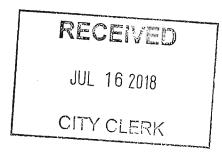


JUL 16 2018

CITY CLERK

D 1 - 1 1 O 111				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from 1/1/2018	Date of election if applicable: (Month, Day, Year)		Page of
SEE INSTRUCTIONS ON REVERSE	7/16/2018	11/05/2018		
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Aco Complete Parl 5) General Purpose Committee Sponsored Sponsored Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Confrolled Sponsored the Complete Part 6) Primarily Formed Candidate/ Officeholder Committee the Complete Part 7)	☐ Preelection Statement☐ Semi-annual Statement☐ Termination Statement (Also file a Form 410 Ter☐ Amendment (Explain be	☐ Sp	uarterly Statement beciał Odd-Year Report
3 Committee Information	. NUMBER 1406898	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1400090	NAME OF TREASURER		
Vickie Flores For City Council 2018		Stephanie Rivers		
Fronto Fronto For Only Country 2010		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
CITY STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	IF ANY	
5111 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	THE THE PART OF TH	TOTAL OF AGGISTANT TREAGULEN	, 11 / 11 / 11	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable dilinence in preparing and reviewin	ng this statement and to the best of my	knowledge.the information contained h	nerein and in the attached s	chedules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is trule and	correct/		•
7/16/2018	By The			
Date	27/11/1	Signature of Veasurer or Assistant Tr	(0351/101	
7/16/2018 Date	_BySignature of Contr	olling Officoholder, Candidate, State Measure Prop	onent or Responsible Officer of Spo	nsor
Executed on	By			
Date	-, <u> </u>	Ignature of Controlling Officeholder, Candidate, Sta	ite Measure Proponent	
Executed on	Ву	Market Ma	d- 11	



Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460
FORM of

	olled Committee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	_		NAME OF BALLOT MEASURE				
Vickie Flores							
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
Pacifica City Council						1	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	O STREET) CITY STATE ZIP		Identify the controlling office	eholder, cand	idate, or state meas	ure propone	ent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT		
	d in this Statement: List any committees rolled by you or are primarily formed to receive alf of your candidacy.		OFFICE SOUGHT OR HELD		DISTE	RICT NO. IF A	MY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)	didate/Offices) for which this	eholder Commi	ttee List n	ames of
	• • • • • • • • • • • • • • • • • • •				oviminuo piniai	пу тотеа.	
	☐ YES ☐ NO						
COMMITTEE ADDRESS STREET ADDR	YES NO P.O. BOX)		NAME OF OFFICEHOLDER OR		OFFICE SOUGHT O		SUPPORT OPPOSE
CITY S			NAME OF OFFICEHOLDER OR	CANDIDATE		R HELD	
CITY S	RESS (NO P.O. BOX)			CANDIDATE	OFFICE SOUGHT O	R HELD	OPPOSE SUPPORT
COMMITTEE NAME	TATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	RESS (NO P.O. BOX) TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES \(\sqrt{N}\) NO		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OF	R HELD	OPPOSE SUPPORT SUPPORT
COMMITTEE NAME NAME OF TREASURER	TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OF	R HELD	OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

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Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vickie Flores

Amounts may be rounded to whole dollars.

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COIUMN B CALENDAR YEAR YOTAL TO DAYE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 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	\$\frac{0}{2500.00}\$	\$ \frac{2500.00}{0} \\	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 0 \$ 0 21. Expenditures Made \$ 0 \$ 0
Expenditures Made 6. Payments Made	\$ 0 0 0 0	\$0 \$0 0 \$0	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0 0 0 0	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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

JUL 16 2018

CITY CLERK

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement	overs period	SCHEDULE A		
Monetary	Contributions Received				/1/2018		orm 460	
SEE INSTRUCTIO	NIC ON DEVEROR			through	7/16/2018	Page	of	
NAME OF FILER						1	JMBER	
Vickie Flor	es					1406	898	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN, 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
7/12/2018	890106 - California Real Estate Political Action Committee - California Association of Realtors 525 S. Virgil Avenue, Los Angeles, CA 90020	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$2500.00	\$2500	0.00		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	2500.00				
	A Summary					ntributor C		
 Amount rec (Include all 	eived this period – itemized monetary contributions. Schedule A subtotals.)		\$	2500.00			el ent Committee than PTY or SCC)	
2. Amount rec	eived this period – unitemized monetary contribution	s of less than	\$100\$	0			(e.g., business entity)	
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.)T OTAL \$	2500.00	sco		Contributor Committee	

JUL 16 2018

CITY CLERK

Schedule Monetary	etary Contributions Received to whole doll		etary Contributions Received to whole dollars.				Statement covers period from 1/1/2018 through 7/16/2018				460 460
DATE RECEIVED	DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED :	AMOUNT CUMULATIVE TO I RECEIVED THIS CALENDAR YE PERIOD (JAN. 1 - DEC. 3			PER ELECTION TO DATE (IF REQUIRED)			
		□IND □COM □OTH □PTY □SCC									
		☐IND ☐COM ☐OTH ☐PTY ☐SCC									
		□IND □COM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC									
			SUBTOTAL S	;	0						

*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

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

Amounts may be roundedSCHEDULE 8 -					DULE B - PART 1				
Schedule B – Part 1	CIII	to whole dollar			Statement cov	ers period	CALIFORN	A 460	
Loans Received					from1/1/	2018	FORM	400	
						0/0040			
SEE INSTRUCTIONS ON REVERSE					through7/1	6/2018	Page	of	
NAME OF FILER							I.D. NUMBER		
Vickie Flores							1406898		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
	·· <u> </u>	1		☐ PAID				CALENDAR YEAR	
		1		s	s	%	\$	s	
				FORGIVEN		RATE		PER ELECTION**	
[†] □IND □ COM □ OTH □ PTY □ SCC		s	s	s	DATE DUE	s	DATE INCURRED	s	
				☐ PAID				CALENDAR YEAR	
				s	s	%	\$	s	
				FORGIVEN		KAIE		PER ELECTION**	
TO IND COM OTH PTY SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	s	
				☐ PAID				CALENDAR YEAR	
				\$ FORGIVEN	s	%	s	PER ELECTION ⁴⁴	
TO IND COM OTH PTY SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	s	
	\$	SUBTOTALS \$	0 \$	0	\$ 0 :	0			
Schedule B Summary						(Enter (e) on Schedula E, Line 3)			
Loans received this period				\$	0_				
(Total Column (b) plus unitemized loans						Cto	ontributor Codes		
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 	0 paid or forgiven.)			\$	0_	IN CC	D – Individual DM – Recipient Co (other than F TH – Other (e.g., b	PTY or SCC) Jusiness entity)	
3. Net change this period. (Subtract Line	2 from Line 1.)			NET \$	0		Y - Political Party CC - Small Contrib		
Enter the net here and on the Summary	Net change this period. (Subtract Line 2 from Line 1.)								

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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						SCH	EDULE B - PART 2
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statem	ent covers period 1/1/2018	The same of the sa	NIA AGO
SEE INSTRUCTIONS ON REVERSE				through _	7/16/2018	Page	of
NAME OF FILER						I.D. NUMBER	
Vickie Flores						1406898	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□ IND		LENDER			CALENDAR YEAR	
	ОТН □РТҮ		DATE			PER ELECTION (IF REQUIRED)	
	□scc					\$	
	□IND		LENDER			CALENDAR YEAR	
	□сом					PER ELECTION	
	□ОТН □РТҮ		DATE			(IF REQUIRED)	
	□scc					s	
	□IND		LENDER			CALENDAR YEAR	
	Сом		•			PER ELECTION	
	□отн □рту		DATE			(IF REQUIRED)	
	□scc					\$	
_	□ind	_	LENDER			CALENDAR YEAR	
	□сом					\$	
	□ ОТН □ РТҮ		DATE			PER ELECTION (IF REQUIRED)	
	□scc					\$	
			SUBT	OTAL \$	0	Enter on Summary Page, Line 17 only.	

Schedule C			Amounts may be rounded to whole dollars.				SCHEDULE C		
Nonmon	etary Contributions Received		to whole dollars.	[State	ement covers p	eriod	CALIF	ORNIA 460
					from	1/1/201	B	FO	RM 490
SEE INSTRUCTION	ONS ON REVERSE				through	7/16/20)18	Page	of
NAME OF FILER				-				I.D. NUME	BER
Vickie Flor	res							140689	8
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE IR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
Attach additi	ional information on appropriately labeled	continuation s	sheets.	SUBTO	TAL \$	0			
1. Amount re	C Summary ceived this period – itemized nonmonetary				\$	0	IND -		des at Committee an PTY or SCC)
2. Amount re	ceived this period – unitemized nonmonet	ary contributi	ons of less than \$100		\$	0	OTH		g., business entity)
	nonetary contributions received this period s 1 and 2. Enter here and on the Summary		an A Lines 4 and 10 \	TOTAL	. •	0			ntributor Committee
(Add Lines	s i and 2. Enter here and on the Summary	rage, Coluit	ш ∧, цшев ч апо то. <i>)</i> .		- ₽		– vice: advice	FPPC F @fppc.ca.	orm 460 (Jan/2016) gov (866/275-3772) www.fppc.ca.gov

Supportin	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may b to whole do		Statement covers from	18 F	CALIFORNIA 460		
SEE INSTRUCTION NAME OF FILER	DNS ON REVERSE			through 7710/2	Page .			
Vickie Flore	98				1406	898		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent						
	Support Oppose	Expenditure						
			SUBTOTAL	\$ 0				
1. Itemized c	D Summary ontributions and independent expenditures made							
	d contributions and independent expenditures ma							
3. Total contri	ibutions and independent expenditures made this	period. (Add Lines	1 and 2. Do not enter on the	ne Summary Page.)	TOTAL \$	0_		
				FPPC		PC Form 460 (Jan/2016) c.ca.gov (866/275-3772) www.fppc.ca.gov		

Summary Supporting Candidat	ation Sheet) y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be rounded to whole dollars. Statement covers period from 1/1/2018 through 7/16/2018 Page			from 1/1/2018		from 1/1/2018 Page 1.D. N			to whole dollars. Statement covers period from1/1/2018 through7/16/2018		
Vickie Flore	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV	E TO DATE	PER ELECTION TO DATE (IF REQUIRED)					
	OR COMMITTEE	Monetary Contribution Nonmonetary Contribution Independent Expenditure			(JAN. 1 - [520, 51,	(in reconce)					
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure										
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure										
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure										
			SUBTOTAL	\$ 0								

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Schedule E Payments Made	Amounts may to whole o			State	ement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Vickie Flores				through	7/16/2018	Page of I.D. NUMBER 1406898
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expen. PET petition circu PHO phone banks	nmunications d appearance ses lating urvey researc ivery and mes	h senger services	RAD radi RFD retu SAL can TEL t.v. TRC can TRS staf TSF tran VOT vote	io airtime and production of urned contributions npaign workers' salaries or cable airtime and produ ididate travel, lodging, and ff/spouse travel, lodging, ai	ction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE (DR DESC	CRIPTION OF	PAYMENT	AMOUNT PAID
California Secretary of State			Filing form 410			

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
California Secretary of State 1500 11th Street Sacramento, CA 95814	FIL	Filing form 410	50.00
Campaign Partner PO Box 118 Still River, Massachusetts 01467	WEB	Web	103.00
Campaign Partner PO Box 118 Still River, Massachusetts 01467	WEB	Email	72.00
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.	SUBTOTAL \$	255.00
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule E subtotals.)		\$	0
2. Unitemized payments made this period of under \$100			0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part	t 1, Columr	n (e).)\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	the Summa	ary Page, Column A, Line 6.)TOTAL \$	255.00

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SCHEDULE E (CONT.) Schedule E Amounts may be rounded Statement covers period CALIFORNIA FORM (Continuation Sheet) to whole dollars. 1/1/2018 **Payments Made** 7/16/2018 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER Page. of. I.D. NUMBER Vickie Flores 1406898

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 PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG	he payment, yu MBR member com MTG meetings and office expens DET pelition circu PHO phone banks polling and s: POS postage, deli PRO prifessional PRT print ads	munications d appearance ses lating urvey researd very and mes	s h senger services	RAD RFD SAL TEL TRC TRS TSF VOT	• •	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.O. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Photo Shoot 964 FLYING FISH Foster City, CA 94404		LIT	Photo Shoo	t for website	and marketing material	400.00

Photo Shoot 964 FLYING FISH Foster City, CA 94404	LIT	Photo Shoot for website and marketing material	400.00
More With Print - 1-800-937-6535 or E-mail Us at support@morewithprint.com	LIT	Campaign receipt envelopes	150.00
First National Bank Norcal 1450 Linda Mar Blvd Pacifica, CA 94044	OFC	Opening Campaign Account	100.00

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

SUBTOTAL \$

650.00



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	MBK member communication		RAD radio airtime a	na production occito			
CNS campaign consultants	MTG meetings and appeara	nces	RFD returned contri	butions			
CTB contribution (explain nonmonetary)*	OFC office expenses		SAL campaign work	campaign workers' salaries			
CVC civic donations	PET petition circulating	PET petition circulating		t.v. or cable airtime and production costs			
FIL candidate filing/ballot fees	PHO phone banks	PHO phone banks		el, lodging, and meals			
FND fundraising events	POL polling and survey rese	arch	TRS staff/spouse tra	avel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and r	nessenger services	TSF transfer between	en committees of the sam	ne candidate/sponsor		
LEG legal defense	PRO professional services (VOT voter registrati	on	•		
LIT campaign literature and mailings	PRT print ads	,	WEB information ted	hnology costs (internet, e	⊢πaił)		
					· · · · · · · · · · · · · · · · · · ·		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE		
		OF THIS PERIOD		(ALSO REPORT ON E)	OF THIS PERIOD		
Taradel, LLC / EveryDoorDirectMail.com 4805 Lake Brook Drive, Suite 140 Glen Allen, Virginia 23060	LIT	OF THIS PERIOD	0				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	2200.00	0 \$	0	\$ 2200.00
			1		

Schedule F Summary

	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.)	0
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 \$	

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Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 1/1/2018 through	CALIFORNIA 460 FORM
NAME OF FILER Vickie Flores			I.D. NUMBER 1406898

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

CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*

CVC civic donations FIL candidate filing/ballot fees FND fundraising events

independent expenditure supporting/opposing others (explain)* LEG legal defense 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 t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travet, lodging, and meals
TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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 (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
	SUBTOTALS \$	0 \$	0	0	S 0

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Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	t Amounts may be rounded to whole dollars.			from	Stateme	CALIFO FOR		
SEE INSTRUCTIONS ON REVERSE				thr	ough	7/16/2018	Page	of
NAME OF FILER							I.D. NUMB	
Vickie Flores							140689	В
NAME OF AGENT OR INDEPENDENT CONTRACTOR	_							
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc.	the payment,					ibe the payment.	costs	
CNS campaign consultants	MTG meetings a	nd appearance		RFD	returne	d contributions		
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expe			SAL TEL		lgn workers' salaries :able airtime and produ	ction costs	
FIL candidate filing/ballot fees	PHO phone ban	ks		TRC	candida	ate travel, lodging, and	meals	
FND fundraising events IND independent expenditure supporting/opposing others (explain)*		survey resea	rch essenger services	TRS TSF		ouse travel, lodging, a r between committees		candidate/snonsor
LEG legal defense	PRO professiona			VOT	voter re	egistration		,
LIT campaign literature and mailings	PRT print ads			WEB	informa	ation technology costs ((internel, e-m	ail)
* Payments that are contributions or independent expenditures must also be	summarized on Sci	hedule D.						
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE	OR	DESCRIPTION	N OF PAY	MENT		AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

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

TOTAL* \$

0

^{*}Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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chedule H oans Made to Others* Amounts may be rounded to whole dollars.				Statement confrom 1/1	vers period /2018	california 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through7/	16/2018	Page	_ of
Vickie Flores							1406898	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES: THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	s	RATE %	\$	PER ELECTION ¹⁰
		\$	s	\$	DATE DUE	s	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				5 FORGIVEN	\$	RATE %	\$	PER ELECTION ^{ES}
		\$	s	s	DATE DUE	s	DATE INCURRED	5
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgiver reported on Schedule E.		SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0		
						(Enter (a) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans					\$	0	-	**If Required
Payments received on loans (Total Column (c) plus unitemized paym					\$	0	-	
Net change this period. (Subtract Line 2 (Enter the net here and on the Summar						y be a negative number)	-	

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Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Amounts may be rounded to whole dollars.	Statement covers period from1/1/2018 through7/16/2018	CALIFORNIA 460 FORM of
Vickie Flores				1406898
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional inform	nation on appropriately labeled continuation sheets.		SUBTOTA	L\$ 0
	cash this period		Φ	0 0
	s to cash of under \$100 this period		Ф	0
4. Total miscellaneous in	ceived this period on loans made to others. (Sched ncreases to cash this period. (Add Lines 1, 2, and 1 14.)	3. Enter here and on the	Ψ	<u>o</u>