

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp

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Statement covers period

from 02/16/2020

through 02/26/2020

Date of election if applicable: (Month, Day, Year)

03/03/2020

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1330472

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) SAN FRANCISCO PARENT POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE SAN FRANCISCO CA 94108 (415) 732-7700

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS CAMPAIGN@CAMPAIGNLAWYERS.COM

Treasurer(s)

NAME OF TREASURER JAMES R. SUTTON

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE SAN FRANCISCO CA 94108 (415) 732-7700

NAME OF ASSISTANT TREASURER, IF ANY

MATTHEW ALVAREZ

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE SAN FRANCISCO CA 94108 (415) 732-7700

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 02/25/2020 Date

By JAMES R. SUTTON Signature of Treasurer or Assistant Treasurer

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 02/26/2020 | Page <u>3</u> of <u>7</u> |
| SEE INSTRUCTIONS ON REVERSE | | I.D. NUMBER |
| NAME OF FILER | | 1330472 |
| SAN FRANCISCO PARENT POLITICAL ACTION COMMITTEE | | |

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 0.00 | \$ 27,500.00 |
| 2. Loans Received Schedule B, Line 3 | 0.00 | 500.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 0.00 | \$ 28,000.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 0.00 | \$ 28,000.00 |

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 | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ 0.00 | \$ 20,000.00 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 0.00 | \$ 20,000.00 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 0.00 | 11,050.11 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 0.00 | \$ 31,050.11 |

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 |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|-------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 7,500.00 |
| 13. Cash Receipts Column A, Line 3 above | 0.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.00 |
| 15. Cash Payments Column A, Line 8 above | 0.00 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 7,500.00 |

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.

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

| | |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ 0.00 |
|---|---------|

Cash Equivalents and Outstanding Debts

| | |
|---|--------------|
| 18. Cash Equivalents See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 11,550.11 |

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 02/26/2020 | Page <u>4</u> of <u>7</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

SAN FRANCISCO PARENT POLITICAL ACTION COMMITTEE

1330472

| 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 |
|---|---|--|------------------------------------|--|--|----------------------------------|--------------------------------|---|
| SUTTON LAW FIRM SAN FRANCISCO, CA 94108 | | \$ 500.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 500.00 | 0.00% RATE | \$ 500.00 | CALENDAR YEAR \$ 0.00 PER ELECTION** \$ _____ 06/30/2018 DATE INCURRED |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ | _____% RATE | \$ _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ DATE INCURRED |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ | _____% RATE | \$ _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ DATE INCURRED |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ | _____% RATE | \$ _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ DATE INCURRED |
| SUBTOTALS \$ | | | 0.00 \$ | 0.00 \$ | 500.00 \$ | 0.00 | | |

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

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 0.00
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.

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 02/26/2020 | Page <u>5</u> of <u>7</u> |
| NAME OF FILER | | I.D. NUMBER |
| SAN FRANCISCO PARENT POLITICAL ACTION COMMITTEE | | 1330472 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

SAN FRANCISCO PARENT POLITICAL ACTION COMMITTEE

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 |
|--|--|---|---------------------------------------|---|--|
| LESTER CONNECT SANTA MONICA, CA 90405 | IND WEB; SCHEDULE G REPORTED IN PRIOR PERIOD | 3,357.39 | 0.00 | 0.00 | 3,357.39 |
| SUTTON LAW FIRM SAN FRANCISCO, CA 94108 | PRO | 661.66 | 0.00 | 0.00 | 661.66 |
| SUTTON LAW FIRM SAN FRANCISCO, CA 94108 | PRO | 1,279.39 | 0.00 | 0.00 | 1,279.39 |

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

| | | | | |
|---------------------|------------|--------|--------|----------|
| SUBTOTALS \$ | 5,298.44\$ | 0.00\$ | 0.00\$ | 5,298.44 |
|---------------------|------------|--------|--------|----------|

Schedule F Summary

- 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 \$** 0.00
- 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 \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0.00
May be a negative number

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

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 02/26/2020 | Page <u>6</u> of <u>7</u> |
| NAME OF FILER | | I.D. NUMBER |
| SAN FRANCISCO PARENT POLITICAL ACTION COMMITTEE | | 1330472 |

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 |
| LT | 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 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| SUTTON LAW FIRM SAN FRANCISCO, CA 94108 | PRO | 1,836.39 | 0.00 | 0.00 | 1,836.39 |
| SUTTON LAW FIRM SAN FRANCISCO, CA 94108 | PRO | 1,377.30 | 0.00 | 0.00 | 1,377.30 |
| SUTTON LAW FIRM SAN FRANCISCO, CA 94108 | PRO | 1,176.34 | 0.00 | 0.00 | 1,176.34 |
| SUTTON LAW FIRM SAN FRANCISCO, CA 94108 | PRO | 269.75 | 0.00 | 0.00 | 269.75 |
| SUBTOTALS \$ | | 4,659.78 \$ | 0.00 \$ | 0.00 \$ | 4,659.78 |

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

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 02/26/2020 | Page <u>7</u> of <u>7</u> |
| NAME OF FILER | | I.D. NUMBER |
| SAN FRANCISCO PARENT POLITICAL ACTION COMMITTEE | | 1330472 |

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 |
| LT 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 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| SUTTON LAW FIRM SAN FRANCISCO, CA 94108 | PRO | 165.70 | 0.00 | 0.00 | 165.70 |
| SUTTON LAW FIRM SAN FRANCISCO, CA 94108 | PRO | 322.60 | 0.00 | 0.00 | 322.60 |
| SUTTON LAW FIRM SAN FRANCISCO, CA 94108 | PRO | 603.59 | 0.00 | 0.00 | 603.59 |
| SUBTOTALS \$ | | 1,091.89 \$ | 0.00 \$ | 0.00 \$ | 1,091.89 |