Desirient Committee				COVER PAGE				
Recipient Committee Campaign Statement Cover Page			RECEIVED	california 460 form				
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{7/1/17}{}$ through $\frac{9/23/17}{}$	Date of election if applica (Month, Day, Year)	OCT 022017 CITY CLERK	Page of				
1. Type of Recipient Committee: All Committees - Co	2. Type of Stateme	ent:						
O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Exp. Change for D	atement Speci ement 410 Termination)	terly Statement ial Odd-Year Report red. No change				
3. Committee Information	D. NUMBER 1396404	Treasurer(s)	· · · · · · · · · · · · · · · · · · ·					
STREET ADDRESS (NO P.O. BOX) MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS CITY NAME OF ASSISTANT THE	Starbin ASONER, IFANT ANNE Moore					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR F.C. BOX		WAILING ADDRESS 0						
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COI	DE AREA CODE/PHONE				
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL A	ADDRESS					
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on	By Signature of Controll	Signature of Treasurer or A	Assistant Treasurer asure Proponent or Responsible Officer of Sponsor					
Date	Sign	nature of Controlling Officeholder, Can	ndidate, State Measure Proponent					

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from	17		DRM 460
P				through $\frac{9/23}{}$	/17	Page _	8_ of_//_
NAME OF FILER	Fair Rents 4 Pairfica					1.D. NU 13°	MBER 96404
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/8/17		☑IND □COM □OTH □PTY □SCC	Retired	150.00	150,00		
7/12/17	Δ ¹	☐IND ☐COM ☑OTH ☐PTY ☐SCC		211.00	211.06		7
7/30/17	Adrienne Zanini	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Refired	/60.00	150.00		
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
SUBTOTAL \$ 461							

*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