Committee						COVER PAGE
Recipient Committee					Date Stamp	CALIFORNIA 460
Campaign Statement					RECEIVED	- 1 0 1 1
Cover Page Sovemment Code Sections 8420	0. 94216 5)				I Was del hand o married	
Severiment Code Sections 6420	0-042 (0.5)	St	atement covers period	Date of election if applicable:	FEB 09 2021	Page1 of7
		from	10/18/2020	(Month, Day, Year)		
		1		-	City of Rancho Cord	Ova For Official Use Only
EE INSTRUCTIONS ON REVERSE		throu	gh <u>12/31/2020</u>		Office of the City Cl	enk
. Type of Recipient Com	mittee: All Committe	es - Complete P	arts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Co		Primarily	Formed Ballot Measure	☐ Preelection Statement	☐ Qua	arterly Statement
O State Candidate Election	n Committee	Committe	_	X Semi-annual Statement	☐ Spe	ecial Odd-Year Report
(Also Complete Part 5)		O Contro		☐ Termination Statement		oplemental Preelection
		(Also Comple		(Also file a Form 410 To	,	tement - Attach Form 495
☑ General Purpose Committee	e	C Deimorily	Formed Candidate/	Amendment (Explain b	elow)	
SponsoredSmall Contributor Comm	nittee		Formed Candidate/ der Committee			
O Political Party/Central C		(Also Comple				*
		I.D. NUMBI	TD.			
. Committee Information	1	124848		Treasurer(s)		
COMMITTEE NAME (OR CANDIDA	ATE'S NAME IF NO COM	MITTEE)		NAME OF TREASURER		
Rancho Cordova Chamber	of Commerce PAC			Denise Lewis		
				MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX	()			CITY	STATE ZIP	CODE AREA CODE/PHONE
				Sacramento	CA 95	841
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Rancho Cordova	CA	95670				
MAILING ADDRESS (IF DIFFERE	NT) NO. AND STREET C	R P.O. BOX		MAILING ADDRESS		
ALTER C	OTITE	710 0000	ADEA CORE PUONE	Towns of the second	ATIVE TIP	1000
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
Sacramento OPTIONAL: FAX / E-MAIL ADDR	CA	95841		OPTIONAL FAY / F MAY ADD	2502	
OFTIONAL. FAX / E-MAIL ADDR	200			OPTIONAL: FAX / E-MAIL ADDR	(E55	
Verification						
I have used all reasonable dilig	ence in preparing and r	eviewing this sta	tement and to the			ules is true and complete. I certify
under penalty of perjury under t	the laws of the State of 0	California that the	e foregoing is true			
5	22/2021		D.			
Executed on	Date	_	Ву			
Executed on01/	22/2021		Ву			37. 24. 24. 24. 24.
Executed oil	Date					
Executed on			Ву			
	Date	20.00	•	Signature of Controlling Officeholder, Candidate, S	itale Measure Proponent	
Executed on	Della	_	Ву	Signature of Controlling Office hadden Constitution	Into Manuara Dunasarant	
	Date			Signature of Controlling Officeholder, Candidate, S	tale Méasure Proponent	FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

	OVERP	PAGE - PART 2
CALIFO FOR		460
Page	2	of

Officeholder or Candidate Contr	6.	Primarily Formed Bal	lot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	TION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AM	ID STREET) CITY STATE ZIP		Identify the controlling o	fficeholder, ca	ındidate, or state measu	re proponent, if ar
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT	
	ed in this Statement: List any committees introlled by you or are primarily formed to receive ehalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT	IO. IF ANY
COMMITTEE NAME	I.D. NUMBER		-		_	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7	. Primarily Formed Ca officeholder(s) or candidate	ndidate/Offi (s) for which th	ceholder Committee is committee is primarily i	List names of ormed.
COMMITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HEI	D SUPPORT □ SUPPORT
CITY	STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HE	D SUPPOR
COMMITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)					U OFFOSE
	(in the same of th			100	and the thy came	OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statem	ent covers period	CALIFORNIA 160				
from	10/18/2020	FORM 400				
through _	12/31/2020	Page3 of	7			
		I.D. NUMBER				
		1248483				

Rancho Cordova Chamber of Commerce PAC Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 1. Monetary Contributions Schedule A, Line 3 \$ 4,150.00 1/1 through 6/30 7/1 to Date 0.00 Loans Received Schedule B. Line 3 20. Contributions 2,500.00 4,150.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received Nonmonetary Contributions Schedule C, Line 3 0.00 Expenditures Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 2,500.00 4,150.00 **Expenditures Made Expenditure Limit Summary for State** Candidates 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 8,726.72 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 95.26 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 8,821.98 Current Cash Statement 2,312.57 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B, add 2,500.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 1,448.29 Column A may be negative 3,364.28 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ 95.26 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

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

Schedule A Monetary Contributions Received			s may be rounded whole dollars.	Statement cover from10/18/20		CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through12/31/2	020	Page _	of	
NAME OF FILER						I.D. NU	MBER	
Rancho Cord	ova Chamber of Commerce PAC					12484	83	
DATE RECEIVED	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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
12/16/2020	PG&E Corporation 77 Beale Street San Francisco, CA 94105	□IND □COM ⊠OTH □PTY □SCC		2,500.00	2,	500.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
V _a		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 2,500.00				
Amount re (Include a	A Summary eceived this period – itemized monetary contributions. all Schedule A subtotals.)eceived this period – unitemized monetary contributions			2,500.00 0.00	IND CO	(other	al ent Committee than PTY or SCC) (e.g., business entity)	

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Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER		f Expenditures Opposing Other to whole dollars. Measures and Committees			Statement covers period from		
M. Control of the Con	dova Chamber of Commerce PAC					1.D. NUM	
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	CUMULATIV CALENDA (JAN. 1 - I	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
12/08/2020	Siri Pulipati City Council Member City of Rancho Cordova X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		1,000.00		1,000.00	я
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		•			
			SUBTOTA	AL \$ 1,000.00	ja li ja		

Schedule D Summary

1.	Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$_	1,000.00
2.	Unitermized contributions and independent expenditures made this period of under \$100	\$_	0.00
3	Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	•	1,000.00

Schedule E Payments Made		Amounts may be rounded to whole dollars.				Statement covers period from10/18/2020 through12/31/2020			CALIFORNIA FORM FORM Page 6 of 7		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER								I.D. NUM			
Rancho Cordova Chamber of Commerce PAC								124848	3		
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		member com meetings an office exper petition circu phone banks polling and s postage, del	nmunications d appearance nses llating s survey resea livery and me	es (t)		radio airt returned campaign t.v. or cal candidate staff/spot transfer il voter reg	ime and producti contributions n workers' salari- ble airtime and p e travel, lodging, use travel, lodging petween committ	on costs es roduction costs and meals eg, and meals tees of the san	ne candidate/sponso		
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR DI	ESCRIPTIO	N OF PAYM	ENT		AMOUNT PAID		
Pulipati for City Council 2020 (ID# 1424619) Elk Grove, CA 95624			СТВ						1,000.0		
River City Business Services 5429 Madison Avenue Sacramento, CA 95841			PRO	(8)					448.2		
* Payments that are contributions or independent expenditures	must al	so be summ	narized on S	schedule D.				SUBTOTAL\$	1,448.2		
Schedule E Summary											
1. Itemized payments made this period. (Include all Schedule	E sub	totals.)						\$	1,448.29		
2. Unitemized payments made this period of under \$100								\$	0.00		

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$___

0.00

1,448.29

							SCHEDULE F	
Schedule F Accrued Expenses (Unpaid Bills)			Amounts may be rounded to whole dollars.	fro		CALIFORNIA 460		
SEEIN	ISTRUCTIONS ON REVERSE			thr	ough_12/31/2020	Page	of	
NAME	OF FILER			3 - 77		I.D. NUMBER		
Rano	cho Cordova Chamber of Commerce PAC		¥			1248483		
СО	DES: If one of the following codes accurately describe	es the	payment, you may enter the code. O	therwis	e, describe the payment.			
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production co	osts		
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions			
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries			
CAC		PET	petition circulating	TEL	t.v. or cable airtime and produc			
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and			
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, ar			
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees	of the same candida	ate/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
River City Business Services 5429 Madison Avenue Sacramento, CA 95841	PRO	0.00	95.26	0.00	95.26
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00	95.26\$	0.00	95.26

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.)	95.26
2.	Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on	

on the Summary Page, Column A, Line 9.)

NET \$ 95.26