# Recipient Committee Campaign Statement Cover Page

| Statement covers period | Date of election if applicable: (Month, Day, Year) |
|---|---|
| from __January 1, 2019__ | |
| through __June 30, 2019__ | __11/6/2016__ |

RECEIVED

Date Stamp

JUL 3 1 2019

CITY CLERK

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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:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [✓] Amendment (Explain below)
  Change of Treasurer

- [✓] Quarterly Statement
- [ ] Special Odd-Year Report

## 3. Committee Information

I.D. NUMBER
1387011

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

Sue Vaterlaus for Council 2016

STREET ADDRESS (NO P.O. BOX)

▮

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Pacifica | CA | 94044 | ▮ |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

Pacificasue@gmail.com

## Treasurer(s)

NAME OF TREASURER

Ryan Vaterlaus

MAILING ADDRESS

▮

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Pacifica | CA | 94044 | ▮ |

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 | 7/29/2018 | By | *[signature]* |
| | Date | | Signature of Treasurer or Assistant Treasurer |
| Executed on | 7/29/2019 | By | *[signature]* |
| | Date | | Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor |
| Executed on | | By | |
| | Date | | Signature of Controlling Officeholder, Candidate, State Measure Proponent |
| Executed on | | By | |
| | Date | | Signature of Controlling Officeholder, Candidate, State Measure Proponent |

# Campaign Disclosure Statement
## Summary Page

Amounts may be rounded to whole dollars.

**CALIFORNIA FORM 460**

Statement covers period

from _____ January 1, 2019 _____

through _____ June 30, 2019 _____

Page ___2___ of ___3___

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Sue Vaterlaus for Council 2016

I.D. NUMBER
1387011

| Contributions Received | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | $ 0` | $ 0 |
| 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 | $ 0 | $ 0 |

### 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 | $ 150 | $ 150 |
| 7. Loans Made | Schedule H, Line 3 | | |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ 150 | $ 150 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | | |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | | |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $ 150 | $ 150 |

### 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 |
|---|---|
| ___/___/___ | $ |
| ___/___/___ | $ |

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

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ 6429 |
| 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 | 150 |
| 16. **ENDING CASH BALANCE** | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 6279 |

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

| | | |
|---|---|---|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | $ |

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).

## Cash Equivalents and Outstanding Debts

| | | |
|---|---|---|
| 18. Cash Equivalents | See instructions on reverse | $ |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $ |

# Schedule E
# Payments Made

Amounts may be rounded to whole dollars.

Statement covers period

from __January 1, 2019__

through __June 30, 2019__

**CALIFORNIA FORM** **460**

SCHEDULE E

Page __3__ of __3__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sue Vaterlaus for Council 2016

I.D. NUMBER

1387011

**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 |
|---|---|---|---|---|
| Secretary of State | FIL | | Yearly payment to continue account | 50 |
| Skyline College Presidents Council | CVC | | Contribution | 100 |
| | | | | |

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

**SUBTOTAL $** 150-

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)................................................................................ $ __150__

2. Unitemized payments made this period of under $100................................................................................................................ $ __0__

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e.).)................................................. $ __0__

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)........................... **TOTAL $** __150__

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