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JAN 17 2018

CITY CLERK

Recipient Committee	COVER PAGE			
Campaign Statement Cover Page			Date Slamp	FORM 460
	Statement covers period from 7-1-17	Date of election if applicable: (Month, Day, Year)	,	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 1231-17			
1. Type of Recipient Committee: All Committees, - Complete Parts 1, 2, 3, and 4.		2. Type of Statement:		
State Candidate Election Committee Recall (Kito Campble Pert 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Sponsored Graphite Par 8 rimarily Formed Candidate/ Ifficeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Speci	erly Statement al Odd-Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	NUMBER 9839	Treasurer(s)	richine A	eten
Pacifica BACPA	' C	MAILING ADDRESS	np -	
1005 IPSTA NOVA BI	SVe A	CITY NAME OF ASSISTANT TREASURER	STATE ZIP COI R. IF ANY	DE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX	4044 600 730 -490	MAILING ADDRESS		
CITY! STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP COL	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	S	
Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Co.	g this statement and to the beet of my kn California that the foregoing is true and co	owledge the information contained lifect.	herein and in the altached sche	idules is true and complete. I
Executed on	By	Signature of Treasurer or Assistant T	Treasuror	
Executed on	By Signature of Controls	ng Officeholder, Candidale, State Measure Proj	ponent or Responsible Officer of Sponsor	3
Executed on Date	BySign	ature of Controlling Officeholder, Candidate, St	ate Measure Proponent	
Executed on	BySign	ature of Controlling Officeholder, Candidale, St	ate Measure Proponent	_

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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Campaign Disclosure Statement	Amounts may be rounded			SUMMARY PAGE
Summary Page	to whole dollars,		Statement covers period	CALIFORNIA 460
		from	7-1-17	FORM 400
SEE INSTRUCTIONS ON REVERSE		thro	ugh 1231-184	Page 2 of 2
NAME OF FILER A A A				I.D. NUMBER
Parities RACPAC				1369839
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	s	s		nrough 6/30 7/1 to Date
2. Loans Received Schedule B. Line 3			20. Contributions	noogn oldo mi to bate
3. SUBTOTAL CASH CONTRIBUTIONS	\$	s	- Received S	\$
4. Nonmonetary Contributions			21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED	\$	s	Made S	\$
Expenditures Made			Expenditure Limit 5	Summary for State
6. Payments Made Schedule E, Line 4	\$	\$		
7. Loans Made Schedule H, Une 3			_	
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$	s	22. Cumulati	ve Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Une 3	*************	***************************************	Date of Election	Total to Date
10. Nonmonetary Adjustment			(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Unes 8 + 9 + 10	s	s	-	_ \$
Current Cash Statement				_
12. Beginning Cash Balance	s 10,878.95	To calculate Column B.		
13. Cash Receipts Column A, Line 3 above		add amounts in Column		
14. Miscellaneous Increases to Cash		A to the corresponding amounts from Column B	*Amounts in this section r reported in Column B.	may be different from amounts
15. Cash Payments		of your last report. Som amounts in Column A m	ie	
16. ENDING CASH BALANCE	s 10.878.95	be negative figures that	•	
If this is a termination statement, Line 16 must be zero.	1	should be subtracted from previous period amounts	s. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Pent 2	s	this is the first report bei filed for this calendar ye only carry over the amor	ar,	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (i any).	ſ	
18. Cash Equivalents See Instructions on reverse	\$	******		
19. Outstanding Debts Add Line 2 + Une 9 in Column B above	\$		FPPC Advice: adv	FPPC Form 460 (Jan/2016) rice@fppc.ca.gov (866/275-3772)