Recipient Committee
Campaign Statement
Cover Page

Statement covers period from _7-1-2020_ through _9-19-2020_
Date of election if applicable: (Month, Day, Year) _11-3-2020_

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [x] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall (Also Complete Part E)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored (Also Complete Part E)
   - [ ] Primarily Formed Candidate/Officeholder Committee
     - [ ] (Also Complete Part E)

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

3. Committee Information
   I.D. NUMBER 1423004

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Committee to Elect Patrick Sullivan Foster City Council 2020

   STREET ADDRESS/NO. P.O. BOX
   [Redacted]

   CITY Foster City
   STATE CA
   ZIP CODE 94404
   AREA CODE/PHONE [Redacted]

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

   CITY [Redacted]
   STATE [Redacted]
   ZIP CODE [Redacted]
   AREA CODE/PHONE [Redacted]

   OPTIONAL: FAX/E-MAIL ADDRESS

   Treasurer(s)
   NAME OF TREASURER
   John Bernat

   MAILING ADDRESS
   [Redacted]

   CITY Foster City
   STATE CA
   ZIP CODE 94404
   AREA CODE/PHONE [Redacted]

   NAME OF ASSISTANT TREASURER, IF ANY
   [Redacted]

   MAILING ADDRESS
   [Redacted]

   OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the information on this form and the attached schedules is true and complete.

   Executed on _9-24-2020_ Date
   By

   Executed on _9-24-2020_ Date
   By

   Executed on _Date_ Date
   By

   Executed on _Date_ Date
   By

   Signature of Controlling Officeholder: Candidate, State Measure Proponent

   Signature of Controlling Officeholder: Candidate, State Measure Proponent

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICERHOLDER OR CANDIDATE
Committee to Elect Patrick Sullivan Foster City Council 2020
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Foster City Council 2020
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? □ YES □ 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 □ SUPPORT □ OPPOSE

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

NAME OF OFFICERHOLDER, 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 OFFICERHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD □ SUPPORT □ OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD □ SUPPORT □ OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD □ SUPPORT □ OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD □ SUPPORT □ OPPOSE

Committee Address
CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions ........................................ Schedule A, Line 3 $800 $800
2. Loans Received ........................................ Schedule B, Line 3 $2,000 $3,066
3. SUBTOTAL CASH CONTRIBUTIONS .................... Add Lines 1 + 2 $3,800 $3,800
4. Nonmonetary Contributions .............................. Schedule C, Line 3 $0 $0
5. TOTAL CONTRIBUTIONS RECEIVED .................. Add Lines 3 + 4 $3,800 $3,800

### Expenditures Made

6. Payments Made ............................................. Schedule E, Line 4 $1,962 $1,962
7. Loans Made ................................................. Schedule H, Line 3 $0 $0
8. SUBTOTAL CASH PAYMENTS ............................ Add Lines 6 + 7 $1,962 $1,962
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 $1,962 $1,962

### Current Cash Statement

12. Beginning Cash Balance ................................ Previous Summary Page, Line 16 $0 $0
13. Cash Receipts ................................................. Column A, Line 3 above $0 $0
14. Miscellaneous Increases to Cash ....................... Schedule I, Line 4 $1,962 $1,962
15. Cash Payments .............................................. Column A, Line 8 above $3,800 $3,800
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $1,838 $1,838

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

### Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED ........................ Schedule B, Part 2 $0 $0

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received $ $ 
21. Expenditures Made $ $ 

### 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>

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

**Monetary Contributions Received**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/12/20</td>
<td>YUII O SIPCHUR, Foster City, CA 94404</td>
<td>□ IND</td>
<td>Retired</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>8/12/20</td>
<td>CHUCK OGHEN, Foster City, CA 94404</td>
<td>□ IND</td>
<td>Retired</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>8/21/20</td>
<td>GLORIA MARIN, Foster City, CA 94404</td>
<td>□ IND</td>
<td>Retired</td>
<td>500</td>
<td>500</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – Itemized monetary contributions. (Include all Schedule A subtotals.) ........................................ $ 800
2. Amount received this period – Unitemized monetary contributions of less than $100 .................. $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ............... TOTAL $ 800

*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

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

### Committee to Elect Patrick Sullivan for Foster City Council 2020

<table>
<thead>
<tr>
<th>Full Name, Street Address and ZIP Code of Lender (If Committee, also enter I.D. Number)</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>Patrick Sullivan, Foster City, CA 64404</td>
<td>Liberty Realty</td>
<td>$3600</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period: $3000
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period: $0
   (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 $3000
   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.

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**Form Information**

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www.fppc.ca.gov
# Schedule E
## Payments Made

Amounts may be rounded to whole dollars.

### Statement covers period
- **from:** 7-1-2020
- **through:** 9-19-2020

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1423004</th>
</tr>
</thead>
</table>

### Codes:
- **CMP** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airline and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airline and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VCT** voter registration
- **WEB** information technology costs (internet, e-mail)

## Name and Address of Payee

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAST SIGNS</td>
<td></td>
<td>SIGNS</td>
<td>1962</td>
</tr>
<tr>
<td>San Mateo, CA 94403</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)...
2. Unitemized payments made this period of under $100...
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)...
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)...

<table>
<thead>
<tr>
<th>SUBTOTAL</th>
<th>$1,962</th>
</tr>
</thead>
</table>

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