Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

_____

Date Stamp
RECEIVED
APR 12 2019
City Clerk Dept.
City of San Marcos

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Alan Geraci

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

STREET ADDRESS

CITY
San Marcos

STATE
CA

ZIP CODE
92078

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☒ NON-PARTISAN OFFICE
City Council	City of San Marcos	3	PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____
(Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

2020
(Year of Election)

☐ SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

☒ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

○ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____ , I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on ___3/18/2019___ Signature _
(month, day, year)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

R 37   1417422
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Statement of Organization Recipient Committee

CALIFORNIA FORM 410

Statement Type

- [✓] **Initial**
  - ● Not yet qualified
  - or
  - ○ Date qualification threshold met
  ___/___/___

- [ ] **Amendment**
  Date qualification threshold met
  ___/___/___

- [ ] **Termination – See Part 5**
  Date of termination
  ___/___/___

Date Stamp

RECEIVED AND FILED in the office of the Secretary of State of the State of California

MAR 28 2019

For Official Use Only

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
Alan Geraci for San Marcos City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE
San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of San Marcos

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Alan Geraci

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

NAME OF ASSISTANT TREASURER, IF ANY
Karen Davenport, EA

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 | 03/26/2019 | By | |
| | DATE | | SIGNATURE OF TREASURER OR ASSISTANT TREASURER |

| Executed on | 03/26/2019 | By | |
| | DATE | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |

| Executed on | | By | |
| | DATE | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |

| Executed on | | By | |
| | DATE | | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME	I.D. NUMBER
Alan Geraci for San Marcos City Council 2020	

- **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
California Bank & Trust	800-400-6080	

ADDRESS	CITY	STATE	ZIP CODE
2250 Alpine Road	Alpine	CA	91901

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
Alan Geraci	San Marcos City Council District 3	2020	✓	☐	
			Nonpartisan	Partisan	(list political party below)
			☐	☐	

Primarily Formed Committee   Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT ☐	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

4. Type of Committee   (Continued)

General Purpose Committee   Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee   ☐ COUNTY Committee   ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee   List additional sponsors on an attachment.

NAME OF SPONSOR   INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS   NO. AND STREET   CITY   STATE   ZIP CODE   AREA CODE/PHONE

Small Contributor Committee   ☐ _____/_____/_____
                                              Date qualified

5. Termination Requirements   By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;

- This committee does not anticipate receiving contributions or making expenditures in the future;

- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;

- This committee has no surplus funds; and

- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

  -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

  -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page

CALIFORNIA FORM **460**

Statement covers period	Date of election if applicable: (Month, Day, Year)
from __January 1, 2019__	
through __June 30, 2019__	November 3, 2020

Page __1__ of __15__

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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/Central Committee

☐ Primarily Formed Ballot Measure
  Committee
  ○ Controlled
  ○ Sponsored
  (Also Complete Part 6)

☐ Primarily Formed Candidate/
  Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement
☑ Semi-annual Statement
☐ Termination Statement
  (Also file a Form 410 Termination)
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1417422

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alan Geraci for San Marcos City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Alan Geraci

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

NAME OF ASSISTANT TREASURER, IF ANY

Karen Davenport, EA

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

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 __7/25/2019__
          Date
By _____ r or Assistant Treasurer

Executed on __7/25/2019__
          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

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alan Geraci

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

San Marcos City Council District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   CITY   STATE   ZIP

San Marcos, CA 92078

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

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 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

from __January 1, 2019__

through __June 30, 2019__

CALIFORNIA FORM 460

Page __3__ of __15__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alan Geraci for San Marcos City Council 2020

I.D. NUMBER
1417422

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 435	$ 435
2. Loans Received	Schedule B, Line 3	800	800
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 1235	$ 1235
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 1235	$ 1235

Expenditures Made

		Column A	Column B
6. Payments Made	Schedule E, Line 4	$ 561	$ 561
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 561	$ 561
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	$ 561	$ 561

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0
13. Cash Receipts	Column A, Line 3 above	1235
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	0
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 1235

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

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

Cash Equivalents and Outstanding Debts

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

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).

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		$ 1235	$ 250
21. Expenditures Made		$ 561	$ 250

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.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

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)
04/13/2019	Carol Gendel	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	$15	$15	
04/13/2019	Tami Sims	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	$20	$20	
04/13/2019	Debbie Bright	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RE Broker	$10	$10	
04/13/2019	San Marcos Democratic Club	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$40	$40	
05/11/2019	Betty Ball	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	$50	$50	

SUBTOTAL $ $135

Schedule A Summary

1. Amount received this period — itemized monetary contributions.
   (Include all Schedule A subtotals.) ....$ ___1235___

2. Amount received this period — unitemized monetary contributions of less than $100 ....$ ___1235___

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)....................TOTAL $ ___1235___

*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from ___January 1, 2019___
through ___June 30, 2019___

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Page __5__ of __15__

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

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)
05/31/2019	Michael Allen	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Analyst PHS	$100	$100	
06/07/2019	William O'Connor	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Farmer Self	$100	$100	
06/07/2019	Ira L. Robinson	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	$100	$100	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ $300

*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM **460**
from January 1, 2019		
through June 30, 2019	Page 6 of 15	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Alan L. Geraci †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney CARE Law Group PC	$ 0	$ 50	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 50 DATE DUE	0 % RATE $ 0	$ 50 4/9/19 DATE INCURRED	CALENDAR YEAR $ 50 PER ELECTION** $ ____
Alan L. Geraci †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney CARE Law Group PC	$ 0	$ 500	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 500 DATE DUE	0 % RATE $ 0	$ 500 5/16/19 DATE INCURRED	CALENDAR YEAR $ 550 PER ELECTION** $ ____
CARE Law Group PC †☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$ 0	$ 250	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 250 DATE DUE	0 % RATE $ 0	$ 250 6/4/19 DATE INCURRED	CALENDAR YEAR $ 250 PER ELECTION** $ ____
		SUBTOTALS $	$	$	$			

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period ....$ 800
   (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 $ 800
   Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B – Part 2
Loan Guarantors

Amounts may be rounded
to whole dollars.

Statement covers period	CALIFORNIA FORM 460
from __January 1, 2019__	
through __June 30, 2019__	Page __7__ of __15__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
None	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $ _____ PER ELECTION (IF REQUIRED) $ _____	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $ _____ PER ELECTION (IF REQUIRED) $ _____	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $ _____ PER ELECTION (IF REQUIRED) $ _____	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $ _____ PER ELECTION (IF REQUIRED) $ _____	

SUBTOTAL $ _____

Enter on Summary Page, Line 17 only.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period	
from	January 1, 2019
through	June 30, 2019

Page 8 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	None	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule C Summary

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

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

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 $ _____

*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

Statement covers period

from ___January 1, 2019___

through ___June 30, 2019___

SCHEDULE D

CALIFORNIA FORM **460**

Page ___9___ of ___15___

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

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)
	None □ Support □ Oppose	□ Monetary Contribution □ Nonmonetary Contribution □ Independent Expenditure				
	□ Support □ Oppose	□ Monetary Contribution □ Nonmonetary Contribution □ Independent Expenditure				
	□ Support □ Oppose	□ Monetary Contribution □ Nonmonetary Contribution □ Independent Expenditure				
			SUBTOTAL $			

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)... $ _____

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.. $ _____

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM **460**
from __January 1, 2019__		
through __June 30, 2019__	Page __10__ of __15__	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	I.D. NUMBER
Alan Geraci for San Marcos City Council 2020	1417422

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
California Bank & Trust	OFC		On-Line Stamp Co.	$28.95
California Bank & Trust	PRO		Bank Fees	$17.00
Network Solutions	WEB		Website alangeraci.com	$206.16

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.   SUBTOTAL $ 252.11

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ __561__

2. Unitemized payments made this period of under $100 .... $ __0__

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 $ __561__

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA FORM 460
from January 1, 2019	
through June 30, 2019	Page 11 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	I.D. NUMBER
Alan Geraci for San Marcos City Council 2020	1417422

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
San Diego Registrar of Voters	LIT	District Map	$59.26
Hahn Design Studio	WEB	Website Design	$250.00

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

SUBTOTAL $ $309.26

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	January 1, 2019	
through	June 30, 2019	Page 12 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER
1417422

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
None					

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

SUBTOTALS $	$	$	$

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ....INCURRED TOTALS $ _____

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)................................. PAID TOTALS $ _____

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .... NET $ _____
May be a negative number

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded
to whole dollars.

Statement covers period	
from	January 1, 2019
through	June 30, 2019

CALIFORNIA FORM 460

Page 13 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	I.D. NUMBER
Alan Geraci for San Marcos City Council 2020	1417422

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
None				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule H
Loans Made to Others*

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period	
from	January 1, 2019
through	June 30, 2019

CALIFORNIA FORM **460**

Page **14** of **15**

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER
1417422

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
None				☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ DATE DUE	_____ % RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ DATE DUE	_____ % RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

| SUBTOTALS | $ | $ | $ | $ | | |

(Enter (e) on Schedule I, Line 3)

Schedule H Summary

1. Loans made this period...$ _____
(Total Column (b) plus unitemized loans of less than $100.)

2. Payments received on loans...$ _____
(Total Column (c) plus unitemized payments of less than $100.)

3. Net change this period. (Subtract Line 2 from Line 1.)...............................NET $ _____
(Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

**If Required

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

Statement covers period	
from	January 1, 2019
through	June 30, 2019

Page __15__ of __15__

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	None		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule I Summary

1. Itemized increases to cash this period. ....$ _____

2. Unitemized increases to cash of under $100 this period. ....$ _____

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ....$ _____

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .... TOTAL $ _____

Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM 460

Statement covers period	**Date of election if applicable:** (Month, Day, Year)
from ___July 1, 2019___	
through ___December 31, 2019___	November 3, 2020

Date Stamp

RECEIVED

JAN 3 0 2020

**City Clerk Dept.
City of San Marcos**

Page ___1___ of ___16___

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SEE INSTRUCTIONS ON REVERSE

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/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
  (Also Complete Part 6)
- ☐ Primarily Formed Candidate/ Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
- ☑ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)

- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1417422

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alan Geraci for San Marcos City Council 2020

STREET ADDRESS (NO P.O. BOX)

	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Alan Geraci

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

NAME OF ASSISTANT TREASURER, IF ANY

Karen Davenport, EA

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

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 ___January 24, 2020___ Date	By _____ Signature of Treasurer or Assistant Treasurer
Executed on ___1/27/20___ Date	By _____ 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)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alan Geraci

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

San Marcos City Council District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   CITY   STATE   ZIP

San Marcos, CA 92078

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

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 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

from ___July 1, 2019___

through ___December 31, 2019___

CALIFORNIA FORM **460**

Page ___3___ of ___16___

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 1332.63	$ 1767.63
2. Loans Received	Schedule B, Line 3	1000.00	1800.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 2332.63	$ 3567.63
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 2332.63	$ 3567.63

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		$ 1235.00	$ 2332.63
21. Expenditures Made		$ 561.00	$ 2759.30

Expenditures Made

		Column A	Column B
6. Payments Made	Schedule E, Line 4	$ 2759.30	$ 3320.03
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 2759.30	$ 3320.03
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	$ 2759.30	$ 3320.03

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
11 / 03 / 20	$ 3320.30
___ / ___ / ___	$ ___

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 674.00
13. Cash Receipts	Column A, Line 3 above	2332.63
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	2759.30
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 247.33

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

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

Cash Equivalents and Outstanding Debts

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

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.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

					Statement covers period		

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from July 1, 2019
through December 31, 2019

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NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER
1417422

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)
7/8/2019	Vanessa Hahn	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Hahn Design Studio	5	5	
9/3/2019	Alan Geraci for State Assembly 2018	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		102.63	102.63	
9/11/2018	Eva Posner	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Evinco Strategies	250	250	
9/22/2019	Steven Schwartz	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A Retired	25	25	
10/24/2019	Patricia Drinan	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A Retired	100	100	

SUBTOTAL $ 482.63

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ....$ 1767.63

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 $ 1767.63

*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period

from _____ July 1, 2019 _____

through December 31, 2019

SCHEDULE A (CONT.)

CALIFORNIA **460**
FORM

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NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

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)
10/29/2019	Leonard Izbicki	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self	100	100	
10/30/2019	James J. Nielsen, MBR	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Big Thunder Recuiting LLC	250	250	
10/30/2019	Lewis Tannenbaum	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Technical Support Spec. Alvarado Manufacturing	150	150	
11/3/2019	Judy Dobrotin	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A Retired	100	100	
11/8/2019	Don Gomez	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant CMG Creative Solutions	250	250	

SUBTOTAL $ 850

*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA
FORM **460**

Statement covers period	
from	July 1, 2019
through	December 31, 2019

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NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

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)
11/14/2019	Carl Crider	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	N/A Retired	200	200	
11/14/2019	Marv Gaines	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Attorney	100	100	
12/1/2019	Dara Czerwonka	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SPUSD Board Member	25	25	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 325

*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period		**CALIFORNIA FORM** **460**
from July 1, 2019		
through December 31, 2019	Page 7 of 16	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Alan L. Geraci † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney CARE Law Group PC	$ 800	$ 1000	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ 1800 _____ DATE DUE	0 % RATE $ _____	$ _____ _____ DATE INCURRED	CALENDAR YEAR $ 1800 PER ELECTION** $ 1800
  † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ _____ DATE DUE	_____ % RATE $ _____	$ _____ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
  † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ _____ DATE DUE	_____ % RATE $ _____	$ _____ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
	SUBTOTALS	$ 1000	$ 0	$ 1800	$ 0			

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period ....$ 1000
   (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 $ 1000
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

†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

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B – Part 2
Loan Guarantors

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

Statement covers period		
from	July 1, 2019	
through	December 31, 201!	

CALIFORNIA FORM 460

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I.D. NUMBER

1417422

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
None	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $_____ PER ELECTION (IF REQUIRED) $_____	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $_____ PER ELECTION (IF REQUIRED) $_____	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $_____ PER ELECTION (IF REQUIRED) $_____	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $_____ PER ELECTION (IF REQUIRED) $_____	

SUBTOTAL $

Enter on Summary Page, Line 17 only.

FPPC Form 460 (Jan/2016)
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Schedule C
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM **460**
from _____ July 1, 2019 _____	
through December 31, 201	Page ___9___ of ___16___

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	None	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.   SUBTOTAL $

Schedule C Summary

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

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

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** $ _____

*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

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

Amounts may be rounded
to whole dollars.

SCHEDULE D

CALIFORNIA FORM 460

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from	July 1, 2019
through	December 31, 2019

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I.D. NUMBER

1417422

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)
	None ☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				

SUBTOTAL $

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)... $ _____

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** .. $ _____

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period		**CALIFORNIA FORM** **460**
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NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

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
Hahn Design 720 Foxtail Court San Marcos, CA 92078	Web		Website Design	950
Network Solutions 12808 Gran Bay Parkway Jacksonville, FL 32258	Web		Webiste alangeraci.com	67.18
Mail Chimp 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308 USA	Web		Email Resource	224.97

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

SUBTOTAL $ 1242.15

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ 2759.30

2. Unitemized payments made this period of under $100 .... $ 0

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 $** 2759.30

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period	CALIFORNIA FORM 460
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NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

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
San Diego County Democratic Party 3934 Murphy Canyon Rd b103, San Diego, CA 92123	Mtg		Convention	250
Alignable 205 Portland St. Boston, MA 02114	Prt		Social Media Advertising	190
Intuit 7535 Torrey Santa Fe Rd San Diego, CA 92129	Ofc		Banking supplies	72.18
California Bank and Trust 978 San Marcos Blvd. San Marcos, CA 92078	Ofc		Bank fees	46.88
Data Group 3208 E. Colonial Drive, No. 118 Orlando, FL 32803	web		email addresses	305

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

SUBTOTAL $ 864.06

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www.fppc.ca.gov

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

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
American Technology Consulting 7713 Stoney Creek Ct. Fairfax Station, VA 22039	Pol		Polling data	624
Sticker Mule 336 Forest Ave Amsterdam, NY 12010	Cmp		Campaign paraphenalia	29.09

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

SUBTOTAL $ 653.09

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ _____2759.30_____

2. Unitemized payments made this period of under $100 .... $ _____0_____

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 $** _____2759.30_____

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

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1417422

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	POS	postage, delivery and messenger services	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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
None					

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

SUBTOTALS $ _____ $ _____ $ _____ $ _____

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ....**INCURRED TOTALS $** _____

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ....**PAID TOTALS $** _____

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ....**NET $** _____
   May be a negative number

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period	
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SEE INSTRUCTIONS ON REVERSE

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Alan Geraci for San Marcos City Council 2020

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1417422

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
None				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

Schedule H
Loans Made to Others*

Amounts may be rounded
to whole dollars.

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Alan Geraci for San Marcos City Council 2020

I.D. NUMBER

1417422

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
None				☐ PAID $____ ☐ FORGIVEN $____	$____ DATE DUE	____% RATE $____	$____ DATE INCURRED	CALENDAR YEAR $____ PER ELECTION** $____
		$____	$____	$____				
				☐ PAID $____ ☐ FORGIVEN $____	$____ DATE DUE	____% RATE $____	$____ DATE INCURRED	CALENDAR YEAR $____ PER ELECTION** $____
		$____	$____	$____				

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

SUBTOTALS $____ | $____ | $____ | $____

(Enter (e) on Schedule I, Line 3)

Schedule H Summary

1. Loans made this period...$ ____
(Total Column (b) plus unitemized loans of less than $100.)

2. Payments received on loans..$ ____
(Total Column (c) plus unitemized payments of less than $100.)

3. Net change this period. (**Subtract** Line 2 from Line 1.)..**NET** $ ____
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

**If Required