

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp CITY OF DALY CITY CITY CLERK 2019 JAN 29 A 10:52	CALIFORNIA FORM 460
	Page <u>1</u> of <u>17</u>
	For Official Use Only

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	Date of election if applicable: (Month, Day, Year) <u>November 6, 2018</u>
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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="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input checked="" type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<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
<i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

RECEIVED

3. Committee Information

I.D. NUMBER
1055231

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

Daly City Firefighters Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Daly City</u>	<u>CA</u>	<u>94015</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

Nick Doyle

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Daly City</u>	<u>CA</u>	<u>94015</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 1/25/2019
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
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**

COVER PAGE - PART 2

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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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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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
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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 type="checkbox"/> OPPOSE
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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
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1055231	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Daly City Firefighters Political Action Committee

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>494</u>	\$ <u>10364</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>494</u>	\$ <u>10364</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>494</u>	\$ <u>10364</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>655</u>	\$ <u>8189</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>655</u>	\$ <u>8189</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>655</u>	\$ <u>8189</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..... Previous Summary Page, Line 16	\$ <u>3429</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>494</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>655</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>4578</u>

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

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..... Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Daly City Firefighters Political Action Committee

I.D. NUMBER

1055231

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)
Nov. 2, 16, 30 2018 Dec. 14, 28 2018	Joel Abelson Daly City, CA 94015 3	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 2018 Dec. 14, 28 2018	Brandon Banducci Daly City, CA 94015 r. #206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 2018 Dec. 14, 28 2018	James Banister Daly City, CA 94015 r. #206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 2018 Dec. 14, 28 2018	Robert Brand Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 2018 Dec. 14, 28 2018	Marcel Cafferata Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
SUBTOTAL \$				190		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	418
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	76
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$	494

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 460
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NAME OF FILER
Daly City Firefighters Political Action Committee

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)
Nov. 2, 16, 30 Dec. 14, 28 2018	John Corbitt Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Joseph Dal Porto Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Ernest da Rosa Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Nicholas Doyle Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	James Galvis Dr. #206 Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
SUBTOTAL \$				190		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 460
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NAME OF FILER

Daly City Firefighters Political Action Committee

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)
Nov. 2, 16, 30 Dec. 17, 28 2018	Christopher Giuliacci Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 17, 28 2018	Ronnie Goo Dr. #206 Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 17, 28 2018	Nicholas Gracia Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 17, 28 2018	Jason Hamilton Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 17, 28 2018	Brad Hartzell Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
SUBTOTAL \$				190		

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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 460
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NAME OF FILER Daly City Firefighters Political Action Committee	I.D. NUMBER 1055231
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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)
Nov. 2, 16, 30 Dec. 14, 28 2018	Marc Higaki Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Heather Holmes Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Lawrence Huber Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Jeff Huntze Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Stephen Islander Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	

SUBTOTAL \$	190
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 IND - Individual
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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 460
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NAME OF FILER

Daly City Firefighters Political Action Committee

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)
Nov. 2, 16, 30 Dec. 14, 28 2018	Ross Jackson Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Todd Johnson Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Andrew Kranitz Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Tony Maffei Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Patrick Mahoney Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
SUBTOTAL \$				190		

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(other than PTY or SCC)
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SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 460
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NAME OF FILER

Daly City Firefighters Political Action Committee

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)
Nov. 2, 16, 30 Dec. 14, 28 2018	Peter Migale Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Eric Moore Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Michael Nichols-Marcy Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Joseph O'Brien Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 17, 28 2018	Kevin O'Sullivan Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
SUBTOTAL \$				190		

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IND - Individual
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(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 460
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NAME OF FILER

Daly City Firefighters Political Action Committee

I.D. NUMBER

1055231

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)
Nov. 2, 16, 30 Dec. 14, 28 2018	Michael Padreddii Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Ricardo Paras Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Corey Pearse Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Matthew Petersen Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
—	Greg Poland Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	0	186	
SUBTOTAL \$				152		

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>		CALIFORNIA FORM 460
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NAME OF FILER Daly City Firefighters Political Action Committee		I.D. NUMBER 1055231

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)
Nov. 2, 16, 30 Dec. 14, 28 2018	Jonathan Pryor Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Daniel Reed 3 P Pl Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Temo Reves Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	David Riessen Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Ashley Rogers Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
SUBTOTAL \$				190		

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 460
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NAME OF FILER

Daly City Firefighters Political Action Committee

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)
Nov. 2, 16, 30 Dec. 14, 28 2018	Michael Rosales Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Gregory Scoles Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Brian Smazenko Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Ashley St. Cin Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Bob Stuhler Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
SUBTOTAL \$				190		

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(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 460
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NAME OF FILER

Daly City Firefighters Political Action Committee

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)
Nov. 2, 16, 30 Dec. 14, 28 2018	Patrick Svoboda Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Inse Valencia Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Nikolas Vanlandingham Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Paul Verducci Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Taylor Vogt Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
SUBTOTAL \$				190		

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 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 460
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NAME OF FILER Daly City Firefighters Political Action Committee	I.D. NUMBER 1055231
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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)
Nov. 2, 14, 30 Dec. 24, 28 2018	Jake Wilkerson Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
Nov. 2, 16, 30 Dec. 14, 28 2018	Christopher Zaccaro Daly City, CA 94015 5	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Daly City	38	224	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				76		

*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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Daly City Firefighters Political Action Committee

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2018	Ray Buenaventura & Pam DiGiovanni	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Signs	0	1422	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/19/2018	Rod Daus-Magbual	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Signs	0	736	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/23/2018	Ray Buenaventura, Pam DiGiovanni & Rod Daus-Magbual	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Signs	0	477	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				0		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 655
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL..** \$ 655

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1055231	

NAME OF FILER

Daly City Firefighters Political Action Committee

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2018	Ray Buenaventura, Pam DiGiovanni & Rod Daus-Magbual	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Doorhangers	0	1598	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/24/2018	Ray Buenaventura, Pam DiGiovanni & Rod Daus-Magbual	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Video	0	2098	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/28/2018	Ray Buenaventura, Pam DiGiovanni & Rod Daus-Magbual	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Signs	0	1131	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/6/2018	Ray Buenaventura, Pam DiGiovanni & Rod Daus-Magbual	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Signs	655	655	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				655		

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>October 21, 2018</u> through <u>Dec. 31, 2018</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 1055231

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Daly City Firefighters Political Action Committee

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
Firefighters Print & Design 1780 Creekside Oaks Dr. Sacramento, CA 95833	LIT		655

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	655
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 \$	655