

Recipent Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10/18/2020 through 12/31/2020

Date of election if applicable: (Month, Day, Year) 11/3/2020

City: CITY CLERK

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For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee
 State Candidates 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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Bigstyck For Pacifica City Council, District 4, 2020

I.D. NUMBER
1431517

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY Pacifica STATE CA ZIP CODE 94044 AREA CODE/PHONE [REDACTED]

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

CITY Pacifica STATE CA ZIP CODE 94044 AREA CODE/PHONE [REDACTED]

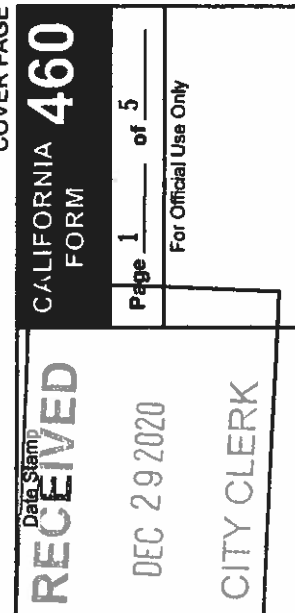
OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

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 12/28/2020 Date
 Executed on 12/28/2020 Date
 Executed on _____ Date
 Executed on _____ Date

By Tygarlas Twyrls Bigstyck Signature of Treasurer or Assistant Treasurer
 By Tygarlas Twyrls Bigstyck Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 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 Tygarlas Twyrls Bigstyck OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Pacifica City Council, District 4 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Pacifica CA 94044

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? 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? 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 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT 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.

Table with 4 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT/OPPOSE checkboxes. Rows include NAME OF OFFICEHOLDER OR CANDIDATE, NAME OF OFFICEHOLDER OR CANDIDATE, NAME OF OFFICEHOLDER OR CANDIDATE, NAME OF OFFICEHOLDER OR CANDIDATE.

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 10/18/2020
through 12/31/2020

CALIFORNIA
FORM **460**
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tygarjas Twyrils Bigstycck

I.D. NUMBER

1431517

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions	Schedule A, Line 3	1004.99	\$	6166.99	\$	1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 3	0		0			
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	1004.99	\$	6166.99	\$		
4. Nonmonetary Contributions	Schedule C, Line 3	0		740.00			
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	1004.99	\$	6906.99	\$		

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

Expenditures Made

6. Payments Made	Schedule E, Line 4	1083.32	\$	6166.99	\$		
7. Loans Made	Schedule H, Line 3	0		0			
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	1083.32	\$	6166.99	\$		
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0		0			
10. Nonmonetary Adjustment	Schedule C, Line 3	0		740			
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	1083.32	\$	6906.99	\$		

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	78.33	\$
13. Cash Receipts	Column A, Line 3 above	1004.99	\$
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0	
15. Cash Payments	Column A, Line 8 above	1083.32	\$
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	0	\$

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

LOAN GUARANTEES RECEIVED

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

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA **460**
FORM

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Statement covers period from 10/18/2020 through 12/31/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tygarjas Twyrls Bigstyck

I.D. NUMBER

1431517

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2020	Holly Smallie [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Self-Employed (Holly Smallie)	\$249.99	\$249.99	
11/2/2020	United Food & Commercial Workers Local 5 PAC 240 S. Market Street, San Jose, CA 95113-2310 FFPC ID #1294035	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500	\$500	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$ 749.99		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 749.99
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 255
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1004.99

*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 may be rounded to whole dollars.

**Schedule E
Payments Made**

Statement covers period from 10/18/2020 through 12/31/2020

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I.D. NUMBER 1431517

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Tygarjas Twyrts Bigstycck

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
hand in hand 555 Waverly St., #25 Palo Alto, CA 94301	CVC	Donation to hand in hand parenting from unused contributions to committee.	\$210.42
Pacifica Resource Center 1809 Palmetto Avenue Pacifica, CA 94044	CVC	Donation to Pacifica Resource Center from unused contributions to committee.	\$863.42
SUBTOTAL \$			1073.84

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1073.84
- Unitemized payments made this period of under \$100 \$ 9.48
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1083.32