Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 7/1/2019
through 12/31/2019

Date of election if applicable:
(Month, Day, Year)

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 5)
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:
   - [ ] Preliminary Statement
   - [X] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   I.D. NUMBER 1320964

   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Edi Birsan for Concord City Council 2020

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

   CITY Pleasonton
   STATE CA
   ZIP CODE 94566

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

   CITY Concord
   STATE CA
   ZIP CODE 94518

   TREASURER(S)
   NAME OF TREASURER
   Angela Ramirez Holmes

   MAILING ADDRESS
   [Redacted]

   CITY Pleasonton
   STATE CA
   ZIP CODE 94566

   NAME OF ASSISTANT TREASURER, IF ANY
   Edi Birsan

   MAILING ADDRESS
   [Redacted]

   CITY Concord
   STATE CA
   ZIP CODE 94518

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 1/23/2020
   By [Redacted]
   Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on 1/23/2020
   By [Redacted]
   Signature of Controlling Officer/Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officer/Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officer/Candidate, State Measure Proponent

   FPPC Form 460 (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Edi Birsan

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Councilmember, City of Concord

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[Redacted] Concord CA 94518

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

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO. P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

☐ SUPPORT ☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

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

**Summary Page**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 7/1/2019 through 12/31/2019</td>
<td>Page 3 of 6</td>
</tr>
<tr>
<td>I.D. NUMBER: 1320964</td>
<td></td>
</tr>
</tbody>
</table>

**Contributions Received**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$400.00</td>
<td>$900.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>0</td>
<td>(2500.00)</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$400.00</td>
<td>$1600.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$400.00</td>
<td>(1600.00)</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$1095.00</td>
<td>$1665.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$1095.00</td>
<td>$1665.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$1095.00</td>
<td>$1665.00</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$10946.33</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>400.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>1095.00</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$10251.33</td>
</tr>
</tbody>
</table>

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

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>0</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$82,048.67</td>
</tr>
</tbody>
</table>

---

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions Received</td>
<td>$</td>
</tr>
<tr>
<td>Expenditures Made</td>
<td>$</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Expenditures Made*</td>
<td>$</td>
</tr>
</tbody>
</table>

Date of Election (mm/dd/yyyy): $ |

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

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FPCC Form 460 (Jan/2016)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/2019
through 12/31/2019

NAME OF FILER
Edi Birsan for Concord City Council 2020

I.D. NUMBER
1320964

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/26/2019</td>
<td>George Fulmore 4487 Oakbrook Court Concord, CA 94521</td>
<td>□ IND</td>
<td>Retired</td>
<td>400.00</td>
<td>400.00</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 400.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .................................................. $ 400.00

2. Amount received this period – unitemized monetary contributions of less than $100 ........ $ 0

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................... TOTAL $ 400.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
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)
www.fppc.ca.gov
## Schedule B – Part 1
Loans Received

**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>OUTSTANDING BALANCE BEGINNING 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>Edi Birsan</td>
<td>950 Alla Avenue Concord, CA 94518</td>
<td>President E.D.I., Inc.</td>
<td>$46146.44</td>
<td></td>
<td>$41644.64</td>
<td>0% RATE</td>
<td>$58914.4</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$46146.44</td>
<td>0% RATE</td>
<td>10/25/10 DATE IN CURRED</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$46146.44</td>
<td>0% RATE</td>
<td>10/25/10 DATE IN CURRED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edi Birsan</td>
<td>950 Alla Avenue Concord, CA 94518</td>
<td>President E.D.I., Inc.</td>
<td>$29849.73</td>
<td></td>
<td>$29849.73</td>
<td>0% RATE</td>
<td>$29849.7</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$29849.73</td>
<td>0% RATE</td>
<td>11/09/12 DATE IN CURRED</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$29849.73</td>
<td>0% RATE</td>
<td>11/09/12 DATE IN CURRED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edi Birsan</td>
<td>950 Alla Avenue Concord, CA 94518</td>
<td>President E.D.I., Inc.</td>
<td>$6052.50</td>
<td></td>
<td>$6052.50</td>
<td>0% RATE</td>
<td>$4852.50</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$6052.50</td>
<td>0% RATE</td>
<td>10/28/16 DATE IN CURRED</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$6052.50</td>
<td>0% RATE</td>
<td>10/28/16 DATE IN CURRED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period ........................................ $ 0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ............................... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ....... NET $ 0
   Enter the net here and on the Summary Page, Column A, Line 2.

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

**NAME OF FILER**

Edi Birsan for Concord City Council 2020

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
<td>PRO 600.00</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
<td>PRO 195.00</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
<td>MTG 250.00</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
<td>MTG 195.00</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
<td>MTG 250.00</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
<td>PRO 600.00</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
<td>MTG 250.00</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
<td>PRO 600.00</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
<td>PRO 600.00</td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $1045.00
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
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL $1095.00**