

Recipient Committee
Campaign Statement
Cover Page

| | |
|--|--|
| RECEIVED JAN 31 2019 CITY CLERK | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>7</u> For Official Use Only |

| | |
|--|---|
| Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u> | Date of election if applicable: (Month, Day, Year) <u>11/6/2018</u> |
|--|---|

SEE INSTRUCTIONS ON REVERSE

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

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

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 <i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1411474

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

Pacificans for Responsible Government Opposing John Keener for City Council - 2018

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

| | | | |
|-----------------|-----------|--------------|-------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Pacifica</u> | <u>CA</u> | <u>94044</u> | <u>[REDACTED]</u> |

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

Steven Sinai

MAILING ADDRESS

[REDACTED]

| | | | |
|-----------------|-----------|--------------|-------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Pacifica</u> | <u>CA</u> | <u>94044</u> | <u>[REDACTED]</u> |

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 1/28/2019
Date

By [Signature]
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

Recipient Committee
Campaign Statement
Cover Page — Part 2

| | |
|----------------------------------|------------|
| CALIFORNIA FORM | 460 |
| Page <u>2</u> of <u>7</u> | |

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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? |
|-------------------|-----------------------|

YES 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? |
|-------------------|-----------------------|

YES 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 <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 <input checked="" type="checkbox"/> OPPOSE |
| John Keener | Pacifica City Council | |

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

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

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <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 from <u>10/21/2018</u> through <u>12/31/2018</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>7</u> | I.D. NUMBER <u>1411474</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Pacificans for Responsible Government Opposing John Keener for City Council - 2018

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| Contributions Received | | |
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>1150</u> | \$ <u>13134</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>1150</u> | \$ <u>13134</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>1150</u> | \$ <u>13134</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 | \$ _____ | \$ _____ |

| | Column A | Column B |
|---|-------------------|--------------------|
| Expenditures Made | | |
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>5733.64</u> | \$ <u>13111.42</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>5733.64</u> | \$ <u>13111.42</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | <u>154</u> | <u>1974</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | <u>0</u> | <u>0</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>5887.64</u> | \$ <u>15085.42</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..... <i>Previous Summary Page, Line 16</i> | \$ <u>4628.22</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | <u>1150</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | <u>0</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>5733.64</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>44.58</u> |
| <i>If this is a termination statement, Line 16 must be zero.</i> | |

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.

| | |
|---|----------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
| Cash Equivalents and Outstanding Debts | |
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ <u>0</u> |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>1974</u> |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pacificans for Responsible Government Opposing John Keener for City Council - 2018

I.D. NUMBER

1411474

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/24/2018 | Chuck Rategan [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 | 100 | |
| 10/26/2018 | Kathy and John Moresco [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 450 | 950 | |
| 10/26/2018 | Roy and Nancy Stotts [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 450 | 950 | |
| 12/11/2018 | Economy Plumbing 1661 Southgate Ave. Daly City, CA 94015 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Plumbing Company | 150 | 150 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 1150 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1150
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1150

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|----------------------------|
| Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Pacificans for Responsible Government Opposing John Keener for City Council - 2018

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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| A Bright Printing Company 11 Apparel Way San Francisco, CA 94124 | LIT | | | 1816.17 |
| Miller & Olsen LLP 20 Park Road Suite E11 Burlingame, CA 94010 | PRO | | | 641.20 |
| USPS 50 West Manor Drive Pacifica, CA 94044 | POS | | | 2469.57 |

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

SUBTOTAL \$ 4926.94

Schedule E Summary

| | |
|--|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 5733.64 |
| 2. Unitemized payments made this period of under \$100 | \$ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 5733.64 |

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pacificans for Responsible Government Opposing John Keener for City Council - 2018

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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Tri Counties Bank 1450 Linda ar Shopping Center Pacifica, CA 94044 | OFC | | 7.50 |
| John the Sign Guy 1830 Palmetto Pacifica, CA 94044 | CMP | | 154.20 |
| Reese Advertising 301 Buckingham #3 Pacifica, CA 94044 | CMP | | 540 |
| UPS Store 446 Old County Road Pacifica, CA 94044 | OFC | | 105 |
| | | | |

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

SUBTOTAL \$ 806.70

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

Amounts may be rounded to whole dollars.

| | |
|--|-------------------------------|
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pacificans for Responsible Government Opposing John Keener for City Council - 2018

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|------------------------------------|---|--|
| Kathleen Moresco [REDACTED] | CMP | 1242 | 0 | 0 | 1242 |
| Roy Stotts [REDACTED] | CMP | 578 | 154 | 0 | 732 |
| SUBTOTALS \$ | | 1820 \$ | 154 \$ | 0 \$ | 1974 |

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

Schedule F Summary

| | | |
|---|---------------------------|---|
| 1. 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 \$ | <u>154</u> |
| 2. 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 \$ | <u>0</u> |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | NET \$ | <u>154</u> <small>May be a negative number</small> |