Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
     - [x] Recall
     - [ ] State Candidate Election Committee
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored
     - [ ] (Also Complete Part 5)
   - [x] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
     - [ ] Primarily Formed Candidate/Officeholder Committee
     - [ ] (Also Complete Part 7)

2. Type of Statement:
   - [ ] Prelection Statement
   - [x] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER
     - 1332612
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
     - El Cerrito Police Employees Association PAC
   - STREET ADDRESS (NO P.O. BOX)
   - CITY
     - Oakland
   - STATE
     - CA
   - ZIP CODE
     - 94607
   - AREA CODE/PHONE
     - (707) 975-6841
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   - CITY
     - Oakland
   - STATE
     - CA
   - ZIP CODE
     - 94607
   - AREA CODE/PHONE
     - (707) 975-6841
   - NAME OF TREASURER
     - Ryan Trac
   - MAILING ADDRESS
     - CITY
     - Oakland
   - STATE
     - CA
   - ZIP CODE
     - 94607
   - AREA CODE/PHONE
     - (707) 975-6841
   - NAME OF ASSISTANT TREASURER, IF ANY
     - Stacy Owens
   - MAILING ADDRESS
     - CITY
     - Oakland
   - STATE
     - CA
   - ZIP CODE
     - 94607
   - AREA CODE/PHONE
     - (510) 423-4300
   - OPTIONAL: FAX / E-MAIL ADDRESS
     - filings@owenscompany.com

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 01/20/2021
   [ ] Date
   By ____________________________
   [ ] 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

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
</tr>
</tbody>
</table>

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>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

| NAME OF BALLOT MEASURE |
| BALLOT NO. OR LETTER | JURISDICTION |

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

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPERENT |
| 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>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
</tbody>
</table>

*Attach continuation sheets if necessary*
## Campaign Disclosure Statement

**Summary Page**

Amounts may be rounded to whole dollars.

**Statement covers period**

from ____________

through ____________

SUMMARY PAGE

<table>
<thead>
<tr>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page 3 of 5</td>
</tr>
<tr>
<td>I.D. NUMBER</td>
</tr>
<tr>
<td>1332612</td>
</tr>
</tbody>
</table>

### Contributions Received

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>$0.00</td>
<td>$3,000.00</td>
</tr>
<tr>
<td></td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
<td>$0.00</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>1.</td>
<td>Monetary Contributions</td>
<td>$900.00</td>
<td>$900.00</td>
</tr>
<tr>
<td>2.</td>
<td>Loans Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3.</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$900.00</td>
<td>$900.00</td>
</tr>
<tr>
<td>4.</td>
<td>Nonmonetary Contributions</td>
<td>$550.00</td>
<td>$748.00</td>
</tr>
<tr>
<td>5.</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$550.00</td>
<td>$3,748.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>$50.00</td>
<td>$3,050.00</td>
</tr>
<tr>
<td></td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
<td>$0.00</td>
<td>$3,050.00</td>
</tr>
<tr>
<td>6.</td>
<td>Payments Made</td>
<td>$50.00</td>
<td>$3,050.00</td>
</tr>
<tr>
<td>7.</td>
<td>Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8.</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$50.00</td>
<td>$3,050.00</td>
</tr>
<tr>
<td>9.</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10.</td>
<td>Nonmonetary Adjustment</td>
<td>$550.00</td>
<td>$748.00</td>
</tr>
<tr>
<td>11.</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>$600.00</td>
<td>$3,798.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Beginning Cash Balance</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>13.</td>
<td>Cash Receipts</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>14.</td>
<td>Miscellaneous Increases to Cash</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>15.</td>
<td>Cash Payments</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>16.</td>
<td>ENDING CASH BALANCE</td>
<td>$-50.00</td>
<td>$-50.00</td>
</tr>
</tbody>
</table>

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

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.</td>
<td>Cumulative Expenditures Made*</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Date of Election (mm/dd/yyyy) Total to Date**

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>Cash Equivalents</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>19.</td>
<td>Outstanding Debts</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

---

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

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### Schedule C
#### Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

**Statement covers period**

from [10/18/2020]

through [12/31/2020]

**CALIFORNIA FORM 460**

**Page 4 of 5**

**I.D. NUMBER**

1332612

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**El Cerrito Police Employees Association PAC**

<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 OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</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>11/16/2020</td>
<td>El Cerrito Police Employees' Association, Pleasant Hill, CA 94523</td>
<td>☐ IND</td>
<td>Labor Union</td>
<td>Bill Paid By Third Party</td>
<td>550.00</td>
<td>3,748.00</td>
<td></td>
</tr>
</tbody>
</table>

Payment for administrative expenses by committee sponsor = M. Owens & Company, 6600 S. Pacific Avenue, Oakland CA 94607. Reported per 38335(c)(14).

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**Attach additional information on appropriately labeled continuation sheets.**

**SUBTOTAL $** 550.00

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**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) ................................................ $ 550.00

2. Amount received this period – unitemized nonmonetary contributions of less than $100 ....................................... $ 0.00

3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .......................... TOTAL $ 550.00

---

*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

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## Schedule E
**Payments Made**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 10/18/2020</td>
<td></td>
</tr>
<tr>
<td>through 12/31/2020</td>
<td></td>
</tr>
<tr>
<td>I.D. NUMBER</td>
<td>Page 5 of 5</td>
</tr>
<tr>
<td>1332612</td>
<td></td>
</tr>
</tbody>
</table>

### CODES:
If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FLN 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
- OPC 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
- RDF 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
- VOT voter registration
- WEB information technology costs (internet, e-mail)

### Table

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</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.) .................................................. $ 0.00
2. Unitemized payments made this period of under $100 .................................................. $ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .................................................. $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ......................... TOTAL $ 50.00

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