|---|--|--------------------------------------|---|
| Erik Giesen-Fields<br>P.O. Box 6292<br>Albany, CA 94706   | Attorney/Architect<br>NSA LLP   | \$ 3,349  | \$ 0                                     | <input checked="" type="checkbox"/> PAID<br>\$ 1,972.32<br><input checked="" type="checkbox"/> FORGIVEN<br>\$ 1,376.68 | \$ 0  | 0 %                                    | \$ 3,349<br>7/30/2016                | \$ 3,349<br>PER ELECTION**                    |
| <input checked="" 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>DATE INCURRED            | \$ _____<br>PER ELECTION**                    |
| <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>DATE INCURRED            | \$ _____<br>PER ELECTION**                    |
| <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>DATE INCURRED            | \$ _____<br>PER ELECTION**                    |
| <b>SUBTOTALS</b>  |   | \$ _____  | \$ _____                                 | \$ _____   | \$ _____  | \$ _____                               | \$ _____                             | \$ _____                                      |

**Schedule B Summary**

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

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ (3,349)  
(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 \$ (3,349)  
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 E Payments Made

Amounts may be rounded  
to whole dollars.

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

IMB 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID   |
|---|------|----|------------------------|---------------|
| FedEx<br>9889 San Pablo Ave<br>El Cerrito, CA 94530                 | LIT  | .  |                        | 884.09        |
| Facebook<br>1 Hacker Way<br>Menlo Park, CA 94025                    | WEB  |    |                        | 104.27        |
|   |      |    |                        |               |
| <b>SUBTOTAL \$</b>  |      |    |                        | <b>988.36</b> |

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

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 988.36
- Unitemized payments made this period of under \$100 ..... \$ 38.83
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 1027.19