Recipient Committee Campaign Statement Cover Page			Date Stamp CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 0 (8,2020 through 0 FC 3(,2020	Date of election if applicable: (Month, Day, Year)	GITY CLERK'S UFFICE FEB 01 2021 AM10:23
State Candidate Election Committee Recall (Also Complete Part 5) (Al	rimarily Formed Ballot Measure ommittee Controlled	2. Type of Statement:	
Small Contributor Committee O Political Party/Central Committee (A)	rimarily Formed Candidate/ fffceholder Committee teo Complete Parl 7) NUMBER 1432, 797	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) BRIAN PAST		NAME OF TREASURER	C. LLAS DS ATTATE ZIP CODE 95758
CITY CL-K GROVE CA 9575 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	-7	MAILING ADDRESS	R, IF ANY
CITY STATE ZIP COE	DE AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADDRES	STATE ZIP CODE AREA CODE/PHONE
Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of 0 Executed on	California that the foregoing is true and c By By By By	Signature of Treasure or Assistant T sing Officeholder, Canglane, State Mataure Prop nature of Controlling Officeholder, Candidate, St	reasurer conent of Responsible Officer of Sponsor ate Measure Proponent
Date	Sig	nature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent FPPC Form 460 (Jan/2016))

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

COVER	PAGE - PART 2
CALIFORNI FORM	[^] 460
Page	of

5. Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	TOR		NAME OF BALLOT MEASURE				
OFFICE SOUGHT OF HELD (INCLUDE LOCATION AND DI MAYORI OF ELK	STRICT NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTI	ON	1-	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP BLK GROVE CA 15	757	Identify the controlling office			ieasure propo	nent, if any.
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your c	or are primarily formed to receive		OFFICE SOUGHT OR HELD		1	DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER						
PASTAR 2620 MAYOR OF ELGAR NAME OF TREASURER MARNOLS C. CLASOS	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)	didate/Offic	eholder Con committee is pr	nmittee Lis rimarily formed	t names of
COMMITTEE ADDRESS STREET ADDRESS (NO P			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	
ELK GROVE OF 95	757		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	BHT OR HELD	SUPPORT
	I_D, NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	
	P CODE AREA CODE/PHONE		Atta	nch continuati	n sheets if neo	cessary	

Campaign Disclosure Statement

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SUMMARY PAGE

Summary Page	to whole dollars.		from <u>ÓC</u>	rent covers period T 18, 2020 K 31, 2020	CALIFORNIA FORM 460
NAME OF FILER BRIAN PASTOR			through	~ 31, 2020	Page of I.D. NUMBER 1432-797
Contributions Received 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column CALENDARY TOTAL TO D \$ 1950 \$ 1950 \$ 1950 \$ 1950 \$ 1950	/EAR /ATE	Running in Both th General Elections	mary for Candidates e State Primary and arough 6/30 7/1 to Date
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0 \$ 0 \$ 885/ 0 0 \$ 875/	\$ 885 0 5885 0 0 5885 0 0 5885			Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date \$\$
Current Cash Statement 12. Beginning Cash Balance 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts	<u> </u>	To calculate Colun add amounts in Co A to the correspon amounts from Colu of your last report. amounts in Colum be negative figures should be subtract previous period an this is the first repo filed for this calend only carry over the from Lines 2, 7, an	olumn Iding Some In A may s that ted from nounts. If fort being dar year, a amounts	*Amounts in this section n reported in Column B.	nay be different from amounts
18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ \$	any).		FPPC Advice: adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	Α	
Monetary	Contributions	Received

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement co from <u>OCT 18</u> through <u>DEC</u>	12020	CALIFORNIA 460 FORM Page of		
NAME OF FILER	BRIAN PA:	STOR				10. NUT 143		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$0	\$1950	7		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC						
		IND COM OTH PTY SCC						
		□ IND □ COM □ OTH □ PTY □ SCC						
			SUBTOTAL \$	1950				
(Include all S	Summary ived this period – itemized monetary contribution schedule A subtotals.)			0	IND - COM OTH PTY	(other ti – Other (e – Political	al ent Committee han PTY or SCC) e.g., business entity)	
	ry contributions received this period. and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.)	0		FPPC	Form 460 (Jan/2016))	

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

SCHEDULE A (CONT.)

Monetary Contributions Received			ionars.	from <u>CT 12</u>	ers period 8 12020 21 2020	california 460 form		
NAME OF FILER	BRIAN PASTOR	2		through <u>UEC</u>	51,2020	Page I.D. NUM /43	IBER 32797	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	- AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		IND COM OTH PTY SCC						
		☐ IND □ COM □ OTH □ PTY □ SCC						
		IND COM OTH PTY SCC						
			SUBTOTAL	1950				

*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

	Δπ	iounts may be ro	unded				SCHEDULE B - PART 1			
Schedule B – Part 1	011	to whole dollar			Statement cov		CALIFORM	1A 460		
Loans Received					from OCT	8,2020	FORM	400		
					DEC	31,2020				
SEE INSTRUCTIONS ON REVERSE					through	011-00	Page	of		
NAME OF FILER	ninal an						I.D. NUMBER			
p+	ZAN PAST	OR.					1432-	797		
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 PAIL OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(1) ORIGINAL AMOUNT OF LOAN	(6) CUMULATIVE CONTRIBUTIONS TO DATE		
		-						CALENDAR YEAR		
				s	\$	%	\$	\$		
				FORGIVEN		RATE		PER ELECTION**		
		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$		
				D PAID				CALENDAR YEAR		
				\$	s	%	s	5		
				FORGIVEN		RATE		PER ELECTION**		
		~		s		5				
		5	\$		DATE DUE		DATE INCURRED			
				PAID				CALENDAR YEAR		
				\$	\$	%	\$	\$		
				FORGIVEN				PER ELECTION**		
		s	\$	s	DATE DUE	s	DATE INCURRED	\$		
	s	UBTOTALS \$	0	6	\$ O	\$ 0				
Schedule B Summary						(Enter (e) on Schedu	de E, Line 3)			
1. Loans received this period				\$	0					
(Total Column (b) plus uniternized loan	s of less than \$100.)				0	G				
2. Loans paid or forgiven this period				\$	0		ontributor Codes D – Individual			
(Total Column (c) plus loans under \$10 (Include loans paid by a third party that					6	CC	M - Recipient C			
3. Net change this period. (Subtract Line				NET \$	0	от	(otner than H – Other (e.g.,	PTY or SCC) business entity)		
Enter the net here and on the Summar			02100000000000000	· · · ·		PT	Y - Political Part	y i		
				(M	ay be a negative number)	LSC	c – small contri	butor Committee		

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

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Cabadula D. David O		Amounts may be rounded to whole dollars.			SCHEDULE B - PART					
Schedule B – Part 2 Loan Guarantors					nent covers period		NIA 460			
					718,202					
SEE INSTRUCTIONS ON REVERSE				through.	DEC. 31,202	20 Page	of			
NAME OF FILER BR.H	n	PASTOR				I.D. NUMBER	797			
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, 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			
1			LENDÉR			CALENDAR YEAR				
	□сом		ù			s				
	□отн □рту		DATE			PER ELECTION (IF REQUIRED)				
	□scc					s				
2-			LENDER			CALENDAR YEAR				
	□сом					s				
	□ОТН □РТҮ		DATE			PER ELECTION (IF REQUIRED)				
	scc					s				
1 <u>1</u>			LENDER			CALENDAR YEAR	· · · · · · · ·			
				_		s				
	□ ОТН □ РТҮ		DATE			PER ELECTION (IF REQUIRED)				
	□scc					5				
			LENDER			CALENDAR YEAR				
						\$				
	□ОТН □РТҮ		DATE			PER ELECTION (IF REQUIRED)				
	□scc					s				
			SUE	BTOTAL :	\$ <i>∂</i>	Enter on Summary Page, Line 17 only				

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Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded	
to whole dollars.	

SCHEDULE C

Nonmon SEE INSTRUCT	S from thro	Statement covers p_{DCT} / P_{12}		FO	ORNIA 460				
NAME OF FILER	BRIAN	PASTE	Þ					1432	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		17					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
Attach addit	tional information on appropriately labeled	continuation	sheets.	SUBTO)TAL \$	Ô			
1. Amount re	C Summary eceived this period – itemized nonmonetan II Schedule C subtotals.)				\$_	0	IND - CON	(other th	
2. Amount re	eceived this period – unitemized nonmone		ions of less than \$100		\$		PTY	- Political I	

3. Total nonmonetary contributions received this period.

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

Amounts may be rounded to whole dollars.

california 460

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Statement covers period

from 00718,2020

2070

SEE INSTRUCTIONS ON REVERSE			through CC S	1/2000 Page	of
NAME OF FILER BRIAN PA	STOR			1.D. NUME	
DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	I TYPE OF PAYMENT I	ESCRIPTION F REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Monetary Contribution Nonmonetary Contribution Independent				
Support Oppose	Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure				
Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
		SUBTOTAL \$	0		

Schedule D Summary	1
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	0
2. Unitemized contributions and independent expenditures made this period of under \$100	0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	0

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

BRIAN

NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR

MEASURE NUMBER OR LETTER AND JURISDICTION,

Amounts may be rounded to whole dollars.

PER ELECTION

TO DATE

Statement covers period from $\frac{OCT}{V_{L}}$	С
through DEC31, 2020	F

FORM Y11 Page . _ of _

AME OF FILEF	2	
the set of the set		

DATE

PASTOR

TYPE OF PAYMENT

DESCRIPTION

(IF REQUIRED)

	1.D. NUM 143	BER
AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR	

OR COMMITTEE		(IF REQUIRED)	PERIOD	(JAN. 1 - DEC. 31)	(IF REQUIRED)
Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
Support Oppose	Monetary Contribution				
Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
Support Dppose	Monetary Contribution				
		SUBTOTAL \$	0		

Schedule E Payments Made	Amounts may I to whole d		Statement covers period from OCT (8,2070 through DEC 31,2020 Page of
SEE INSTRUCTIONS ON REVERSE			
NAME OF FILER BRIAN	PAST	OR	1.D. NUMBER 1432797
CODES: If one of the following codes accurately describ	pes the payment, y	ou may enter the	e code. Otherwise, describe the payment.
CMP campaign paraphemalia/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	POS postage, del	d appearances ses lating	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT AMOUNT PAID
		U	
* Payments that are contributions or independent expenditures must also	be summarized on Sche	dule D.	SUBTOTAL \$ 🕗
Schedule E Summary			à
1. Itemized payments made this period. (Include all Schedu	,		
2. Unitemized payments made this period of under \$100			6
3. Total interest paid this period on loans, (Enter amount fro		1.125	
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summary Pag	ge, Column A, Line 6.) TOTAL \$

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SCHEDULE E

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may b to whole do			Statement covers period from OCT 18, 2020 through PECS1, 2020	CALIFO FOR Page	RM 400
BR/AN	PASTO	R_			1.D. NUM	2797
CODES: If one of the following codes accurately describ CMP campaign paraphemalia/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 com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications l appearance es ating urvey researd very and mes	35	erwise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and proc candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs	luction costs d meals and meals s of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT		AMOUNT PAID

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

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)	Statement cover from <u>DCT</u>	jere	FORNIA 460		
	ASTOR				32797
CODES: If one of the following codes accurately describe 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	ABR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratic	e payment. Ind production costs butions sers' salaries time and production cost al, lodging, and meals vvel, lodging, and meals an committees of the san	s ne candidate/sponsor
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
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	6	\$\$\$		\$
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) sub accrued expenses under \$	ototals for \$100.)	INCU	RRED TOTALS \$_	0
2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total uniternized	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTALS \$_	0
3. Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	ter the difference here and			NET \$ _	0
			FPP		Aay be a negative number C Form 460 (Jan/2016)) .ca.gov (866/275-3772)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from DT18,2.630	california 460 form
through DEC 31, 2020	Page of
	1432797

NAME OF FILER

PASTOR BRIAN

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
- 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 PET office expenses petition circulating
- PHO phone banks POL
- polling and survey research postage, delivery and messenger services POS
- PRO professional services (legal, accounting) PRT print ads
- staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor TSF

RAD radio airtime and production costs

returned contributions

RFD

SAL TEL

TRC

TRS

VOT voter registration WEB information technology costs (internet, e-mail)

campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals

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

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
	SUBTOTALS	\$ 0	\$ ()	\$ Ø	\$ 0

FPPC Form 460 (Jan/2016))

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

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

SCHEDULE G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		nts may be ro whole dollar			Statement covers period m <u>OCT 18,2020</u> ough <u>DEC 31,2030</u>	CALIFO FOR Page	
AME OF FILER BRIAN PAST	TAP			11		I.D. NUMBE	R 197
NS campaign consultants MTG Contribution (explain nonmonetary)* OFC VC civic donations PET IL candidate filing/ballot fees PHO ND fundraising events POL VD independent expenditure supporting/opposing others (explain)* POS EG legal defense PRO	member co meetings a office exper petition circ phone bank polling and postage, de	mmunications nd appearanc nses sulating ks survey resear elivery and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production cos returned contributions campaign workers' salaries	ion costs neals I meals the same c	
Payments that are contributions or independent expenditures must also be summa	rized on Sch	nedule D.					
(IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE C	R		ON OF PAYMENT		AMOUNT PAID
ttach additional information on appropriately labeled continuation s	heets.					FOTAL* \$	Ø
o not transfer to any other schedule or to the Summary Page. This total may not e ependent contractor as reported on Schedule E.	qual the am	ount paid to th	e agent or		EDBC Advices advice		orm 460 (Jan/2010

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

Schedule H Lo

Amounts may be rounded to whole dollars.	Statement covers period from

\$

Loans Made to Others*					from <u>a 18 auc</u>		FORM	TUU
SEE INSTRUCTIONS ON REVERSE					through EC	31,2020	Page	. of
NAME OF FILER	BRIAN PA:	STOR					10 NUMBER	191
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	(D) AMOUNT LOANED THIS PERIOD	(6) REPAYMENT OI FORGIVENESS THIS PERIOD	BALANCE AI	(e) INTEREST RECEIVED	(1) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
				PAID	s	RATE	\$	CALENDAR YEAR S
		\$	s	s	DATE DUE	\$	DATE INCURRED	\$
				PAID S FORGIVEN	\$	% RATE	2	CALENDAR YEAR \$ PER ELECTION**

S.

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

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

\$

Ó

0

O

DATE DUE

\$

Schedule H Summary

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

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

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

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DATE INCURRED

**If Required

SCHEDULE H

CALIFORNIA 460

Schedule I

SCHEDULE I

SEE INSTRUCTIONS	ous Increases to Cash to whole do		Statement from <u>OCT</u> through	covers period 18,2075 -31,2020	CALIFORNIA 460 FORM of
NAME OF FILER	BRIPHN PASTOR				1432797
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER (.D. NUMBER)	DES	CRIPTION OF REC	EIPT	AMOUNT OF INCREASE TO CASH
	nal information on appropriately labeled continuation sheets.			SUBTOTAL \$	0
2. Unitemized in	cummary eases to cash this period. Increases to cash of under \$100 this period. erest received this period on loans made to others. (Schedule H, Column		\$.	0 0 0	
4. Total miscella Summary Paç	neous increases to cash this period. (Add Lines 1, 2, and 3. Enter here a ge, Line 14.)	and on the		C FPPC Advice: advice	FPPC Form 460 (Jan/2016)) e@fppc.ca.gov (866/275-3772)