

**Recipient Committee
Campaign Statement
Cover Page**

Town of Atherton
City Clerk Department

CALIFORNIA FORM **460**

OCT 05 2020

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For Official Use Only

RECEIVED

Statement covers period
from 07/01/2020
through 09/19/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

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)
correction
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
not received but filed

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Diana for Atherton city council- Diana Hawkins Manuelian

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Atherton CA 94027 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
diana@dianahawkinsmanuelian.com

Treasurer(s)

NAME OF TREASURER
George Manuelian

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Atherton CA 94027 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS
[REDACTED]

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 the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the

Executed on 10/05/2020
Date

Executed on 10/05/2020
Date

Executed on _____
Date

Executed on _____
Date

[REDACTED SIGNATURE]

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Secretary of Sponsor

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Diana Hawkins Mianuelian
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Atherton City Council
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Atherton CA 94027

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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		
CITY STATE ZIP CODE AREA CODE/PHONE		
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		
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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 07/01/2020
through 09/19/2020

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SUMMARY PAGE
CALIFORNIA
FORM
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Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 2000	\$
2. Loans Received.....	Schedule B, Line 3	\$
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$	\$
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$	\$

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 639.09	\$
7. Loans Made.....	Schedule H, Line 3 0	\$
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 0	\$
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$
10. Nonmonetary Adjustment.....	Schedule G, Line 3	\$
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 639.09	\$

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 2000	
13. Cash Receipts.....	Column A, Line 3 above	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	
15. Cash Payments.....	Column A, Line 8 above	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1360.91	

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

17. LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2 \$

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse \$
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$

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.

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.

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SCHEDULE A

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
9/18/2020	George Manueilian [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amazon - Global Partner Manager	2000	2000	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals) \$ 2000
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2000

*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.

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NAME OF FILER

Diana Hawkins Manuelian

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
Vitsa Print www.vistaprint.com 877-603-9 626	LIT	yard signs	639.09

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

SUBTOTAL \$ 639.09

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 639.09
2. Unitemized payments made this period of under \$100	\$ 0
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 \$ 639.09