Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type 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 6)
   - ○ 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:
   - ○ Pre-election Statement
   - ○ Semi-annual Statement
   - ○ Termination Statement (Also file a Form 410 Termination)
   - ○ Amendment (Explain below)
   - ○ Quarterly Statement
   - ○ Special Odd-Year Report
   - ○ Supplemental Pre-election Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER 1464563
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Tristan Meyer for Larkspur City Council 2024

   STREET ADDRESS (NO P.O. BOX)
   Larkspur CA 94939

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   Long Beach CA 90802

   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 and belief, the information 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 12/23/23
   By
   Date

   Executed on 01/23/23
   By
   Date

   Executed on
   Date

   Executed on
   Date

   FPPC Form 460 (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov

www.netfile.com
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Tristan Meyer</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>City Council Member City of Larkspur District 2</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>Larkspur</td>
</tr>
<tr>
<td>CITY</td>
<td>CA</td>
</tr>
<tr>
<td>STATE</td>
<td>94939</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLING COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>JURISDICTION</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.

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### Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $0.00 $0.00
2. Loans Received ................................................. Schedule B, Line 3 $900.00 $900.00
3. SUBTOTAL CASH CONTRIBUTIONS ............. Add Lines 1 + 2 $900.00 $900.00
4. Nonmonetary Contributions ............................. Schedule C, Line 3 $0.00 $0.00
5. TOTAL CONTRIBUTIONS RECEIVED ............... Add Lines 3 + 4 $900.00 $900.00

### Expenditures Made

6. Payments Made ............................................. Schedule E, Line 4 $900.00 $900.00
7. Loans Made .................................................. Schedule H, Line 3 $0.00 $0.00
8. SUBTOTAL CASH PAYMENTS .......................... Add Lines 6 + 7 $900.00 $900.00
9. Accrued Expenses (Unpaid Bills) ..................... Schedule F, Line 3 $0.00 $0.00
10. Nonmonetary Adjustment .............................. Schedule C, Line 3 $0.00 $0.00
11. TOTAL EXPENDITURES MADE ......................... Add Lines 8 + 9 + 10 $900.00 $900.00

### Current Cash Statement

12. Beginning Cash Balance .............................. Previous Summary Page, Line 16 $0.00 $0.00
13. Cash Receipts ................................................. Column A, Line 3 above $900.00 $900.00
14. Miscellaneous Increases to Cash ..................... Schedule I, Line 4 $0.00 $0.00
15. Cash Payments .............................................. Column A, Line 8 above $900.00 $900.00
16. ENDING CASH BALANCE .............................. Add Lines 12 + 13 + 14, then subtract Line 15 $0.00 $0.00

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents ........................................... See instructions on reverse $0.00 $0.00
19. Outstanding Debts ....................................... Add Line 2 + Line 9 in Column B above $900.00 $900.00

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

- 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) $_______
- $_______

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

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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).

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**Schedule B – Part 1**

**Loans Received**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code Of Lender (If Committee, Also Enter I.D. Number)</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amount Received This Period</th>
<th>Amount Paid or Forgiven This Period*</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>Cumulative Contributions To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tristan Meyer</td>
<td>$0.00</td>
<td>$2,000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period
   
   (Total Column (b) plus unitemized loans of less than $100.)
   
   $2,000.00

2. Loans paid or forgiven this period
   
   (Total Column (c) plus loans under $100 paid or forgiven.)
   
   $1,100.00

3. Net change this period. (Subtract Line 2 from Line 1.)
   
   NET $900.00

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

** If required.

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**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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tristan Meyer for Larkspur City Council 2024

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

- CAMP: campaign paraphernalia/misc.
- CNS: campaign consultants
- CTB: contribution (explain nonmonetary)*
- CVC: civic donations
- FIL: candidate filing/ballot fees
- RND: fundraising events
- IND: independent expenditure supporting/opposing others (explain)*
- LEG: legal defense
- LIT: campaign literature and mailings
- MBR: 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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas &amp; Associates, LLC</td>
<td>PRO</td>
<td></td>
<td>350.00</td>
</tr>
<tr>
<td>Thomas &amp; Associates, LLC</td>
<td>PRO</td>
<td></td>
<td>500.00</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 850.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 850.00
2. Unitemized payments made this period of under $100 $ 50.00
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 $** 900.00

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