

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA **460**
FORM

Page 1 of 3
For Official Use Only

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JUL 31 2020

CITY CLERK

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

Statement covers period
from 1-1-2020
through 6-30-2020

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:

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

3. Committee Information

I.D. NUMBER

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

Beckmeyer for Council 2018

STREET ADDRESS (NO P.O. BOX)

Pacifica STATE CA ZIP CODE 94044 AREA CODE/PHONE [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Linda Jonas

MAILING ADDRESS

[REDACTED] CITY STATE ZIP CODE AREA CODE/PHONE
Pacifica CA 94044

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 7/30/2020 Date
Executed on 7/30/2020 Date
Executed on _____ Date
Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officeholder Candidate, State Measure Proponent
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period from 1-1-2020 through 6-30-2020

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Page 2 of 2
I.D. NUMBER

Contributions Received

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions	Schedule A, Line 3	\$	<u>0</u>
2. Loans Received	Schedule B, Line 3	\$	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$	<u>0</u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$	<u>0</u>

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	\$	\$

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$	<u>0</u>
7. Loans Made	Schedule H, Line 3	\$	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	<u>0</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$	<u>0</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	\$	<u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	<u>0</u>

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
___/___/___	\$
___/___/___	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	<u>2079.98</u>
13. Cash Receipts	Column A, Line 3 above	\$	<u>0</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$	<u>0</u>
15. Cash Payments	Column A, Line 8 above	\$	<u>0</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	<u>2079.98</u>

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).

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

LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$	<u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$	<u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$	<u>0</u>