

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

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CALIFORNIA FORM 460

FFR 0 2 2021

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For Official Use Only

TOWN OF HILLSBOROUGH

Statement covers period from 10 / 12 / 2020 through 12 / 31 / 2020	Date of Election if applicable 11/03/2020 (Month, Day, Year)
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**1. Type of Recipient Committee**

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

**2. Type of Statement**

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

I.D. Number 1429908

COMMITTEE NAME  
Cole+Krolik+Royle for Council 2020

STREET ADDRESS (NO PO BOX)

CITY Hillsborough STATE CA ZIP CODE 94010 AREA CODE/PHONE 650/401-8735

MAILING ADDRESS (IF DIFFERENT)

CITY Sacramento STATE CA ZIP CODE 95814

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Russell Miller

STREET ADDRESS

CITY Burlingame STATE CA ZIP CODE 94010 AREA CODE/PHONE 650/401-8735

NAME OF ASSISTANT TREASURER, IF ANY  
Rebecca J Olson

STREET ADDRESS

CITY Sacramento STATE CA ZIP CODE 95814 AREA CODE/PHONE 916/254-5180

OPTIONAL: FAX / E-MAIL ADDRESS

/ info@millerpoliticallaw.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 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 1/22/2021 By [Signature]  
 Executed on 1/18/2021 By [Signature]  
 Executed on 1/18/2021 By [Signature]  
 Executed on 1/19/2021 By [Signature]

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

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

**Statement covers period**  
**from** 10/18/2020  
**through** 12/31/2020

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Sophie Cole, Christine Krolik, Alvin Royse

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 Town Council - Town of Hillsborough

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
 [REDACTED] Hillsborough CA 94010

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

OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee**

*List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

**Campaign Disclosure Statement  
Summary Page**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/18/2020	
through		Page 3 of 7
		I.D. NUMBER
		1429908

NAME OF FILER Cole+Krolik+Roys for Council 2020

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions . . . . . Schedule A, Line 3	\$ 886.09	\$ 19,260.09
2. Loans Received . . . . . Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1+2	\$ 886.09	\$ 19,260.09
4. Nonmonetary Contributions . . . . . Schedule C, Line 3	0.00	9,972.79
5. TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 3+4	\$ 886.09	\$ 29,232.88

**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	\$ _____	\$ _____

<b>Expenditures Made</b>		
6. Payments Made . . . . . Schedule E, Line 4	\$ 5,181.68	\$ 19,260.14
7. Loans Made . . . . . Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6+7	\$ 5,181.68	\$ 19,260.14
9. Accrued Expenses (Unpaid Bills) . . . . . Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment . . . . . Schedule C, Line 3	0.00	9,972.79
11. TOTAL EXPENDITURES MADE . . . . . Add Lines 8+9+10	\$ 5,181.68	\$ 29,232.93

**Expenditure Limit Summary  
for State Candidates**

22. Cumulative Expenditures Made \*  
( If Subject to Voluntary Expenditure Limits)

_____	\$ _____
_____	\$ _____

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

<b>Current Cash Statement</b>	
12. Beginning Cash Balance . . . . . Previous Summary Page, Line 16	\$ 4,295.59
13. Cash Receipts . . . . . Column A, Line 3 above	886.09
14. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4	0.00
15. Cash Payments . . . . . Column A, Line 8 above	5,181.68
<b>16. ENDING CASH BALANCE</b> Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00
17. LOAN GUARANTEES RECEIVED. . . . . Schedule B, Part 2	\$ 0.00

<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents . . . . .	\$ 0.00
19. Outstanding Debts. . . . . Add Lines 2 + Line 9 in Column B above	\$ 0.00

**Schedule A  
Monetary Contributions Received**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/18/2020	
through	12/31/2020	Page 4 of 7

NAME OF FILER Cole+Krolik+Royle for Council 2020

I.D. NUMBER  
1429908

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2020	Michael D. Bills [REDACTED] Charlottesville, VA 22901	IND	Investor  Michael Bills, Investor	100.00	100.00	
10/22/2020	Lisa Edwards [REDACTED] Burlingame, CA 94010	IND	Finance  Atlas Technology Group	200.00	300.00	
10/18/2020	Kevin Mullin for Assembly 2020 [REDACTED] Sacramento, CA 95815	COM	ID No. 1414186	250.00	250.00	
10/18/2020	Margo Rosen [REDACTED] Oakland, CA 94605	IND	Retired  N/A	100.00	100.00	

**SUBTOTAL \$** 650.00

**Schedule A Summary**

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals )	\$	886.09
2. Amount received this period - unitemized	\$	0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	<b>TOTAL \$</b>	<b>886.09</b>

\*\* Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/18/2020	
through	12/31/2020	Page 5 of 7
NAME OF FILER Cole+Krolik+Royse for Council 2020		I.D. NUMBER 1429908

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2020	Alvin L. Royse [REDACTED] Hillsborough, CA 94010	IND	Retired  N/A	36.09 Forgiven Loan	4,026.42	
10/21/2020	Sonjia Smith [REDACTED] Charlottesville, VA 22901	IND	Community activist  N/A	100.00	100.00	
10/22/2020	David Thathiah [REDACTED] Daly City, CA 94015	IND	Contractor  Speedy Builders	100.00	100.00	

**SUBTOTAL \$**

236.09

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/18/2020	
through	12/31/2020	Page 6 of 7

NAME OF FILER Cole+Krolik+Royse for Council 2020

I.D. NUMBER  
1429908

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(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
Alvin L. Royse [REDACTED] Hillsborough, CA 94010  Contributor Code: IND	Retired  N/A		250.00	<input checked="" type="checkbox"/> PAID 213.91 <input checked="" type="checkbox"/> FORGIVEN 36.09	0.00	0.00	250.00	CALENDAR YEAR 4,026 PER ELECTION **
					DUE DATE 12/31/2020	INTEREST RATE 0.00 %	DATE INCURRED 11/13/2020	

<b>SUBTOTALS \$</b>	(b) 250.00	(c) 250.00	(d) 0.00	(e) 0.00	
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**Schedule B Summary**

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 250.00
- Loans paid or forgiven this period ..... \$ 250.00  
(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 \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2.

\*\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule E  
Payments Made**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/18/2020	
through	12/31/2020	Page 7 of 7
NAME OF FILER Cole+Krolik+Royse for Council 2020		I.D. NUMBER 1429908

**CODES:** If one of the following 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 production costs
FIL candidate filing / ballot fees	PHO phone banks	TRC candidate travel, lodging and meals
FND fundraising expenses	POL polling and survey research	TRS staff/spouse travel, lodging and meals
IND independent expenditures supporting/opposing others	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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Colorprint [REDACTED] Burlingame, CA 94010		Mailer	1,826.61
Miller & Olson LLP [REDACTED] Sacramento, CA 95814	PRO		2,696.22
Olivia Parker [REDACTED] San Francisco, CA 94112		Website	630.00
<b>SUBTOTAL \$</b>			<b>5,152.83</b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5,152.83
2. Unitemized payments made this period of under \$100	\$ 28.85
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 5,181.68</b>