Recipient Committee
Campaign Statement
Cover Page

Statement covers period from October 18, 2020 through December 15, 2020

Date of election if applicable: (Month, Day, Year) November 3, 2020

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/State Committee
   - [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored

2. Type of Statement:
   - [ ] Preelection Statement
   - [ ] Semi-annual Statement
   - [x] Termination Statement
     - (Also file a Form 410 Termination)
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Amendment (Explain below)

3. Committee Information
   Name: Annette Hipona
   I.D. NUMBER: 1431736

   STREET ADDRESS (NO P.O. BOX):
   Daly City CA 94014

   CITY: Daly City
   STATE: CA
   ZIP CODE: 94014
   AREA CODE/PHONE:

   Mailing Address (If different) NO. AND STREET OR P.O. BOX:

   CITY: Daly City
   STATE: CA
   ZIP CODE: 94014
   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 12/15/2020
   [Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor]

   Executed on 12/15/2020
   [Signature of Controlling Officerholder, Candidate, State Measure Proponent]

   Executed on [Date]
   [Signature of Controlling Officerholder, Candidate, State Measure Proponent]

   Executed on [Date]
   [Signature of Controlling Officerholder, Candidate, State Measure Proponent]

   [FPPC Form 460 (Jan/2016)]
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Annette Hipona for Daly City Clerk 2020
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Clerk
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Dalv City CA 94014

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
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<td>STATE</td>
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</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

<table>
<thead>
<tr>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
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</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions Schedule A, Line 3 $0 $15,608
2. Loans Received Schedule B, Line 3 $-8,000 $0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 $0 $15,608
4. Nonmonetary Contributions Schedule C, Line 3 $0 $0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 $-8,000 $15,608

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### Expenditures Made

6. Payments Made Schedule E, Line 4 $0 $15,671
7. Loans Made Schedule H, Line 3 $0 $0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 $0 $15,671
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 $0 $0
10. Nonmonetary Adjustment Schedule C, Line 3 $0 $0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 $0 $15,671

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### Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 $7,719 (reloan)
13. Cash Receipts Column A, Line 3 above $0 $0
14. Miscellaneous Increases to Cash Schedule I, Line 4 $0 $0
15. Cash Payments Column A, Line 8 above $0 $0
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 $0 $0

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

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### Cash Equivalents and Outstanding Debts

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

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

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**Expenditure Limit Summary for State Candidates**

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

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$_____________</td>
</tr>
</tbody>
</table>

**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).**

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**FPCC Form 460 (Jan/2016))**

**FPCC Advice: advice@fppc.ca.gov (866/275-3772)**

**www.fppc.ca.gov**
Schedule B – Part 1
Loans Received

Amunts may be rounded to whole dollars.

Statement covers period from October 18, 2020 through December 15, 2020

CALIFORNIA FORM 460

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I.D. NUMBER
1431736

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Annette Hipona for Daly City Clerk 2020

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfonso Hipona</td>
<td>Retired</td>
<td>8,000</td>
<td>$ 0</td>
<td>$ 7,719</td>
<td>0%</td>
<td>0%</td>
<td>$ 8,000</td>
<td>$ 8,000</td>
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SUBTOTALS $ 0 $ 8,000 $ 0 $ 0

Schedule B Summary

1. Loans received this period..........................................................$ 0
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period..............................................$ 8,000
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.)......................NET $ -8,000
   Enter the net here and on the Summary Page, Column A, Line 2.

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

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

FPDC Form 460 (Jan/2016))
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