

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER PACIFICA BACPAC		Date of This Filing <u>10/09/2018</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 650-738-4900	I.D. NUMBER (if applicable) 1369839	Report No. <u>1</u>	RECEIVED OCT 09 2018 <i>City Clerk</i> Human Resources	
STREET ADDRESS TERRA NOVA STE A		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY PACIFICA	STATE CA		ZIP CODE 94044	No. of Pages <u>1</u>

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED MIKE O'NEILL				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD 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
09/17/2018	CANDIDATE MEET AND GREET	200.38
10/09/2018	MAILING IN SUPPORT	2180.38

Reason for Amendment: _____