

# Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp	<b>CALIFORNIA FORM 460</b>
<b>RECEIVED</b> 12/11/2020 KJB	
Page <u>1</u> of <u>3</u>	
For Official Use Only	

Statement covers period  
from 9/20/2020  
  
through 10/17/2020

Date of election if applicable:  
(Month, Day, Year)  
  
11/03/2020

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  
*(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

Summary totals wrong on 1st Filing-Addition mistake carried over to 2nd  
Filing . Updated Summary Page

**3. Committee Information**

I.D. NUMBER  
1428797

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Re-elect Will Berg Port Hueneme City Council 2020

STREET ADDRESS (NO P.O. BOX)  
567 W. Channel Island Blvd, #207

CITY STATE ZIP CODE AREA CODE/PHONE  
Port Hueneme CA 93041

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
reelectwillberg2020@gmail.com

**Treasurer(s)**

NAME OF TREASURER  
Rebecca Berg

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Port Hueneme CA 93041

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
BeckieBerg@aol.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 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 11/25/2020 Date By [REDACTED]  
 Executed on 11/25/2020 Date By [REDACTED]  
 Executed on \_\_\_\_\_ Date By \_\_\_\_\_  
 Executed on \_\_\_\_\_ Date By \_\_\_\_\_

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

Will Berg

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

Port Hueneme City Council 2020

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

567 W. Channel Island Blvd., #207 Port Hueneme CA 93041

**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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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**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
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**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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/20/2020</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/17/2020</u>	
Page <u>3</u> of <u>3</u>	I.D. NUMBER 

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-elect Will Berg Port Hueneme City Council 2020

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 3,396	\$ 8,954
2. Loans Received ..... Schedule B, Line 3	0	1,200
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 3,396	\$ 10,154
4. Nonmonetary Contributions ..... Schedule C, Line 3	60	422
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 3,456	\$ 10,576

## 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	\$ 4,378	\$ 6,416
7. Loans Made ..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 4,378	\$ 6,416
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0	875
10. Nonmonetary Adjustment ..... Schedule C, Line 3	60	422
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 4,438	\$ 7,713

## 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	\$ 4,720
13. Cash Receipts ..... Column A, Line 3 above	3,396
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0
15. Cash Payments ..... Column A, Line 8 above	4,378
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,738

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

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	\$ 2075

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.