

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

Statement covers period
from 07/01/2020
through 12/31/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

Date Stamp

**CALIFORNIA 460
FORM**

Page 1 of 6

For Official Use Only

2020 NOV 12 A 10:07

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1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

| | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall | <input type="radio"/> Sponsored |
| (Also Complete Part 5) | |
| <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 | |
| (Also Complete Part 7) | |

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 | |
| (Also file a Form 410 Termination) | |
| <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)

CITY Daly City STATE CA ZIP CODE 94015 AREA CODE/PHONE

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

Nikolas Vanlandingham

MAILING ADDRESS

CITY Daly City STATE CA ZIP CODE 94015 AREA CODE/PHONE

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct

Executed on 11/12/2020
Date

By _____

The information contained herein and in the attached schedules is true and complete. I

Treasurer or Assistant Treasurer

Executed on _____ Date _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 07/01/2020
through 12/31/2020

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Daly City Firefighters Political Action Committee

I.D. NUMBER

1055231

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|---------------------------|---|---|
| 1. Monetary Contributions..... | <i>Schedule A, Line 3</i> | \$ <u>16,755</u> | \$ <u>16,755</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>16,755</u> | \$ <u>16,755</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>16,755</u> | \$ <u>16,755</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..... | <i>Schedule E, Line 4</i> | \$ <u>28,127.50</u> | \$ <u>28,127.50</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>28,127.50</u> | \$ <u>28,127.50</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>28,127.50</u> | \$ <u>28,127.50</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 |
|--------------------------------|---------------|
| / / | \$ _____ |
| / / | \$ _____ |

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

Current Cash Statement

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|---|---|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ <u>14,040.54</u> | |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ <u>16,755</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>28,127.50</u> | |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>2,668.04</u> | |

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

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|-----------------------------------|---------------------------|---|---|
| 17. LOAN GUARANTEES RECEIVED..... | <i>Schedule B, Part 2</i> | \$ <u>0</u> | |

Cash Equivalents and Outstanding Debts

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|----------------------------|--|---|---|
| 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> | |

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).

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

| | |
|---|--------------------------------|
| Statement covers period from <u>07/01/2020</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2020</u> | Page <u>3</u> of <u>6</u> |
| I.D. NUMBER 1055231 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Daly City Firefighters Political Action Committee

1. ID 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------------|---|---|---|-----------------------------|---|------------------------------------|
| 10/20/2020 | Daly City Police Officers' Association Daly City, CA 94017-2295 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$9,100.00 | \$9,100.00 | |
| 10/19/2020 | San Mateo County Firefighters Local 2400 Redwood City, CA 94063 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$5,000.00 | \$5,000.00 | |
| | | <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 | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ 14,100.00 | | | | | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 14,100.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 2,655.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 16,755.00**

*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

SCHEDULE D

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020

through 12/31/2020

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 | 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) |
|------------------------------|---|--|--|-----------------------|---|--|
| 10/01/2020 | Measure Q | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Propaganda Supporting Passing of Daly City Measure Q | \$13,033.18 | \$13,033.18 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 10/01/2020 | Glenn Sylvester | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Propaganda supporting election of Glenn Sylvester | \$7,547.16 | \$7,547.16 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 10/01/2020 | Juslyn Manalo | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Propaganda supporting election of Juslyn Manalo | \$7,547.16 | \$7,547.16 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ 28,127.50 | | | | | | |

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 28,127.50
2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ _____
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL.. \$ 28,127.50**

**Schedule E
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Daly City Firefighters Political Action Committee

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020

through 12/31/2020

CALIFORNIA FORM 460

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I.D. NUMBER

1055231

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 Sacramento, CA 95833 | CMP | | | \$3,748.00 |
| Firefighters Print & Design Sacramento, CA 95833 | CMP | | | \$1,000.00 |
| Firefighters Print & Design Sacramento, CA 95833 | CMP | | | \$240.00 |

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

SUBTOTAL \$ 4,988.00

Schedule E Summary

| | |
|---|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ 27,540.93 |
| 2. Unitemized payments made this period of under \$100..... | \$ 586.57 |
| 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 \$ 28,127.50 |

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Daly City Firefighters Political Action Committee

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 12/31/2020

SCHEDULE E (CONT.)

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I.D. NUMBER

1055231

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 Sacramento, CA 95833 | CMP | | | \$10,406.96 |
| Firefighters Print & Design Sacramento, CA 95833 | CMP | | | \$1,550.25 |
| Firefighters Print & Design Sacramento, CA 95833 | CMP | | | \$5,349.71 |
| Firefighters Print & Design Sacramento, CA 95833 | CMP | | | \$5,246.01 |
| | | | | |

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

SUBTOTAL \$ 22,552.93

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov