

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lincoln Webster

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City Council

Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of East Palo Alto Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2021, through December 31, 2021. Leaving Office: Date Left ____/____/_____
(Check one circle.)
- or- The period covered is ____/____/_____, through The period covered is January 1, 2021, through the date of leaving office.
- Assuming Office: Date assumed ____/____/_____. -or- The period covered is ____/____/_____, through the date of leaving office.
- Candidate: Date of Election 11/08/2022 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached
- Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

East Palo Alto CA 94303

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 08/03/2022
(month, day, year)

Signature _____

Print Clear

Instructions Cover Page

Enter your name, mailing address, and daytime telephone number in the spaces provided. **Because the Form 700 is a public document, you may list your business/office address instead of your home address.**

Part 1. Office, Agency, or Court

- Enter the name of the office sought or held, or the agency or court. Consultants must enter the public agency name rather than their private firm's name. (Examples: State Assembly; Board of Supervisors; Office of the Mayor; Department of Finance; Hope County Superior Court)
- Indicate the name of your division, board, or district, if applicable. (Examples: Division of Waste Management; Board of Accountancy; District 45). **Do not use acronyms.**
- Enter your position title. (Examples: Director; Chief Counsel; City Council Member; Staff Services Analyst)
- If you hold multiple positions (i.e., a city council member who also is a member of a county board or commission), you may be required to file statements with each agency. To simplify your filing obligations, you may complete an expanded statement.
 - To do this, enter the name of the other agency(ies) with which you are required to file and your position title(s) in the space provided. **Do not use acronyms.** Attach an additional sheet if necessary. Complete one statement covering the disclosure requirements for all positions. Each copy must contain an original signature. Therefore, before signing the statement, make a copy for each agency. Sign each copy with an original signature and file with each agency.

If you assume or leave a position after a filing deadline, you must complete a separate statement. For example, a city council member who assumes a position with a county special district after the April annual filing deadline must file a separate assuming office statement. In subsequent years, the city council member may expand his or her annual filing to include both positions.

Example:

Brian Bourne is a city council member for the City of Lincoln and a board member for the Camp Far West Irrigation District – a multi-county agency that covers Placer and Yuba counties. Brian will complete one Form 700 using full disclosure (as required for the city position) and covering interests in both Placer and Yuba counties (as required for the multi-county position) and list both positions on the Cover Page. Before signing the statement, Brian will make a copy and sign both statements. One statement will be filed with City of Lincoln and the other will be filed with Camp Far West Irrigation District. Both will contain an original signature.

Part 2. Jurisdiction of Office

- Check the box indicating the jurisdiction of your agency and, if applicable, identify the jurisdiction. Judges, judicial candidates, and court commissioners have statewide jurisdiction. All other filers should review the Reference Pamphlet, page 13, to determine their jurisdiction.

- If your agency is a multi-county office, list each county in which your agency has jurisdiction.
- If your agency is not a state office, court, county office, city office, or multi-county office (e.g., school districts, special districts and JPAs), check the “other” box and enter the county or city in which the agency has jurisdiction.

Example:

This filer is a member of a water district board with jurisdiction in portions of Yuba and Sutter Counties.

1. Office, Agency, or Court	
Agency Name (Do not use acronyms) Feather River Irrigation District	
Division, Board, Department, District, if applicable N/A	Your Position Board Member
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)	
Agency: N/A	Position: _____
2. Jurisdiction of Office (Check at least one box)	
<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input checked="" type="checkbox"/> Multi-County <u>Yuba & Sutter Counties</u>	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input type="checkbox"/> Other _____

Part 3. Type of Statement

Check at least one box. The period covered by a statement is determined by the type of statement you are filing. If you are completing a 2019 annual statement, **do not** change the pre-printed dates to reflect 2020. Your annual statement is used for reporting the **previous year's** economic interests. Economic interests for your annual filing covering January 1, 2020, through December 31, 2020, will be disclosed on your statement filed in 2021. See Reference Pamphlet, page 4.

Combining Statements: Certain types of statements may be combined. For example, if you leave office after January 1, but before the deadline for filing your annual statement, you may combine your annual and leaving office statements. File by the earliest deadline. Consult your filing officer or the FPPC.

Part 4. Schedule Summary

- Complete the Schedule Summary after you have reviewed each schedule to determine if you have reportable interests.
- Enter the total number of completed pages including the cover page and either check the box for each schedule you use to disclose interests; **or** if you have nothing to disclose on any schedule, check the “No reportable interests” box. Please **do not** attach any blank schedules.

Part 5. Verification

Complete the verification by signing the statement and entering the date signed. All statements must have an original “wet” signature or be duly authorized by your filing officer to file electronically under Government Code Section 87500.2. **When you sign your statement, you are stating, under penalty of perjury, that it is true and correct.** Only the filer has authority to sign the statement. An unsigned statement is not considered filed and you may be subject to late filing penalties.

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

*Investments must be itemized.
Do not attach brokerage or financial statements.*

Name _____

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____/_____/19 _____/_____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____/_____/19 _____/_____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____/_____/19 _____/_____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____/_____/19 _____/_____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____/_____/19 _____/_____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____/_____/19 _____/_____/19
 ACQUIRED DISPOSED

Comments: _____

Instructions – Schedules A-1 and A-2 Investments

"Investment" means a financial interest in any business entity (including a consulting business or other independent contracting business) that is located in, doing business in, planning to do business in, or that has done business during the previous two years in your agency's jurisdiction in which you, your spouse or registered domestic partner, or your dependent children had a direct, indirect, or beneficial interest totaling \$2,000 or more at any time during the reporting period. (See Reference Pamphlet, page 13.)

Reportable investments include:

- Stocks, bonds, warrants, and options, including those held in margin or brokerage accounts and managed investment funds (See Reference Pamphlet, page 13.)
- Sole proprietorships
- Your own business or your spouse's or registered domestic partner's business (See Reference Pamphlet, page 8, for the definition of "business entity.")
- Your spouse's or registered domestic partner's investments even if they are legally separate property
- Partnerships (e.g., a law firm or family farm)
- Investments in reportable business entities held in a retirement account (See Reference Pamphlet, page 15.)
- If you, your spouse or registered domestic partner, and dependent children together had a 10% or greater ownership interest in a business entity or trust (including a living trust), you must disclose investments held by the business entity or trust. (See Reference Pamphlet, page 16, for more information on disclosing trusts.)
- Business trusts

You are not required to disclose:

- Government bonds, diversified mutual funds, certain funds similar to diversified mutual funds (such as exchange traded funds) and investments held in certain retirement accounts. (See Reference Pamphlet, page 13.) (Regulation 18237)
- Bank accounts, savings accounts, money market accounts and certificates of deposits
- Insurance policies
- Annuities
- Commodities
- Shares in a credit union
- Government bonds (including municipal bonds)
- Retirement accounts invested in non-reportable interests (e.g., insurance policies, mutual funds, or government bonds) (See Reference Pamphlet, page 15.)

- Government defined-benefit pension plans (such as CalPERS and CalSTRS plans)
- Certain interests held in a blind trust (See Reference Pamphlet, page 16.)

Use Schedule A-1 to report ownership of less than 10% (e.g., stock). Schedule C (Income) may also be required if the investment is not a stock or corporate bond. (See second example below.)

Use Schedule A-2 to report ownership of 10% or greater (e.g., a sole proprietorship).

To Complete Schedule A-1:

Do not attach brokerage or financial statements.

- Disclose the name of the business entity.
- Provide a general description of the business activity of the entity (e.g., pharmaceuticals, computers, automobile manufacturing, or communications).
- Check the box indicating the highest fair market value of your investment during the reporting period. If you are filing a candidate or an assuming office statement, indicate the fair market value on the filing date or the date you took office, respectively. (See page 20 for more information.)
- Identify the nature of your investment (e.g., stocks, warrants, options, or bonds).
- An acquired or disposed of date is only required if you initially acquired or entirely disposed of the investment interest during the reporting period. The date of a stock dividend reinvestment or partial disposal is not required. Generally, these dates will not apply if you are filing a candidate or an assuming office statement.

Examples:

Frank Byrd holds a state agency position. His conflict of interest code requires full disclosure of investments. Frank must disclose his stock holdings of \$2,000 or more in any company that is located in or does business in California, as well as those stocks held by his spouse or registered domestic partner and dependent children.

Alice Lance is a city council member. She has a 4% interest, worth \$5,000, in a limited partnership located in the city. Alice must disclose the partnership on Schedule A-1 and income of \$500 or more received from the partnership on Schedule C.

Reminders

- Do you know your agency's jurisdiction?
- Did you hold investments at any time during the period covered by this statement?
- Code filers – your disclosure categories may only require disclosure of specific investments.

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

1. BUSINESS ENTITY OR TRUST

Webster Lynch
[REDACTED] Bay Area Atty, IA 94301

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Data programming Consulting

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 ____/____/19 ____/____/19
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Data Scientist

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

~~Protonomics, LLC~~ Protonomics, LLC

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 ____/____/19 ____/____/19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 ____/____/19 ____/____/19
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 ____/____/19 ____/____/19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

Instructions – Schedule A-2

Investments, Income, and Assets of Business Entities/Trusts

Use Schedule A-2 to report investments in a business entity (including a consulting business or other independent contracting business) or trust (including a living trust) in which you, your spouse or registered domestic partner, and your dependent children, together or separately, had a 10% or greater interest, totaling \$2,000 or more, during the reporting period and which is located in, doing business in, planning to do business in, or which has done business during the previous two years in your agency's jurisdiction. (See Reference Pamphlet, page 13.) A trust located outside your agency's jurisdiction is reportable if it holds assets that are located in or doing business in the jurisdiction. Do not report a trust that contains non-reportable interests. For example, a trust containing only your personal residence not used in whole or in part as a business, your savings account, and some municipal bonds, is not reportable.

Also report on Schedule A-2 investments and real property held by that entity or trust if your pro rata share of the investment or real property interest was \$2,000 or more during the reporting period.

To Complete Schedule A-2:

Part 1. Disclose the name and address of the business entity or trust. If you are reporting an interest in a business entity, check "Business Entity" and complete the box as follows:

- Provide a general description of the business activity of the entity.
- Check the box indicating the highest fair market value of your investment during the reporting period.
- If you initially acquired or entirely disposed of this interest during the reporting period, enter the date acquired or disposed.
- Identify the nature of your investment.
- Disclose the job title or business position you held with the entity, if any (i.e., if you were a director, officer, partner, trustee, employee, or held any position of management). A business position held by your spouse is not reportable.

Part 2. Check the box indicating **your pro rata** share of the **gross** income received **by** the business entity or trust. This amount includes your pro rata share of the **gross** income **from** the business entity or trust, as well as your community property interest in your spouse's or registered domestic partner's share. Gross income is the total amount of income before deducting expenses, losses, or taxes.

Part 3. Disclose the name of each source of income that is located in, doing business in, planning to do business in, or that has done business during the previous two years in your agency's jurisdiction, as follows:

- Disclose each source of income and outstanding loan **to the business entity or trust** identified in Part 1 if your pro rata share of the **gross** income (including your community property interest in your spouse's or registered domestic partner's share) to the business entity or trust from that source was \$10,000 or more during the reporting

period. (See Reference Pamphlet, page 11, for examples.) Income from governmental sources may be reportable if not considered salary. See Regulation 18232. Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.

- Disclose each individual or entity that was a source of commission income of \$10,000 or more during the reporting period through the business entity identified in Part 1. (See Reference Pamphlet, page 8.)

You may be required to disclose sources of income located outside your jurisdiction. For example, you may have a client who resides outside your jurisdiction who does business on a regular basis with you. Such a client, if a reportable source of \$10,000 or more, must be disclosed.

Mark "None" if you do not have any reportable \$10,000 sources of income to disclose. Phrases such as "various clients" or "not disclosing sources pursuant to attorney-client privilege" are not adequate disclosure. (See Reference Pamphlet, page 14, for information on procedures to request an exemption from disclosing privileged information.)

Part 4. Report any investments or interests in real property held or leased **by the entity or trust** identified in Part 1 if your pro rata share of the interest held was \$2,000 or more during the reporting period. Attach additional schedules or use FPPC's Form 700 Excel spreadsheet if needed.

- Check the applicable box identifying the interest held as real property or an investment.
- If investment, provide the name and description of the business entity.
- If real property, report the precise location (e.g., an assessor's parcel number or address).
- Check the box indicating the highest fair market value of your interest in the real property or investment during the reporting period. (Report the fair market value of the portion of your residence claimed as a tax deduction if you are utilizing your residence for business purposes.)
- Identify the nature of your interest.
- Enter the date acquired or disposed only if you initially acquired or entirely disposed of your interest in the property or investment during the reporting period.

Candidate Intention Statement

CALIFORNIA
FORM 501

Who Files:

A candidate for state or local office must file this form for each election, including reelection to the same office. Exception: Candidates for county central committee that do not raise or spend \$2,000 or more in a calendar year are not required to file a Form 501.

When to File:

File the Form 501 before you solicit or receive any contributions or before you make expenditures from personal funds on behalf of your candidacy. This form is considered filed the date it is postmarked or hand delivered. Ensure campaign deadlines are met. Go to www.fppc.ca.gov for most campaign disclosure filing schedules or check with your local filing officer.

Where to File:

State Candidates (including Judges):

Secretary of State
Political Reform Division
1500 11th Street, Room 495
Sacramento, CA 95814
Phone (916) 653-6224
www.sos.ca.gov

Local Candidates:

Generally your county election office or city clerk.
Electronic filing may be required.

Bank Account:

A separate campaign bank account must be established including for campaigns that are self-funded by the candidate. A bank account is not required if a candidate will not receive any contributions or make personal expenditures of less than \$2,000 in a calendar year. The filing and statement of qualification fees are not included in calculating the \$2,000.

How to Complete:

All candidates: Complete Parts 1 and 3.

Candidates for elective state office: Complete Parts 1, 2, and 3.

Exception: Candidates for an election to the California Public Employees' Retirement Board, the State Teachers' Retirement Board, judges, and judicial candidates do not complete Part 2.

Part 1. Candidate Information

- Enter your name and street address.
- Enter the title of the office sought, agency name, and district number if any (e.g., City Council Member, City of Smalltown, Dist. 5).
- Enter your political party preference if seeking a partisan office. For a list of qualified political parties, go to: www.sos.ca.gov/elections/political-parties/qualified-political-parties/.
- Check the appropriate box regarding the office's jurisdiction.

Part 2. Voluntary Expenditure Ceiling

This section applies to certain candidates for elective state office, including State Senate and Assembly and statewide offices.

The voluntary expenditure ceiling applicable to your office is set forth in FPPC Regulation 18545. You must state whether you accept or reject the expenditure ceiling. Candidates who accept the voluntary expenditure limit will be designated in either the state voter information guide (statewide candidates) or the county voter information guide (Senate and Assembly candidates) and may purchase space for a 250-word statement there.

You may amend the Form 501 to change your

acceptance or rejection of the voluntary expenditure ceiling only under the following circumstances:

- Between the date of filing an initial Form 501 for an election and the deadline for filing nomination papers for that election, you may amend your statement of acceptance or rejection of the voluntary expenditure ceiling no more than two times as long as the limit has not been exceeded.
- If you reject the voluntary expenditure ceiling in the primary or special election but do not exceed the ceiling during that election, you may amend the Form 501 to accept the expenditure ceiling for the general or special runoff election and receive all of the benefits accompanying the acceptance of the expenditure ceiling. The amended Form 501 must be filed within 14 days following the primary or special election.

Personal Funds Notification:

You must disclose, if applicable, the date you contribute personal funds to your own campaign that exceed the expenditure ceiling. File an amended Form 501 within 24 hours by guaranteed overnight delivery, personal delivery, or, if applicable, by electronic means.

Part 3. Verification

The verification is signed under penalty of perjury. This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual for your type of committee.

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Lincoln, Webster U	[REDACTED]	()	
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	East Palo Alto	CA	94303
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
City Council	City of East Palo Alto		PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)		2022	<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)	(Year of Election)	<input type="checkbox"/> SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08 08 2021
(month, day, year)

Signature [REDACTED]

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp

E-Filed
09/29/2022
23:32:48

Filing ID:
204935329

Statement covers period from <u>07/01/2022</u> through <u>09/24/2022</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/2022</u>
-------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination)
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

3. Committee Information

I.D. NUMBER
1449577

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Webster Lincoln for East Palo Alto City Council 2022

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>East Palo Alto</u>	<u>CA</u>	<u>94303</u>	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

lincoln.websteru@gmail.com

Treasurer(s)

NAME OF TREASURER

Webster Lincoln

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>East Palo Alto</u>	<u>CA</u>	<u>94303</u>	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

lincoln.websteru@gmail.com

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 09/29/2022
Date

By Webster Lincoln
Signature of Treasurer or Assistant Treasurer

Executed on 09/29/2022
Date

By Webster Lincoln
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
Webster Lincoln

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member City Council - East Palo Alto: City of East Palo Alto

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
<u></u>	<u>East Palo Alto</u>	<u>CA</u>	<u>94303</u>

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
<u></u>	<u></u>
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<u></u>	<u></u>
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
<u></u>	<u></u>
CITY	STATE ZIP CODE AREA CODE/PHONE
<u></u>	<u></u>

COMMITTEE NAME	I.D. NUMBER
<u></u>	<u></u>
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<u></u>	<u></u>
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
<u></u>	<u></u>
CITY	STATE ZIP CODE AREA CODE/PHONE
<u></u>	<u></u>

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u></u>	<u></u>	<u></u>

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
<u></u>	<u></u>

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
<u></u>	<u></u>	<u></u>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u></u>	<u></u>	<u></u>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u></u>	<u></u>	<u></u>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u></u>	<u></u>	<u></u>

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2022</u>	CALIFORNIA FORM 460
through <u>09/24/2022</u>	
Page <u>3</u> of <u>11</u>	I.D. NUMBER <u>1449577</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Webster Lincoln for East Palo Alto City Council 2022

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>750.00</u>	\$ <u>750.00</u>
2. Loans Received Schedule B, Line 3	<u>2,750.00</u>	<u>19,522.69</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>3,500.00</u>	\$ <u>20,272.69</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3,500.00</u>	\$ <u>20,272.69</u>

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	\$ _____	\$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>2,662.40</u>	\$ <u>2,678.14</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>2,662.40</u>	\$ <u>2,678.14</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>2,662.40</u>	\$ <u>2,678.14</u>

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
<u> </u> / <u> </u> / <u> </u>	\$ _____
<u> </u> / <u> </u> / <u> </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>-266.88</u>
13. Cash Receipts Column A, Line 3 above	<u>3,500.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>2,662.40</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>570.72</u>

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).

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

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
-------------------------------------------------------	----------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>19,522.69</u>

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page 4 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Webster Lincoln for East Palo Alto City Council 2022	I.D. NUMBER 1449577
-----------------------------------------------------------------------	------------------------

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)
09/09/2022	Niambi Lincoln East Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager Palo Alto Park Mutual Water Company	500.00	500.00	G2022 \$500.00
09/22/2022	Kenneth Harris East Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker Alpha Pacific Realty	250.00	250.00	G2022 \$250.00
		<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 \$				750.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 750.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 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 B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>5</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Webster Lincoln for East Palo Alto City Council 2022

I.D. NUMBER

1449577

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
Webster Lincoln East Palo Alto, CA 94303 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 335.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 335.00 DATE DUE	0% RATE \$ 0.00	\$ 335.00 08/06/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$ ^{G2020} 11,900.00
Webster Lincoln East Palo Alto, CA 94303 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 600.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 600.00 DATE DUE	0% RATE \$ 0.00	\$ 600.00 08/10/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$ ^{G2020} 11,900.00
Webster Lincoln East Palo Alto, CA 94303 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 600.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 600.00 DATE DUE	0% RATE \$ 0.00	\$ 600.00 08/30/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$ ^{G2020} 11,900.00
SUBTOTALS \$			0.00 \$	0.00 \$	1,535.00 \$	0.00		

Schedule B Summary

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

- Loans received this period \$ 2,750.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 2,750.00
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 B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>6</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Webster Lincoln for East Palo Alto City Council 2022

I.D. NUMBER

1449577

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
Webster Lincoln East Palo Alto, CA 94303		\$ 496.98	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 496.98 DATE DUE	0% RATE \$ 0.00	\$ 496.98 09/08/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$ G2020 11,900.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Webster Lincoln East Palo Alto, CA 94303		\$ 1,100.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,100.00 DATE DUE	0% RATE \$ 0.00	\$ 1,100.00 09/08/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$ G2020 11,900.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Webster Lincoln East Palo Alto, CA 94303		\$ 224.80	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 224.80 DATE DUE	0% RATE \$ 0.00	\$ 224.80 09/10/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$ G2020 11,900.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Webster Lincoln East Palo Alto, CA 94303		\$ 600.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 600.00 DATE DUE	0% RATE \$ 0.00	\$ 600.00 09/10/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$ G2020 11,900.00
SUBTOTALS \$			0.00 \$	0.00 \$	2,421.78 \$	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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>7</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Webster Lincoln for East Palo Alto City Council 2022

I.D. NUMBER

1449577

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
Webster Lincoln East Palo Alto, CA 94303		\$ 276.07	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 276.07 DATE DUE	0% RATE \$ 0.00	\$ 276.07 09/14/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$ G2020 11,900.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Webster Lincoln East Palo Alto, CA 94303		\$ 356.87	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 356.87 DATE DUE	0% RATE \$ 0.00	\$ 356.87 09/20/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$ G2020 11,900.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Webster Lincoln East Palo Alto, CA 94303		\$ 174.09	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 174.09 DATE DUE	0% RATE \$ 0.00	\$ 174.09 09/21/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$ G2020 11,900.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Webster Lincoln East Palo Alto, CA 94303		\$ 4,500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 4,500.00 DATE DUE	0% RATE \$ 0.00	\$ 4,500.00 09/22/2020 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$ G2020 11,900.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$			0.00 \$	0.00 \$	5,307.03 \$	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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>8</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Webster Lincoln for East Palo Alto City Council 2022

I.D. NUMBER

1449577

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
Webster Lincoln East Palo Alto, CA 94303		\$ <u>4,500.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>4,500.00</u> DATE DUE	<u>0</u> % RATE \$ <u>0.00</u>	\$ <u>4,500.00</u> <u>10/08/2020</u> DATE INCURRED	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION** \$ <u>G2020 11,900.00</u>
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Webster Lincoln East Palo Alto, CA 94303		\$ <u>2,000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>2,000.00</u> DATE DUE	<u> </u> % RATE \$ <u>0.00</u>	\$ <u>2,000.00</u> <u>10/26/2020</u> DATE INCURRED	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION** \$ <u>G2020 11,900.00</u>
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Webster Lincoln East Palo Alto, CA 94303		\$ <u>900.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>900.00</u> DATE DUE	<u> </u> % RATE \$ <u>0.00</u>	\$ <u>900.00</u> <u>11/01/2020</u> DATE INCURRED	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION** \$ <u>G2020 11,900.00</u>
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Webster Lincoln East Palo Alto, CA 94303		\$ <u>0.00</u>	\$ <u>50.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>50.00</u> DATE DUE	<u>0</u> % RATE \$ <u>0.00</u>	\$ <u>50.00</u> <u>07/18/2022</u> DATE INCURRED	CALENDAR YEAR \$ <u>2,750.00</u> PER ELECTION** \$ <u>G2022 2,750.00</u>
SUBTOTALS \$			\$ <u>50.00</u>	\$ <u>0.00</u>	\$ <u>7,450.00</u>	\$ <u>0.00</u>		

†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 B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>9</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Webster Lincoln for East Palo Alto City Council 2022

I.D. NUMBER

1449577

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
Webster Lincoln East Palo Alto, CA 94303		\$ 0.00	\$ 500.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 500.00 DATE DUE	0 % RATE \$ 0.00	\$ 500.00 09/06/2022 DATE INCURRED	CALENDAR YEAR \$ 2,750.00 PER ELECTION** \$ G2022 2,750.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Webster Lincoln East Palo Alto, CA 94303		\$ 0.00	\$ 2,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,000.00 DATE DUE	0 % RATE \$ 0.00	\$ 2,000.00 09/08/2022 DATE INCURRED	CALENDAR YEAR \$ 2,750.00 PER ELECTION** \$ G2022 2,750.00
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Webster Lincoln East Palo Alto, CA 94303		\$ 0.00	\$ 200.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 200.00 DATE DUE	0 % RATE \$ 0.00	\$ 200.00 09/21/2022 DATE INCURRED	CALENDAR YEAR \$ 2,750.00 PER ELECTION** \$ G2022 2,750.00
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$			2,700.00 \$	0.00 \$	2,700.00 \$	0.00		

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

†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.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page 10 of 11
NAME OF FILER		I.D. NUMBER
Webster Lincoln for East Palo Alto City Council 2022		1449577

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Webster Lincoln for East Palo Alto City Council 2022

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
GoDaddy.com, LLC Scottsdale, AZ 85260	WEB			119.88
GotPrint.com Burbank, CA 91506	CMP		Banners/Signs	1,145.00
H365 Printing Las Vegas, NV 89118	CMP		Shirts	340.00

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

SUBTOTAL \$ 1,604.88

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2,662.40
2. Unitemized payments made this period of under \$100	\$	0.00
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 \$	<u>2,662.40</u>

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>11</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
Webster Lincoln for East Palo Alto City Council 2022		1449577

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Webster Lincoln for East Palo Alto City Council 2022

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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
GotPrint.com Burbank, CA 91506	CMP		Banners/Signs	747.52
H365 Printing Las Vegas, NV 89118	CMP		Shirts	310.00

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

SUBTOTAL \$ 1,057.52