

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA
FORM 460

RECEIVED

Date Stamp

NOV 19 2019

Page 1 of 4

For Official Use Only

CITY CLERK

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

Statement covers period
from 07/01/2019
through 11/19/2019

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- 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:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Pacifica BACPAC

I.D. NUMBER
1369839

Treasurer(s)

NAME OF TREASURER
Christine Porter

MAILING ADDRESS
Same

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)
1005 Terra Nova Bl Ste A

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Pacifica Ca 94044 650-738-4900

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

same

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

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 _____ Date

By Christine Porter Signature of Treasurer or Assistant Treasurer

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 07/01/2019

CALIFORNIA
FORM 460

through 11/19/2019

Page 2 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pacifica BACPAC

I.D. NUMBER

1369839

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions	Schedule A, Line 3	\$ 71.00	1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 3	\$		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$		
4. Nonmonetary Contributions	Schedule C, Line 3	\$		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 71.00		

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 2071		
7. Loans Made	Schedule H, Line 3	\$		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 2071		
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$		
10. Nonmonetary Adjustment	Schedule C, Line 3	\$		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 2071		

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 2014.03		
13. Cash Receipts	Column A, Line 3 above	\$ 7.00		
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$		
15. Cash Payments	Column A, Line 8 above	\$ 2021		
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 7.00		

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$		
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$		
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$		

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Pacifica BACPAC

Statement covers period
from 07/01/2019
through 11/19/2019

Page 3 of 4

I.D. NUMBER
1369839

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule E Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Pacifica BACPAC

Statement covers period
from 07/01/2019

through 11/19/2019

Page 4 of 4

I.D. NUMBER

1369839

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

GMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IM - Counties Bank P.O. Box 909 Chicago, Ca 95927	cvc		Bank Charges	51.00
Pacific Education 1809 Pacific Ave Pacific, Ca 94044	CTB		Donation	970-
Tring Nova Education Foundation 1450 Santa Monica B1 Pacific, Ca 94044	CTB		Donation	1000-

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

SUBTOTAL \$ 2021

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2021
- Unitemized payments made this period of under \$100 \$
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 2021