Desirient Committee		(4		COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from 7/1/24	Date of election if applicable: (Month, Day, Year)		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 9/21/24	11/5/24		
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termina Amendment (Explain below)	ation)	Quarterly Statement Special Odd-Year Report
3. Committee Information	I.D. NUMBER 1469702	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE		NAME OF TREASURER		
Lauren McCabe Herpich for Lafayette City Counci		Christopher Herpich		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
		Lafayette	CA	94549
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY	
	549			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	30X	MAILING ADDRESS		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and review	ewing this statement and to the best of my	knowledge the information contained herei	n and in the attache	ed 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	d correct.		
Executed on 9/25/24	Ву	a di		0-11-2-2-2-2-1
		Signature of Treasure of Assistant Treasur	X2	1
Executed on 9/25/24	By Signature of Con	ntrolling Officeholder, Candidate, State Measure Proponent	or Responsible Officer of	Sponsor
Executed on	Ву	Strangura of Controller Office Inc.		ostock roas
		Signature of Controlling Officeholder, Candidate, State Me	easure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Me	asure Proponent	- Marie - Constitution

(COVER PAGE - PART 2
CALI	ORM 460
Page _	1_ of_//_

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Lauren McCabe Herpich							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS Lafayette City Council	TRICT NUMBER IF A	PPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP					
		CA 94549		Identify the controlling offic	eholder, candi	date, or state measure pro	ponent, if any.
				NAME OF OFFICEHOLDER, CA	ANDIDATE, OR F	PROPONENT	CONTRACTOR OF THE STATE OF THE
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily forn			OFFICE SOUGHT OR HELD		DISTRICTN	O. IF ANY
COMMITTEE NAME .	I.D. NUMBER			***************************************			
NAME OF TREASURER	CONTROLLED C	COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offic) for which this	eholder Committee committee is primarily form	List names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITY STATE ZIF	CODE ARE	EA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	
NAME OF TREASURER	The second secon	OMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	oververse server	EA CODE/PHONE		Atta	ach continuati	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.	Statement covers period from $\frac{7/1/24}{}$		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE		throug	gh <u>9/21/24</u>	Page3 of//_		
NAME OF FILER				I.D. NUMBER		
Lauren McCabe Herpich for Lafayette City Council 2024				1469702		
Contributions Received	Column A	Column B	Calendar Year Su	mmary for Candidates		

Contributions Received Schedule A, Line 3 Loans Received	## Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{5462}{0}	## Column B	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	\$\frac{6642.75}{0}\$ \$\frac{6642.75}{0}\$ \frac{0}{60}\$ \$\frac{6702.75}{0}\$	\$\frac{7500.19}{0} \$\frac{7500.19}{0} \frac{0}{285} \$\frac{7785.19}{0}	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) /
12. Beginning Cash Balance	\$\frac{2402.56}{5462}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	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. FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 7/1/24		CALIFORNIA 460	
SEE INSTRUCT	IONS ON REVERSE			through 9/21/24		Page	4_of_//
NAME OF FILER	abe Herpich for Lafayette City Council 2024					1.D. NI 146970	JMBER 02
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
7/1/24	Renee Nowac Moraga, CA 94556	☑ IND □ COM □ OTH □ PTY □ SCC	Workplace Investigator Tik Tok	100	100		100
7/9/24	Vanessa Marcin Irvine, CA 92620	☑ IND □ COM □ OTH □ PTY	Career Advisor UCI	100	100		100

			SUBTOTA	AL \$ 900			
7/11/24	Maggie Rizzacasa Wilton, CT 06897	☑ IND □ COM □ OTH □ PTY □ SCC	Commercial Manager Financial Recovery Technologies	100	100	100	
7/10/24	John Dillon Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	Business Owner John F Dillon Inc	300	300	300	
7/9/24	Mark Lonergan ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	☑ IND □ COM □ OTH □ PTY □ SCC	Lawyer Severson & Werson	300	300	300	
7/9/24	Vanessa Marcin Irvine, CA 92620	☑ IND □ COM □ OTH □ PTY □ SCC	Career Advisor UCI	100	100	100	
·	Moraga, CA 94556	OTH PTY SCC	Tik Tok				

Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)

 \$\frac{4800}{2}\$

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

 *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

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/24	FORM 460			
through 9/21/24	Page			
	1.D. NUMBER 1469702			

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1 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)
7/14/24	Richard Cunningham Lafayette, CA 94549	OTH PTY	Retired	500	500	500
7/14/24	Emily Walters Lafayette, CA 94549	IND COM OTH PTY	Veterinarian Indexx	100	100	100
7/23/24	Alexis Bernstein Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	Health Coach Within Reach Nutrition	200	200	200
7/25/24	Pam Anderson Calistoga, CA 94515	IND COM OTH PTY SCC	Retired	100	100	100
7/30/24	Brian Haas Lafayette, CA 94549	IND COM	Physician UCSF	100	100	100

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(other than PTY or SCC)

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/24	CALIFORNIA 460
through 9/21/24	Page
Hard Berger Control of the Control o	1.D. NUMBER 1469702

Lauren McCabe Herpich for Lafayette City Council 2024 FULL NAME, STREET ADDRESS AND ZIP CODE OF AMOUNT **CUMULATIVE TO DATE** PER ELECTION IF AN INDIVIDUAL, ENTER DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CONTRIBUTOR CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) Z IND 7/30/24 Denise Winn Controller 150 150 150 □ COM Alumis Потн Lafayette, CA 94549 PTY SCC VIND. 8/13/24 Lawyer 100 100 100 Elizabeth Toben □ COM Self-Employed OTH Lafayette, CA 94549 ☐ PTY SCC **IND** 8/13/24 Retired 100 100 100 Dawn Eames □сом ОТН Moraga, CA 94556 **□PTY** SCC **IND** 500 8/16/24 CPA 500 500 Aaron Hunter □ сом Self-Employed □отн Lafayette, CA 94549 PTY □ scc **IND** 8/16/24 Niels Larsen **Business Owner** 500 500 500 □сом Self-Employed Потн Lafayette, CA 94549 □ PTY SCC

SUBTOTAL \$ 1350

*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 A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole dollars.		Statement covers period from 7/1/24		CALIFORNIA 460		
				through 9/21/24	Page	7_ of		
NAME OF FILER		**************************************		L	I.D. NUM	BER		
Lauren McCa	be Herpich for Lafayette City Council 2024				1469702	02		
	FILL NAME STREET ADDRESS AND ZIP CODE OF		IE AN INDIVIDUAL ENTER	AMOUNT CH	MULATIVE TO DATE	PER ELECTION		

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)
8/18/24	Eliot Hudson Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	Attorney Self-Employed	200	200	200
8/19/24	Anouschka Wardy Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	Self-Employed	100	100	100
8/25/24	Robert Baldwin Oakland, CA 94614	☑ IND □ COM □ OTH □ PTY □ SCC	Salesman Golden Gate Truck Center	500	500	500
9/3/24	Carly Starnitzky Lafayette, CA 94549	IND COM OTH PTY SCC	Stay-at-home Mom Kids	100	100	100
9/6/24	Patty Battersby Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100	100	100
			SUBTOTAL	t 1000		

*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 A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole dollars.		Statement covers period from 7/1/24		CALIFORNIA 460 FORM 460	
				through 9/21/24			
NAME OF FILER Lauren McCabe Herpich for Lafayette City Council 2024							MBER 02
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	CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/6/24	James Booth Lafayette, CA 94549	IND COM OTH PTY SCC	Business Development Manager Chevron	150	150		150
9/8/24	Karla Cook Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	Stay-at-home Mom Kids	200	200		200
9/8/24	Bartley Baer Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	Attorney Independent Contractor	200	200		200
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	550			

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IND - Individual

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(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party SCC - Small Contributor Committee

	ts may be rounded whole dollars.	Statement covers period from 7/1/24 through 9/21/24	CALIFORNIA 460 FORM Page of // I.D. NUMBER 1469702	
CNS campaign consultants MTG meet CTB contribution (explain nonmonetary)* OFC office CVC civic donations PET petitit candidate filling/ballot fees PHO phone fundraising events POL pollir independent expenditure supporting/opposing others (explain)* POS posts	nber communications tings and appearances e expenses ion circulating he banks ng and survey research age, delivery and messenger servi essional services (legal, accounting	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of returned contributions Campaign workers' salaries TRC candidate travel, lodging, and staff/spouse travel, lodging, at transfer between committees	ction costs meals nd meals of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
City of Lafayette 3675 Mt. Diablo Boulevard, Lafayette, CA 94549	FIL		529	
Minuteman Press 3289 Mt. Diablo Boulevard, Lafayette, CA 94549	СМР		234.89	
Pinnacle Promotions 1310 El Curtola Boulevard, Lafayette, CA 94549	СМР	au ar se gan ai so paraceir 1909 i 1900 i	841.60	
* Payments that are contributions or independent expenditures must also be summarized	on Schedule D.	SUE	STOTAL \$ 1605.49	
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotal 2. Unitemized payments made this period of under \$100			\$\frac{6165.38}{477.37}	

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Vistaprint

100 Hayden Avenue, Lexington, MA 02421

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period 7/1/24 from	CALIFORNIA 460			
through <u>9/21/24</u>	Page _/O of//			
	I.D. NUMBER			
	1469702			

NAME OF FILER Lauren McCabe Herpich for Lafayette City Council 2024 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 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 campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Gryco CMP 827.02 1547 3rd Avenue, Walnut Creek, CA 94597 Contra Costa County VOT 181,28 555 Escobar Street, Martinez, CA 94553 Costco **FND** 176.70 2400 Monument Boulevard, Concord, CA 94520 Cactus Taqueria **FND** 236.76 5642 College Avenue, Oakland, CA 94611 **CMP**

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

SUBTOTAL \$ 3556.71

2144.95

Schedule E	
(Continuation	Sheet)
Payments Mac	le

Amounts may be rounded

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	to whole dollars.	Statement covers period 7/1/24 from	california 460
SEE INSTRUCTIONS ON REVERSE		through <u>9/21/24</u>	Page of/
NAME OF FILER			I.D. NUMBER
Lauren McCabe Herpich for Lafayette City Council 20	024		1469702
CODES: If one of the following codes accurate	ly describes the payment, you may enter the co	ode. 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 independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND PRO professional services (legal, accounting) LEG legal defense VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYM	ENT AMOUNT PAID
Vistaprint 100 Hayden Avenue, Lexington, MA 02421	LIT	844.72
Squarespace, Inc. 225 Varick Street, 12th Floor, New York, NY 10013	WEB	158.46

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

SUBTOTAL \$ 1003.18

Recipient Committee Date Stamp CALIFORNIA / Campaign Statement FORM Cover Page Date of election if applicable: Statement covers period (Month, Day, Year) Official Use Only from 1/1/24 11/5/24 CITY OF LAFAYETTE through 6/30/24 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report O Recall Controlled Termination Statement Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) Amendment (Explain below) (Also Complete Parl 6) General Purpose Committee → Sponsored □ Primarily Formed Candidate/ Officeholder Committee Small Contributor Committee O Political Party/Central Committee (Also Complete Part 1) I.D. NUMBER 3. Committee Information Treasurer(s) 1469702 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Lauren McCabe Herpich for Lafayette City Council 2024 Christopher Herpich MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE STATE Lafavette CA 94549 CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Lafavette CA 94549 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY AREA CODE/PHONE ZIP CODE AREA CODE/PHONE STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS 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 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 <u>7/25/24</u> Executed on <u>7/25/24</u> Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on .

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

www.fppc.ca.gov

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIFORNIA 460					
FORM 400					
Page 2 of 9					

Officeholder or Candidate Controlled Commi	ttee		6.	Primarily Formed Ballo	t Measure Cor	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE			3	NAME OF BALLOT MEASURE			
Lauren McCabe Herpich							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER I	F APPLICABLE)	7.0	BALLOT NO, OR LETTER	JURISDICTION		SUPPORT
Lafayette City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY afayette	STATE ZIP CA 94549		Identify the controlling office	holder, candidate	, or state measure pro	ponent, if any.
			-31	NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PROP	PONENT	
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily for			OFFICE SOUGHT OR HELD	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	DISTRICT N	D. IF ANY
COMMITTEE NAME	I,D, NUMBER						
NAME OF TREASURER	CONTROLLE	D COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeho	older Committee	List names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	_		-0	NAME OF OFFICEHOLDER OR	CANDIDATE OF	FFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITY STATE ZIP CO		AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FFICE SOUGHT OR HEL	D □ SUPPORT □ OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE OF	FFICE SOUGHT OR HEL	D SUPPORT
NAME OF TREASURER	☐ YES	D COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FFICE SOUGHT OR HEL	SUPPORT
CITY STATE ZIP CO		AREA CODE/PHONE	Ī	Atta	ch continuation s	heets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1/1/24	FORM 460
through 6/30/24	Page 3 of 9
	I.D. NUMBER
	1469702

Lauren McCabe Herpich for Larayette City Council 2024			1469702
Contributions Received	Column A TOTAL THIS PERIOD (FROM AFTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$\frac{3260}{0} \\ \\$\frac{3260}{225} \\ \\$\frac{3485}{3485} \\ \$\$	3260 0 3260 225 3485	1/1 through 8/30 7/1 to Date
Expenditures Made 6. Payments Made	\$\frac{857.44}{0} \\$\frac{0}{857.44} \\$\frac{0}{0} \\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	857.44 0 857.44 0 0 857.44	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	3260 add Att am 557.44 of 5 am 5 be shown present this file only and 5 and 5 am 5 a	calculate Column B, d amounts in Column to the corresponding nounts from Column B your last report. Some nounts in Column A may negative figures that ould be subtracted from evious period amounts. If s is the first report being ad for this calendar year, ily carry over the amounts im Lines 2, 7, and 9 (if	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$ <u>0</u> any		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER			nts may be rounded whole dollars.	Statement covers period from 1/1/24 through 6/30/24		CALIFORNIA 460 FORM Page 4 of 9	
Lauren McC	Cabe Herpich for Lafayette City Council 2024					14697	02
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
5/24/24	Lauren McCabe Herpich Lafayette, CA 94549	ZIND COM OTH PTY	Self-employed Local Food Adventures	200 200			200
6/4/24	Alan Fraser Lafayette, CA 94549	ZIND COM OTH PTY SCC	Retired	tired 500 500			500
6/10/24	Janine Hedlund Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	Hairstylist Self-employed	100	100		100
6/10/24	Robert Barter Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100	100		100
6/10/24	Richard Herpich Orchard Lake, MI 48324	☑IND □COM □OTH □PTY □SCC	Retired	200	200		200
			SUBTOTAL	\$ 1100	1		

Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)

2350

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

 *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

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from 1/1/24		F	ORM 400
				through _6/30/24		Page .	5 of 9
Lauren McC	Cabe Herpich for Lafayette City Council 2024					1.D. NI 14697	UMBER 02
DATE	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)
6/10/24	Caitlin Varsalona Coral Springs, FL 33067	☑ IND □ COM □ OTH □ PTY □ SCC	Homemaker Self	100	100		100
6/11/24	Kathleen McCabe Bayonne, NJ 07002	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	250	250		250
6/13/24	Michael Tarrant Cary, NC 27511	OTH SCC	VP of Sales and Marketing Celito	100	100		100
6/14/24	Kelly Moore Juneau, AK 99801	IND COM OTH PTY	Business Owner Self	100	100		100
6/17/24	John LaVerne Charleston, SC 29401	IND COM OTH PTY	Tour Guide Bulldog Tours	100	100		100

SUBTOTAL \$ 650

*Contributor Codes
IND – Individual
COM – Reciplent Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from 1/1/24

				through 6/30/24		Page	6 of
NAME OF FILER Lauren McCa	abe Herpich for Lafayette City Council 2024					1.D. NU	UMBER 02
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 BUBINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
6/17/24	Jennifer & Eric Knutson Sacramento, CA 95816	IND COM OTH PTY	Manager Knutson Architecture	100	100		100
6/19/24	Douglas Quinby Atlanta, GA 30319	IND COM OTH PTY	Entrepreneur Arival	100	100		100
6/20/24	Jen Thomas Lafayette, CA 94594	ZIND COM OTH PTY SCC	Mom Kids	200	200		200
6/25/24	Cameron Kadison Marina del Rey, CA 90292	ZIND COM OTH PTY SCC	Media Mortar Media	100	100		100
6/27/24	Mahvash Fahd Lafayette, CA 94549	ZIND COM OTH PTY SCC	Consultant Self-Employed	100	100		100
			SUBTOTAL S	600			

*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 C		Amounts may be rounded to whole dollars.							SCHEDULE				
Nonmo	netary Contributions Received		to whole dollars.	Statement covers period from 1/1/24		Statement covers period			CALIFORNIA 460				
	-						FORM 400						
	CTIONS ON REVERSE				thro	ough <u>6/30/24</u>		Page 7	of9				
NAME OF FIL	ER							I.D. NUM	BER				
Lauren Me	Cabe Herpich for Lafayette City Council 2024							146970	2				
DÄTE 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)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALEN	ATIVE TO ATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)				
6/29/24	Robert and Kim Lavoie 94549	☑IND □COM □OTH □PTY □SCC	Consultant Full Plate Consulting	Meet and Greet Event						125	125		125
6/30/24	Sarah and Jason Lind 94549	IND COM OTH SCC	Director Helms Briscoe	Meet and Gree Event	et	100	100		100				
		OTH SCC											
		OTH SCC											
Attach ad	ditional information оп appropriately labeled	continuation	sheets.	SUBT	OTAL	\$ 225		2.75					
1 Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)	y contribution	ns.		\$	225	INI						
2. Amount	received this period – unitemized nonmone	tary contribut					PT	H - Other (e Y - Political	.g., business entity)				
3. Total no (Add Lir	nmonetary contributions received this periones 1 and 2. Enter here and on the Summar	d. y Page, Colu	mn A, Lines 4 and 10.)	тот/	AL\$	225	_						

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

Schedule E Payments Made	Amounts may t to whole do			Statement covers period from $\frac{1/1/24}{}$		ORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lauren McCabe Herpich for Lafayette City Council 2024				through <u>6/30/24</u>	Page	MBER
CODES: If one of the following codes accurately de CMP campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s	munications d appearance ses lating urvey researd very and mes	ch senger services	RAD radio airlime and production returned contributions campaign workers' salaries t.v. or cable airlime and production returned contributions campaign workers' salaries t.v. or cable airlime and production returned contributions campaign workers' salaries t.v. or cable airlime and product ranking transfer travel, lodging transfer between committed voter registration information technology cos	n costs duction costs and meals and meals and meals es of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT	•	AMOUNT PAID
Minuteman Press		СМР				112.45
Squarespace, Inc.		WEB		9/		186
United States Postal Service 3641 Mt. Diablo Boulevard, Lafayette, CA 94549		POS				106
* Payments that are contributions or independent expenditures must	t also be summarized on Sche	dule D.		S	UBTOTAL S	\$ 404.45
Schedule E Summary						(1) (N) (N) (N) (N) (N) (N) (N) (N) (N) (N

FPPC Form 460 (Jan/2016))

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

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lauren McCabe Herpich for Lafayette City Council 2024		Statement covers period from 1/1/24 through 6/30/24	SCHEDULE E (CONT.) CALIFORNIA 460 FORM Page 9 of 9 I.D. NUMBER 1469702
IND independent expenditure supporting/opposing others (explain)* POS postage, deli-	munications appearances es	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	duction costs and meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Vistaprint 100 Hayden Avenue, Lexington, MA 02421	СМР		147.61

			EDDC Form 450 /la
Payments that are contributions or independent expenditures must also be summaria	SUBTOTAL \$ 147.61		
	4		

Statement of C	_		_	Date Stamp	CALIFORNIA AAA
Recipient Con	nmittee		R	ECEIVED AND FILE	FORM 410
Statement Type	☐ Initial	M Amendment	☐ Termination – See Part 5	the office of the Secretary of Sta of the State of California	NEWEWED!
	O Not yet qualified			JUN 2 0 2024	IIII 0.0 aaa.
	or O Date qualification threshold met	Date qualification threshold met	Date of termination	JUN 2 U ZUZA	JUL 0 9 2024
		06 , 14 , 24			CITY OF LAFAYETTE
1. Committee l	nformation I.D. Number	1469702	2. Treasurer and C	Other Principal Officers	
NAME OF COMMITTEE			NAME OF TREASURER	On September 1 and	
			Chris Herpich		
	4		STREET AUDRESS INO P.O. BUX	PAGE	STATE 21P CODE
Lauren McCa	be Herpich for Lafayet	te City Council 2024		Lafayette	CA 94549
STREET ADDRESS INC RO		te City Courion 2024	EMAIL ADDRESS OF TREASURE	R (HEQUINED)	AREA CODE/PHONE
CITY	STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	KER, IF ANY	
Lafayette	CA	94549	STREET ADDRESS INO P.O. LOX	G CHY	STATE ZIP CODE
FULL MAILING ADDRESS (STREET ADDRESS INO P.O. EDA	crit	3 MIZ ZIFCOCE
X*			EMAIL ADDRESS OF ASSISTANT	C PREASURER RECOURTES	AREA CODE/PHONE
E-MAIL ADDRESS OF COM	MMITTEE (REQUIRED) / FAX (OPTIONAL)		EMALE RODRESS OF ASSISTANT	THE POST IN FRONT OF	ALL CODE MORE
			NAME OF PRINCIPAL OFFICER!	ŚI	
COUNTY OF DOMICILE	JURISDICTION WHERE C	OMMITTEE IS ACTIVE			
Contra Costa	Lafayette		STREET ADDRESS (NO P.O. BOX	() City	STATE ZIP CODE
Attach additional in	nformation on appropriately labe	led continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S){REQUIRED}	AREA CODE/PHONE
	, , , , , , , , , , , , , , , , , , , ,				
	an internal and internal and internal and internal				
3. Verification					
I have used all reas	onable diligence in preparing thi	s statement and to the hest o	f my knowledge the informatic	on contained herein is true and	complete. Legify under
penalty of perjury t	under the laws of the State of Ca	Mornia that the foregoing is t	rue and correct,	eri entitalita sielelis in mee film	and the same of th
6	117/24 . /4	1, W. HT			
Executed on \$\int 1	/ DATE	The state of the s	TURE OF THEASURER OF RESISTANT TREASURE	*/	
Executed on	117/24 By Ja	west Ma	le gerple		_
1	0.01	SIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIVATE, OR STATE ME	ASURE PROPONENT	
Executed on	DATE By	NEGRATURE OF CONTRIBU	INS OFFICEOGLOUR, CANDIDATE, OR STATE ME	ASURA PROZONINI	
Enterted		Swall and A. Contact	THE ME	A TOTAL OF THE PARTY OF THE PAR	
Executed on	DATE BY	SIGNATURE DE CONTROLI	ING OFFICEROLDER, CANDIDATE, OR STATE ME	ASURT PROPOSITION	EPPC Form 410 (October/202)

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ouncii 20	124			14697	02	12.5
ımpaign bar	k account is located and the p	erson(s) authorized	to obtain bar	nk records		
CHDS	AREA	CODE/PHONE	BANK ACCO	UNT NUMBER		
		25-962-6900	1.			
	Lafayette		CA	9	4549	
Carlo ugas				e de la divi	enquile gas	
					•	
		ceholder controlled,				
te is affiliate	d or check "nonpartisan." Statir	ng "No party prefere	nce" is accept	table.		
	d or check "nonpartisan." Station me and identification number					
e, list the na	eme and identification number	of the other controll	ed committe	e.		
e, list the na	eme and identification number	of the other controll	ed committe	e.	[fest politics]	party below)
ee, list the na	ELECTIVE OFFICE SOUGHT OR HELD INCLUDE DISTRICT NUMBER IF APPLICABL	of the other controll YEAR OF ELECTION	PART CHECK Nonpartisan	e. IY ONE		aarty below)
ee, list the na	eme and identification number	of the other controll YEAR OF ELECTION	PARI CHECK Nonpartisan	e. IY ONE Partisan	NPP	
ee, list the na	ELECTIVE OFFICE SOUGHT OR HELD INCLUDE DISTRICT NUMBER IF APPLICABL	of the other controll YEAR OF ELECTION	PART CHECK Nonpartisan	e. IY ONE		
Lafaye	ette City Councilmemb	of the other controll YEAR OF ELECTION Der 2024	PARI CHECK Nonpartisan X Nonpartisan	e. IY ONE Partisan	NPP	
Lafaye	ELECTIVE OFFICE SOUGHT OR HELD INCLUDE DISTRICT NUMBER IF APPLICABL	of the other controll YEAR OF ELECTION Der 2024	PARI CHECK Nonpartisan X Nonpartisan	e. IY ONE Partisan	NPP	
Lafaye	ette City Councilmember Elective office sought on Held NELUDE DISTRICT NUMBER IF APPLICABLE Ette City Councilmember Grandidates or measures in a	of the other controll YEAR OF ELECTION Der 2024 a single election. List	PART CHECK Nonpartisan X Nonpartisan Ebelow:	e. (Y ONE Partisan Partisan	NPP	
Lafaye	ette City Councilmember Elective office sought on Held NELUDE DISTRICT NUMBER IF APPLICABLE Ette City Councilmember Grandidates or measures in a	of the other controll YEAR OF ELECTION Der 2024 a single election. List	PART CHECK Nonpartisan X Nonpartisan Ebelow:	e. (Y ONE Partisan Partisan	NPP [Est political	party below)
Lafaye	ette City Councilmember Elective office sought on Held NELUDE DISTRICT NUMBER IF APPLICABLE Ette City Councilmember Grandidates or measures in a	of the other controll YEAR OF ELECTION Der 2024 a single election. List	PART CHECK Nonpartisan X Nonpartisan Ebelow:	e. (Y ONE Partisan Partisan	NPP [Est political	party below)
Lafaye	ette City Councilmember Elective office sought on Held NELUDE DISTRICT NUMBER IF APPLICABLE Ette City Councilmember Grandidates or measures in a	of the other controll YEAR OF ELECTION Der 2024 a single election. List	PART CHECK Nonpartisan X Nonpartisan Ebelow:	e. (Y ONE Partisan Partisan	NPP [Est political	party below;
	ampaign ban	CITY Lafayette	AREA CODE/PHONE 925-962-6900 CITY Lafayette ate measure proponent. If candidate or officeholder controlled,	AREA CODE/PHONE BANK ACCO 925-962-6900 CITY Lafayette CA state measure proponent. If candidate or officeholder controlled,	Ouncil 2024 ampaign bank account is located and the person(s) authorized to obtain bank records DRDS AREA CODE/PHONE BANK ACCOUNT NUMBER 925-962-6900 CITY STATE Lafayette CA 9 ate measure proponent. If candidate or officeholder controlled,	Ouncil 2024 Independent of the person of th

Statement of Organization				Date Stamp	CALIFORNIA 410
Recipient Com					FORM TIV
Statement Type	⊠ Initial	☐ Amendment	☐ Termination - See Part 5		
					MAY 2 0 2024
	O Date qualification threshold met	Date qualification threshold met	Date of termination		7171 2 0 2024
	/		//		CITY OF LAFAYETTE
1. Committee la	nformation I.D. Number		2. Treasurer and O	ther Principal Officers	
NAME OF COMMITTEE			NAME OF TREASURER		
1			Chris Herpich	CITY	STATE ZIP CODE
			STREET ADDRESS (NO P.O. BDA)	Lafayette	CA 94549
Lauren McCa	be Herpich for Lafayett	e City Council 2024	EMAIL ADDRESS OF TREASURER		AREA CODE/PHONE
STREET ADDRESS (NO P.O.					
			NAME OF ASSISTANT TREASURI	ER, IF ANY	
CITY	STATE	ZIP CODE ARIA CODE/BUONE			
Lafayette		94549	STREET ADDRESS INO P.O. BOX	CITY	STATE ZIP CODE
FOLL MAILING ADDRESS (IF DIFFERENT)				
E-MAIL ADDRESS OF COM	MITTEE (REQUIRED) / FAX (OPTIONAL)		EMÁIL ADDRESS OF ÁSSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE
			NAME OF PRINCIPAL OFFICERIS	11	
COUNTY OF DOMICILE	JURISDICTION WHERE C	OMMITTEE IS ACTIVE	NAME OF PRINCIPAL DEFICERS	51	
Contra Costa	Lafayette		STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
Attach additional in	nformation on appropriately labe	led continuation sheets	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA CODE/PHONE
Attoch adoltona ir	уотпакон он арргорналегу шае	ied continuotion sneets,	1		
3. Verification					
I have used all reas	onable diligence in preparing thi	s statement and to the best o	f my knowledge the informatio	on contained herein is true and	complete. I certify under
	under the laws of the State of Ca				
5	120/24	la W. H	Z		
Executed on	1 DATE		THE OF THE ASURES OF ASSISTANT THE ASURER		
Executed on	120/29 By	SIGNATURE OF CONTROLL	LING OFFICEHOLDER, CANDIDATE, OR STATE OF	ASURE PROPONENT	_
Executed on	DATE BY	SNEWATURE OF CONTROLS	ING OFFICEHOLDER, CANDIDATE, OR STATE MEA	AVIET PROPONENT	
Eugented e-	WATE	SAMING OF TAKEN	A STANTAL SHIPPING TAN MALE WES	William Bar Asker	
Executed on	DATE By	SIGNATURE DE CONTROL	UNG OFFICEHOLDER, CANDIDATE, OR STATE ME	ASUALI PROPONENT	

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization Recipient Committee				CALIFORNIA FORM	410
INSTRUCTIONS ON REVERSE				Page 2	
COMMITTEE NAME				I.D. NUMBER	
Lauren McCabe Herpich for Lafayette City Council 2024	ļ				
All committees must list the financial institution where the campaign bank a	ccount is located and t	the person(s) authorized t	o obtain ba	nk records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	BANK ACCO	UNT NUMBER	
Mechanics Bank		925-962-6900	Pendi	ing	
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE	ZIP CODE	
3640 Mt. Diablo Boulevard	Lafayet	te	CA	94549	
4. Type of Committee Complete the applicable sections.					14 J. 144

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- · If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

ELECTIVE OFFICE SOUGHT OR HELD [INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION				
		Nonpartisan	Partisan	jišst politicai pari	ty below)
Lafayette City Councilmember	2024	Х		NPP	
		Nonpartisan	Partisan	(list political pari	ty below)
pose specific candidates or measures in a single o	election. List	t below:			
			ION	снеск	ONE
				SUPPORT	ObsOZE
				SUPPORT	32099C
	Lafayette City Councilmember pose specific candidates or measures in a single of the candidates of th	Lafayette City Councilmember 2024 pose specific candidates or measures in a single election. List candidates of	Lafayette City Councilmember 2024 X Nonpartisan Posse specific candidates or measures in a single election. List below:	Lafayette City Councilmember Lafayette City Councilmember 2024 Nonpartisan Partisan Partisan Pose specific candidates or measures in a single election. List below: CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	Lafayette City Councilmember Lafayette City Councilmember 2024 Nonpartisan Partisan Nonpartisan Partisan Partisan Pertisan NPP Nonpartisan Partisan Pertisan Pertis

Candidate Intention State	ement		RECEIVE	CALIFORNIA 501
Check One: Initial [Amendment (Explain)		MAY 2 0 2024	For Official Use Only
			CITY OF LAFAYET	TE
1. Candidate Information:				•
NAME OF CANDIDATE (Last, First Middle Initial) Herpich, Lauren M.		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAR. (optional)
STREET ADDRESS		CITY		ZIP CODE
120		afayette		94549
City Councilmember	City of Lafay	ette	DISTRICT NUMBER, if applicable	PARTY PREFERENCE:
OFFICE JURISDICTION				(Check one box, if applicable.)
State (Complete Part 2.)			2024	PRIMARY / GENERAL
City County Multi-Co	ounty:	(Name of Multi-County Jurisdiction)	(Year of Election	SPECIAL / RUNOFF
	y expenditure ceiling for th	ne election stated above. mary or special election held o	n <i>I</i> and I	accept the voluntary expenditure
(Mark if applicable)				
☐ On,/I cont	ributed personal funds in e	excess of the expenditure celling	ng for the election stated a	bove.
3. Verification:				
I certify under penalty of perjur	y under the laws of the St	ete of California that the force	ing is true and correct	
Toolary arraot politicity of politic	y dilusi dio lawa di die 30	The Man	X)	
Executed on 5/20/2	Signature _	Jauren (Carridate)	perpuer	EDDC Form FO1 (August

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

CALIFORNIA FORM

STATEMENT OF ECONOMIC INTERESTRECEIVED **COVER PAGE**

A PUBLIC DOCUMENT

JUN 06 2024

Please type or print in link. CITY OF LAFAYETTE NAME OF FILER (LAST) (FIRST) MICCLE McCabe Herpich Lauren 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Lafayette Division, Board, Department, District, if applicable Your Position Candidate for City Council City Council If fing for multiple positions, list below or on an attachment. (Do not use accomms) Agency -2. Jurisdiction of Office (Check at least one box) Slate L. Ludge, Rebred Judge, Pro Tem Judge, or Court Commissioner. (Statewide Jurisdiction) Multi-County County of X city of Lafayette Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Let ___ (Check one direct.) December 31, 2023. -07-The period obvered is _________ through The period covered is January 1, 2023, through the date of leaving office. December 31, 2023. The period covered is ____ the date of leaving office. 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached X Schedule C - Income, Loans, & Business Positions - echedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule altached X Schedule A-2 - Investments - schedule attached Schedule B - Rest Property - schedule attached Schedule E - Moonie - Gills - Travel Payments - achedule attached -10-None - No reportable interests on any schedule 5. Verification MAI, MIS ADDRESS \$1411 AP COCE STREET Museus in Agency Address Measuremented - Public Decyment Lafayette CA 94549 RESIDENCE PROPERTY AND TRACE EMAL 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. Signature Date Signed

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 PAIR POLITICAL PRACTICES CONNISSION

Name

Herpich, Lauren M.

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Local Food Adventures	
Marries .	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Dusiness Entity, complete the box, theo go to 2	Check one ☐ Triest, go to 2 ☐ Business Empty, complete the day, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS FOOd-based Events	GENERAL DESCRIPTION OF THIS BUSINESS
1 ood bassa Eronia	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE	FAIR MARKET VALUE IF APPLICABLE LIST DATE
X \$2,000 - \$10,000 /_/23 //_/23	\$2,000 - \$10,000/_23/_23
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
S100,001 - \$1,000,000	S100.001 - \$1,000,000
☐ O46/ \$1,000,000	☐ (Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sale Proprietorship	Parsnership Solo Proprietorship Other
YOUR BUSINESS POSITION Founder & Owner	
YOUR BUSINESS FUSITION	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$5.50 - \$499 X \$10,001 - \$100,000 S500 - \$1,000 CVER \$100,000	\$19,001 - \$190,000 \$500 - \$1,000 QVER \$100,000
S1.001 - \$10,000	3500 - \$1,000 S 10,000
> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	> 1. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Abech a secure sheet f increase)	INCOME OF \$10,500 OR MORE ASSES & ASSESSES ASSESSED AS THE HEMBERS
None or Mames hated below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	Check one how
INVESTMENT REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Basiness Entity, if investment, or
Assessor's Parcel Number or Street Address of Reat Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Ashabitan	Formation of Brown Advisory
Description of Business Activity og City or Other Precise Location of Real Property	Description of Bosiness Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	1 Over \$1,000,000
NATURE OF INTERES?	NATURE OF INTEREST
Properly Ownership/Deed of Youst Stock Partnership	Property Gwiership/Deed of Trust Stock Partnership
7	7
Leasehold Other	Leasehold Ym nersening Office
Check box if additional schedules reporting investments or real property are alterned	Check box if additional schedules reporting investments or real property are attached
Comments: Business incomplete thus far	i.

Comments: _

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Herpich, Lauren M.

CITY	CITY
Lafayette	
FAIR MARKET VALUE IF APPLICABLE, LIST GATE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 23
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership Deed of Trust Easement	Cwnership/Deed of Trust Easement
Leasehold	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
50 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
\$10,601 - \$100,000	\$10,001 - \$100,000 L OVER \$100,000
SOURCES OF RENTAL INCOME. If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME. If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
business on terms available to members of the public	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and
	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of bus	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER' NODRESS (Business Address Acceptable)	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER' NOORESS (Business Address Acceptable) SUSINESS ACTIVITY IF ANY, OF LENDER	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER' ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER' NOORESS (Business Address Acceptable) SUSINESS ACTIVITY IF ANY, OF LENDER	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER' ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER' NUDRESS (Business Address Acceptable) SUSINESS ACTIVITY IF ANY, OF LENDER NTEREST RATE TERM (Montra/Years)	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Adwess Acceptable) BUSINESS ACTIVITY, If ANY, OF LENDER INTEREST RATE TERM (Monito/Years)
business on terms available to members of the public coans received not in a lender's regular course of bus same of Lender' NUDRESS (Business Address Acceptable) SUSINESS ACTIVITY IF ANY, OF LENDER NTEREST RATE TERM (Montra/Vanis) SUSINESS RALANCE DURING REPORTING PERCOD	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Montra/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER' NODRESS (Business Address Acceptable) SUSINESS ACTIVITY IF ANY, OF LENDER NTEREST RATE TERM (Montra/Years)	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, If ANY, OF LENDER INTEREST RATE TERM (Monitor/Years) Profered Station of Balance Outling Reporting Person

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
PARE POLITICAL PRACTICES COMMISSION
Name
Herpich, Lauren M.

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Diablo Alliance Water Polo Foundation	Acalanes Union High School District
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY IF ANY, OF SOURCE
Youth Sports Organization	Public School District
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Contract Admin	Substitute Teacher
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED No Income - (flugineex Position On
▼ \$10,501 - \$100,500	510,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Social Salary Social So	Salary Socuse's or registered domestic partner's income (For self-employee use Schedule A-2.)
Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)	Dartherstep (Less Iran 10% dwnerstep For 10% or greater use Schedule A-2.)
State of	Sale of
(Real property, car count etc.)	(Fee property car dost etc.)
Commission or Rental Indone, set such several of \$10,000 or need	Contribution for Rental Income, set were assess of \$10,000 or eco-
Describei	Describel
Other -	Oher —
Cleanaby 2 LOAMS RECEIVED OR OUTSTANDING DURING THE REPORTING	(On antibil)
a retail installment or credit card transaction, made in	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available il status. Personal loans and loans received not in a lender ws: INTEREST RATE TERM (Mendis/Years)
ADDRESS (Musmess Audreus Acceptable)	% Morre
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	None Personal residence
	None Personal residence
	None Personal residence
PEGHEST BALANCE DURING REPORTING PERIOD 5500 - \$1,000	None Personal residence
S600 - \$1,000	None Personal residence Roal Preparty
S600 - \$1,000	None Personal residence Roal Property
\$1,001 - \$10,000	None Personal residence Roal Property Shear address City Center
5500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	None Personal residence Roal Preperty

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Herpich, Lauren M.

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Lafayette School District	Diocese of Oakland/St. Perpetua Scho
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public School District	Private School District
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Substitute Teacher	Substitute Teacher
GROSS INCOME RECEIVED No income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Cin
S500 - \$1,000 X \$1,001 - \$10,000 CVER \$100,000	☐ \$500 - \$1,000 [X] \$1,001 - \$10,000
\$10,001 - \$100,000 CVER \$100,000	☐ \$10.001 - \$100.000 ☐ OVER \$100.000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spainy Spaine or registered domestic partner's income (For ser-employed use Schedure A-Z.)	Spouse's or registered domestic partner's income (for self-employed use Schedule A-2.)
Partnership (Less than 10% demensive For 10% or greater use Schedule A-2.1	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
show pricents, car door, esc.)	Saw of Incompany, esc. obst. or .
Loatresayment	Luait resayment
Commission or Rental Income, the each source of \$10,000 or more	Commission of Hantal Indomé, ser each source of \$15,000 or more
(500)0000	(24.5)(6.6)
☐ Oher————————————————————————————————————	☐ Other —
(2-1545) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	(a śrca a C)
a retail installment or credit card transaction, made in t	il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender' vs:
	INTEREST RATE TERM (Months/Years)
ACCAESS (Business Address Acceptable)	INTEREST RATE EERM (Months/Years)
ACCAESS (Business Address Acceptable)	
	S Digne
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	SECURITY FOR LOAN None Personal residence Real Process
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD 5500 - \$1,000	SECURITY FOR LOAN None Personal residence Real Process
BUSINESS ACTIVITY, IF ANY, OF LENDER MIGHEST BALANCE DURING REPORTING PERIOD S500 - \$1,000	SECURITY FOR LOAN None Personal residence Real Property Street astrona
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD 5500 - \$1,000	SECURITY FOR LOAN None Poisonal residence Real Property Street astrona
	SECURITY FOR LOAN Norw Porsonal residence Real Property Street astrona
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD S500 - \$1,000 \$1,001 - \$10,000	SECURITY FOR LOAN Norw Personal residence Real Property Street estress City Cuaractor

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Herpich, Lauren M.

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Valassis Sales & Marketing Services	
ADDRESS (Illustress Address Acceptable)	ADDRESS (finances Address Acceptable)
BUSINESS ACTIVITY IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Digital Marketing Sales	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Executive Director, Strategic Accounts	
GROSS INCOME RECEIVED No Prome - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Uni
	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 X GVER \$100,000	\$10,501 - \$160,560
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary XI Secure's or registered domestic partner's morne	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Sociale's or registered domestic partner's income
Sparry X Square's or registered domestic bather's moome (For set-employed use Schedure A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership For 10% or greater use Schedule A-2.)	Partnership (Less than 10% contenship For 10% or greater use Schedule A-2.)
Sale of	5 5 at a c/
First Adverti, Car. (65) 60 /	(Final property, sec post, erc.) Loan recognisest
Commission or Rankal Indones, for each source or \$15,000 or more	Commission or Rental Indone, series of section of sections
(Castate)	Ølestrike
Oter —	[] Ober —
(Chronthy)	(Describe)
 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING I 	PERIOD
	tending institution, or any indebtedness created as part of
	he lender's regular course of business on terms available status. Personal loans and loans received not in a lender
regular course of business must be disclosed as follow	
•	
NAME OF LENDER*	INTEREST RATE TERM (Mordis/Years)
ADORESS (Business Address Acceptable)	
	SECURITY FOR LOAN Norw Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	Noin Postina insidence
	Real Preparty
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
S500 - \$1,000	- Co
\$1,001 - \$10,000	Guarantor
\$10,501 - \$160,500	
☐ OVER \$100,000	Cetter -
_	Cdler
Comments:	