

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

|  |  |
|--|--|
| Date Stamp<br><b>RECEIVED</b><br><br>JAN 07 2021<br><br>CITY CLERK | CALIFORNIA<br>FORM <b>460</b>                      |
|  | Page <u>1</u> of <u>6</u><br>For Official Use Only |

**Statement covers period**

from 01/01/2020

through 06/30/2020

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

\_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)                               |   |

Update summary page and Schedule F \_\_\_\_\_

**3. Committee Information**

I.D. NUMBER  
1411378

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Shaw Porter for Pacifica City Council 2018

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
\_\_\_\_\_

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  
Adonica Shaw Porter

MAILING ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
\_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_

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 10/31/2020 \_\_\_\_\_  
Date

Executed on 10/31/2020 \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Adonica Shaw Porter \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By Adonica Shaw Porter \_\_\_\_\_  
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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Adonica Shaw Porter

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member City of Pacifica

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>01/01/2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>06/30/2020</u>                         |                                |
| Page <u>3</u> of <u>6</u>                         | I.D. NUMBER<br>1411378         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shaw Porter for Pacifica City Council 2018

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 2. Loans Received ..... <i>Schedule B, Line 3</i>            | <u>0.00</u>  | <u>0.00</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>  | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i> | <u>0.00</u>  | <u>0.00</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i> | \$ <u>0.00</u>   | \$ <u>0.00</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**

|  | Column A         | Column B           |
|--|------------------|--------------------|
| 6. Payments Made ..... <i>Schedule E, Line 4</i>                   | \$ <u>0.00</u>   | \$ <u>0.00</u>     |
| 7. Loans Made ..... <i>Schedule H, Line 3</i>                      | <u>0.00</u>      | <u>0.00</u>        |
| 8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>             | \$ <u>0.00</u>   | \$ <u>0.00</u>     |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | <u>200.00</u>    | <u>8,788.98</u>    |
| 10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>         | <u>0.00</u>      | <u>0.00</u>        |
| 11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>200.00</u> | \$ <u>8,788.98</u> |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|  |                |
|--|----------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>             | \$ <u>0.00</u> |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                              | <u>0.00</u>    |
| 14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>                | <u>0.00</u>    |
| 15. Cash Payments ..... <i>Column A, Line 8 above</i>                              | <u>0.00</u>    |
| 16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>0.00</u> |

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

|  |                |
|--|----------------|
| 17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i> | \$ <u>0.00</u> |
|--|----------------|

**Cash Equivalents and Outstanding Debts**

|  |                    |
|--|--------------------|
| 18. Cash Equivalents ..... <i>See instructions on reverse</i>            | \$ <u>0.00</u>     |
| 19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>8,788.98</u> |

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.

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

|  |            |                            |
|--|------------|----------------------------|
| Statement covers period                    |            | <b>CALIFORNIA FORM 460</b> |
| from                                       | 01/01/2020 |                            |
| through                                    | 06/30/2020 | Page <u>4</u> of <u>6</u>  |
| NAME OF FILER                              |            | I.D. NUMBER                |
| Shaw Porter for Pacifica City Council 2018 |            | 1411378                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                      | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |                 |
|---|--------------------------------|---|------------------------------------|---|--|-----------------|
| Ross Turner Design<br>3621 Grand Avenue<br>Oakland, CA 94610  | LIT                            | 1,165.00  | 0.00                               | 0.00  | 1,165.00   |                 |
| NGP Van, Inc.<br>1101 15th Street, NW, Suite 500<br>Washington, DC 20005                                    | WEB                            | 667.00  | 0.00                               | 0.00  | 667.00   |                 |
| Ross Turner Design<br>3621 Grand Avenue<br>Oakland, CA 94610  | LIT                            | 1,185.00  | 0.00                               | 0.00  | 1,185.00   |                 |
| <b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b> |                                | <b>SUBTOTALS \$</b>                                 | <b>3,017.00\$</b>                  | <b>0.00\$</b>                                     | <b>0.00\$</b>                                      | <b>3,017.00</b> |

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 200.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 200.00  
May be a negative number

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

SCHEDULE F (CONT.)

Amounts may be rounded  
to whole dollars.

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                    |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                       | 01/01/2020 |                                |
| through                                    | 06/30/2020 | Page 5 of 6                    |
| NAME OF FILER                              |            | I.D. NUMBER                    |
| Shaw Porter for Pacifica City Council 2018 |            | 1411378                        |

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

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

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Pacific Printing<br>1445 Monterey Highway<br>San Jose, CA 95110        | LIT                               | 1,094.16  | 0.00                                  | 0.00  | 1,094.16   |
| Pacific Printing<br>1445 Monterey Highway<br>San Jose, CA 95110        | POS                               | 1,979.42  | 0.00                                  | 0.00  | 1,979.42   |
| Chris Renfer Video<br>455 Ralston Ridge<br>Boulder Creek, CA 95006     | CMP                               | 750.00  | 0.00                                  | 0.00  | 750.00   |
| GetThru<br>1330 Broadway<br>Oakland, CA 94612                          | Text Blasts                       | 548.40  | 0.00                                  | 0.00  | 548.40   |
| <b>SUBTOTALS \$</b>  |                                   | <b>4,371.98 \$</b>  | <b>0.00 \$</b>                        | <b>0.00 \$</b>  | <b>4,371.98</b>  |

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

SCHEDULE F (CONT.)

Amounts may be rounded  
to whole dollars.

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                    |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                       | 01/01/2020 |                                |
| through                                    | 06/30/2020 | Page <u>6</u> of <u>6</u>      |
| NAME OF FILER                              |            | I.D. NUMBER                    |
| Shaw Porter for Pacifica City Council 2018 |            | 1411378                        |

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

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

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)     | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Secretary of State<br>1500 11th Street, Room 495<br>Sacramento, CA 95814   | OFC                               | 200.00  | 0.00                                  | 0.00  | 200.00   |
| Secretary of State<br>1500 11th Street, Room 495<br>Sacramento, CA 95814   | OFC                               | 0.00  | 200.00                                | 0.00  | 200.00   |
| Brianna Kirkland<br>[REDACTED]   | CNS                               | 500.00  | 0.00                                  | 0.00  | 500.00   |
| Mitchell Oster DBA Eveleth Group<br>132 B Street<br>Redwood City, CA 94063 | CNS                               | 500.00  | 0.00                                  | 0.00  | 500.00   |
| <b>SUBTOTALS \$</b>  |                                   | <b>1,200.00\$</b>   | <b>200.00\$</b>                       | <b>0.00 \$</b>  | <b>1,400.00</b>  |