

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

|  |                            |
|--|----------------------------|
| Date Stamp<br><br>CITY OF DALY CITY<br>CITY CLERK<br><br>2020 JUN 30 A 11 34<br><br>RECEIVED | <b>CALIFORNIA FORM 460</b> |
|  | Page _____ of _____        |
|  | For Official Use Only      |

|   |  |
|---|--|
| Statement covers period<br>from <u>July 1, 2019</u><br><br>through <u>December 31, 2019</u> | Date of election if applicable:<br>(Month, Day, Year)<br><br>_____ |
|---|--|

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<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>                             | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input checked="" type="checkbox"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><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<br><i>(Also file a Form 410 Termination)</i> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**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)  
3

|                          |                    |                          |                                |
|--------------------------|--------------------|--------------------------|--------------------------------|
| CITY<br><u>Daly City</u> | STATE<br><u>CA</u> | ZIP CODE<br><u>94015</u> | AREA CODE/PHONE<br><u>650-</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<br><u>Daly City</u> | STATE<br><u>CA</u> | ZIP CODE<br><u>94015</u> | AREA CODE/PHONE<br><u>650-</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 <u>1/30/2020</u><br>Date | By _____<br>Signature of Treasurer or Assistant Treasurer   |
| Executed on _____<br>Date            | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor |
| Executed on _____<br>Date            | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent                                   |
| Executed on _____<br>Date            | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent                                   |

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Daly City Firefighters Political Action Committee

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

Daly City CA 94015

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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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<br><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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

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

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

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from <u>July 1, 2019</u><br>through <u>December 31, 2019</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page _____ of _____            |
| I.D. NUMBER<br>1055231  |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Daly City Firefighters Political Action Committee

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>   | \$ <u>4920</u>   | \$ <u>9675</u>                             |
| 2. Loans Received..... <i>Schedule B, Line 3</i>            | <u>0</u>   | <u>0</u>                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>  | \$ <u>4920</u>   | \$ <u>9675</u>                             |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | <u>0</u>   | <u>0</u>                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>4920</u>   | \$ <u>9675</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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i>                    | \$ <u>0</u>  | \$ <u>0</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>0</u>  | \$ <u>0</u>                                |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | <u>0</u>   | <u>0</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>0</u>  | \$ <u>0</u>                                |

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

## Current Cash Statement

|  |                 |
|--|-----------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>             | \$ <u>9333</u>  |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                              | <u>4920</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>0</u>        |
| 16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>14253</u> |

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.

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

|   |             |
|---|-------------|
| 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>0</u> |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>July 1, 2019</u><br>through <u>December 31, 2019</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page _____ of _____        |

SEE INSTRUCTIONS ON REVERSE

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Daly City Firefighters Political Action Committee</b> | I.D. NUMBER<br><b>1055231</b> |
|---|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 12/1/19            | Joel Abelson<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City   | 90                          | 180   |                                    |
| 12/1/19            | Emily Agnew<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City   | 90                          | 120   |                                    |
| 12/1/19            | Brandon Banducci<br>333 _____ r.<br>Daly City, CA 94015                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City   | 90                          | 180   |                                    |
| 12/1/19            | James Banister<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City   | 90                          | 180   |                                    |
| 12/1/19            | Brett Blackburn<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City   | 90                          | 120   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>450</b>                  |   |                                    |

**Schedule A Summary**

|  |                             |
|--|-----------------------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                           | \$ <u>4860</u>              |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....  | \$ <u>60</u>                |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | <b>TOTAL \$ <u>4920</u></b> |

\*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<br>from <u>July 1, 2019</u><br>through <u>December 31, 2019</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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NAME OF FILER

Daly City Firefighters Political Action Committee

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/1/19            | Robert Brand<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Marcel Cafferata<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | John Casarez<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 120  |                                       |
| 12/1/19            | John Corbitt<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Joseph Dal Porto<br>Dr<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>450</b>                  |  |                                       |

\*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<br>from <u>July 1, 2019</u><br>through <u>December 31, 2019</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page _____ of _____   | I.D. NUMBER<br><b>1055231</b>  |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Daly City Firefighters Political Action Committee</b> | I.D. NUMBER<br><b>1055231</b> |
|---|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/1/19            | Ernest da Roza<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Nicholas Dogle<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | James Galvis<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Christopher Giuliacci<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Robert Gonzales<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>450</b>                  |  |                                       |

\*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<br>from <u>July 1, 2019</u><br>through <u>December 31, 2019</u> | <b>CALIFORNIA FORM 460</b> |
| Page _____ of _____   | I.D. NUMBER<br>1055231     |

|   |                        |
|---|------------------------|
| NAME OF FILER<br><b>Daly City Firefighters Political Action Committee</b> | I.D. NUMBER<br>1055231 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/1/19            | Ronnie Goo<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Nicholas Gracia<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Jason Hamilton<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Brad Hartzell<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Marc Higaki<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>450</b>                  |  |                                       |

\*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<br>from <u>July 1, 2019</u><br>through <u>December 31, 2019</u> | <b>CALIFORNIA FORM 460</b>    |
| Page _____ of _____   | I.D. NUMBER<br><b>1055231</b> |

NAME OF FILER

Daly City Firefighters Political Action Committee

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/1/19            | Heather Holmes<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Lawrence Huber<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Jeff Huntze<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Stephen Islander<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Ross Jackson<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>450</b>                  |  |                                       |

\*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<br>from <u>July 1, 2019</u><br>through <u>December 31, 2019</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page _____ of _____   |                                |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Daly City Firefighters Political Action Committee</b> | I.D. NUMBER<br><b>1055231</b> |
|---|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/1/19            | Todd Johnson<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Andrew Kranitz<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Kyle Lew<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 120  |                                       |
| 12/1/19            | Tony Maffei<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Patrick Mahoney<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>450</b>                  |  |                                       |

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(other than PTY or SCC)
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- 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<br>from <u>July 1, 2019</u><br>through <u>December 31, 2019</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page _____ of _____            |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Daly City Firefighters Political Action Committee</b> | I.D. NUMBER<br><b>1055231</b> |
|---|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/1/19            | Peter Migale<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Joseph O'Brien<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Michael Padreddi<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Corey Pearse<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Matthew Petersen<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>450</b>                  |  |                                       |

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       (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2019</u><br>through <u>December 31, 2019</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page _____ of _____   | I.D. NUMBER<br>1055231         |

NAME OF FILER

Daly City Firefighters Political Action Committee

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/1/19            | Jonathan Pryor<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Daniel Reed<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Temo Reyes<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | David Riessen<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Ashlev Rodgers<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>450</b>                  |  |                                       |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2019</u><br>through <u>December 31, 2019</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|---|-------------------------------|
| NAME OF FILER<br><b>Daly City Firefighters Political Action Committee</b> | I.D. NUMBER<br><b>1055231</b> |
|---|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/1/19            | Michael Rosales<br>Daly City, CA 94015 3  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Gregory Scoles<br>Daly City, CA 94015 1   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Kevin Shaw<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 120  |                                       |
| 12/1/19            | Brian Smazenko<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Ashley St. Cin<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>450</b>                  |  |                                       |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>July 1, 2019</u><br>through <u>December 31, 2019</u> | <b>CALIFORNIA FORM 460</b> |
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|  |                        |
|--|------------------------|
| NAME OF FILER<br>Daly City Firefighters Political Action Committee | I.D. NUMBER<br>1055231 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/1/19            | Bob Stuhler<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Patrick Svoboda<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Jose Valencia<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Nikolas Vanlandingham<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Daniel Velasquez<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>450</b>                  |  |                                       |

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       (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2019</u><br>through <u>December 31, 2019</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page _____ of _____   | I.D. NUMBER<br>1055231         |

|   |                        |
|---|------------------------|
| NAME OF FILER<br><b>Daly City Firefighters Political Action Committee</b> | I.D. NUMBER<br>1055231 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/1/19            | Paul Verducci<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Taylor Vogt<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Jake Wilkerson<br>Daly City, CA 94015   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
| 12/1/19            | Christopher Zaccaro<br>Daly City, CA 94015  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Firefighter<br>City of Daly City  | 90                          | 180  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>360</b>                  |  |                                       |

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