

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER PACIFICA BACPAC		Date of This Filing <u>10/30/2018</u>	Date Stamp RECEIVED OCT 30 2018 CITY CLERK	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 650-738-4900	I.D. NUMBER (if applicable) 1369839	Report No. <u>3</u>		
STREET ADDRESS 1005 TERRA NOVA BL STE A		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY PACIFICA, CA 94044	STATE CA	ZIP CODE 94044		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED SUE BECKMEYER				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD PACIFICA CITY COUNCIL	DISTRICT NO. PACIFICA	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/29/2018	MAILING IN SUPPORT	1649.17
10/29/2018	MAILING ADDRESSES	93.63

Reason for Amendment: _____