

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

RECEIVED

Date Stamp  
**18 SEP 27 P 4:11**

CALIFORNIA  
FORM **460**

Page 1 of 5

For Official Use Only

CITY OF WALNUT  
CITY CLERKS OFFICE

<b>Statement covers period</b> from <u>01/01/2018</u> through <u>09/22/2018</u>	<b>Date of Election if applicable</b> <u>11/06/2018</u> (Month, Day, Year)
---	--

**1. Type of Recipient Committee**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
|--|---|

**2. Type of Statement**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Pre-election Statement<br><input type="checkbox"/> Semi-Annual Statement<br><input type="checkbox"/> Termination Statement<br><input type="checkbox"/> Amendment | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Statement<br><input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
|--|---|

**3. Committee Information**

I.D. Number 1409950

COMMITTEE NAME  
Bob Pacheco for Walnut City Council 2018

STREET ADDRESS (NO PO BOX)  
161 Commerce Way

CITY <u>Walnut</u>	STATE <u>CA</u>	ZIP CODE <u>91789</u>	AREA CODE/PHONE <u>626/665-2622</u>
-----------------------	--------------------	--------------------------	--

MAILING ADDRESS (IF DIFFERENT)

CITY	STATE	ZIP CODE
------	-------	----------

OPTIONAL: FAX / E-MAIL ADDRESS  
/ mrbobpacheco@gmail.com

**Treasurer(s)**

NAME OF TREASURER  
Dana Hopkins, CPA

STREET ADDRESS  
5041 La Mart Dr Ste 110

CITY <u>Riverside</u>	STATE <u>CA</u>	ZIP CODE <u>92507</u>	AREA CODE/PHONE <u>951/781-2910</u>
--------------------------	--------------------	--------------------------	--

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS  
(951) 788-6135 / dana@trimblecompany.com

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 <u>9/26/2018</u>	By <u>Dana Hopkins</u> SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on <u>9/22/2018</u>	By <u>Bob Pacheco</u> SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on _____	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on _____	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Statement covers period  
from 01/01/2018  
through 09/22/2018

Page 2 of 5

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Mr. Robert (Bob) Pacheco

OFFICE SOUGHT OR HELD ( INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council Member, City of Walnut

RESIDENTIAL/BUSINESS ADDRESS ( NO. AND STREET) CITY STATE ZIP  
161 Commerce Way Walnut CA 91789

**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 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 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 OR 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

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM <b>460</b>
from	01/01/2018	
through	09/22/2018	
		Page 3 of 5

NAME OF FILER Bob Pacheco for Walnut City Council 2018

I.D. NUMBER  
1409950

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

**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	\$ _____	\$ _____

	Column A	Column B
<b>Expenditures Made</b>		
6. Payments Made ..... Schedule E, Line 4	\$ 1,780.00	\$ 1,780.00
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 1,780.00	\$ 1,780.00
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 1,780.00	\$ 1,780.00

**Expenditure Limit Summary  
for State Candidates**

22. Cumulative Expenditures Made \*  
( If Subject to Voluntary Expenditure Limits)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

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

<b>Current Cash Statement</b>	
12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts ..... Column A, Line 3 above	4,000.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	1,780.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,220.00
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00

<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. .... Add Lines 2 + Line 9 in Column B above	\$ 4,000.00

**Schedule B - Part 1  
Loans Received**

SCHEDULE B - PART 1

Statement covers period		CALIFORNIA FORM <b>460</b>
from	01/01/2018	
through	09/22/2018	Page 4 of 5
NAME OF FILER Bob Pacheco for Walnut City Council 2018		I.D. NUMBER 1409950

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a)	(b)	(c)	(d)	(e)	(f)	(g)
		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Robert (Bob) Pacheco  161 Commerce Way Walnut, CA 91789  Contributor Code: IND	Law Offices of Pacheco & Pacheco  Attorney		4000.00	<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	4000.00	0.00	4,000.00	CALENDAR YEAR 4,000  PER ELECTION ** 0
					DUE DATE 12/31/2018	INTEREST RATE 0.00 %	DATE INCURRED 09/19/2018	

<b>SUBTOTALS \$</b>	(b) 4,000.00	(c) 0.00	(d) 4,000.00	(e) 0.00	
---------------------	-----------------	-------------	-----------------	-------------	--

**Schedule B Summary**

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 4,000.00
- 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 \$** 4,000.00  
Enter the net here and on the Summary Page, Column A, Line 2.

\*\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule E  
Payments Made**

SCHEDULE E

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	01/01/2018	Page	5 of 5
through	09/22/2018	I.D. NUMBER	1409950

NAME OF FILER Bob Pacheco for Walnut City Council 2018

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND Independent expenditures supporting/opposing others | 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	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
Gold Star Graphix  1447 N. Valinda Ave. #D Valinda, CA 91744	CMP	1,780.00

**SUBTOTAL \$ 1,780.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,780.00
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
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 1,780.00</b>