

496 Independent Expenditure Report

Amounts may be rounded to whole dollars

NAME OF FILER PACIFICA BACPAC		Date of This Filing 10/30/2018	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Date Stamp RECEIVED OCT 30 2018 CITY CLERK </div>	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	ZIP CODE		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED VICKI FLORES				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD PACIFICA CITY COUNCIL	DISTRICT NO. PACIFICA	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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: _____