Recipie Campaig Cover Pa ommittee

Verification I have used all reasonable diligence in preparing and reviewing this statement and to the hest of mu known used all reasonable diligence in preparing and reviewing this statement and to the hest of mu known used all reasonable diligence in preparing and reviewing this statement and to the hest of mu known used all reasonable diligence in preparing and reviewing this statement and to the hest of mu known the following the state of California that the following the state of Californ	CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) STREET ADDRESS (NO PO. BOX) STREET ADDRESS (NO PO. BOX) STATE ZIP CODE AREA CODE/PHONE AND COMMITTEE AND COMM	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Compilete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Statement covers period from $1/20/20$ SEE INSTRUCTIONS ON REVERSE through $10/17/20$	Campaign Statement Cover Page
of mucknowns from the information and is the rein and in the attached schedules is true and complete. I	CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS	Ireasurer(s) NAME OF TREASURER WALLING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS MAILING ADDRESS	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Date of election if applicable: 0CT 2 2 2020 (Month, Day, Year) OCT 2 2 2020 For Official Use Only CITY CLERK PALOS VERDES ESTATES	DECE VE CALIFORM 460

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on...

Date

Date

NAME OF TREASURER		COMMITTEE NAME	ОПТУ	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	Related Commit not included in this st contributions or make	discovered to the second secon	NO N	RESIDENTIAL BUSINESS AD	San Force	5. Officeholder or Candidate Cont
	STREET ADDRESS (NO P.O. BOX)		STATE ZIP CODE	STREET ADDRESS (NO P.O. BOX)			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.		S25 LG ACC	CICAGO PUE	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IS ARRESTED TO A COLOR OF THE SOUGHT OF	Officeholder or Candidate Controlled Committee NAME OF OFFICEHOLDER OR CANDIDATE
	CONTROLLED COMMITTEE? YES NO	I.D. NUMBER	ODE AREA CODE/PHONE	BOX)	CONTROLLED COMMITTEE?	I.D. NUMBER	atement: List any committees r are primarily formed to receive didacy.	-	STATE ZIP	CA CAPTER STITLE CABLE)	RICT NIIMBED IS ADDITIONS	nittee
	<u> </u>	۲Į	ZI ()	\ Z	.7 1 2 D	1	01	21	_		n. 2	6.
	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any.	BALLOT NO. OX LETTEX	NAME OF BALLOI MEASURE	Primarily Formed Ballot Measure Committee
	ANDIDATE	ANDIDATE	ANDIDATE	ANDIDATE	date/Officior which thi			IDIDATE, OR	holder, cand	JURISDICTION		t Measur
	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	ormed Candidate/Officeholder Committee List names of or candidate(s) for which this committee is primarily formed.		DISTRICT	PROPONENT	didate, or state measure	C		e Committee
	ELD SUPPOS			HELD SUPPO	List names of primed.		DISTRICT NO. IF ANY		proponent, if any	SUPPORT		

SUPPORT

OPPOSE SUPPORT

OPPOSE

OPPOSE SUPPORT OPPOSE SUPPORT

Summary Page Campaig. Disclosure Statement

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may ... rounded to whole dollars.

Statement covers period

moni

CALIFORNIA FORM

460

SUMMARY PAGE

through 1011/20

Page 🗸 0

I.D. NUMBER

2. Beginning Cash Balance Previous Summary Page, Line 16 \$ 6,655.65 3. Cash Receipts Column A, Line 3 above 4 174.00 4. Miscellaneous Increases to Cash Schedule I, Line 4 5. Cash Payments Column A, Line 8 above 6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,863.92 If this is a termination statement, Line 16 must be zero.	6. Payments Made Schedule E, Line 4 \$ 9,200.73 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 9,200.73 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 10,41.60	Contributions Received Column A TOTAL CONTRIBUTIONS RECEIVED Column A TOTAL THIS PERIOD (FROM AT INCHED SCHEDULES) Schedule A, Line 3 Schedule B, Line 3 Schedule B, Line 3 Add Lines 1 + 2 Add Lines 3 + 4 4 174.00 Schedule C, Line 3
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,	18,845.50 18,845.50 1,260.87	Column B CALENDAR YEAR TOTAL TO DATE \$ 14,773.00 \$ 14,773.00
Amounts in this section may be different from amounts reported in Column B.	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$	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 \$ \$

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

19. Outstanding Debts.

..... Add Line 2 + Line 9 in Column B above

\$ 1,290.81

only carry over the amounts from Lines 2, 7, and 9 (if

See instructions on reverse

18. Cash Equivalents

Cash Equivalents and Outstanding Debts

17

6 15 4 3 12

0

10 9 00

0

1

5 4 ω. N

Monetary Contributions Received Schedu

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts to whole dollars. be rounded

	_		j	
			ĕ	
	R	B	ij.	
	Ь	S		
			ı	
婴		蜀	1	
		18	I	
ø	900 450	包		
S.	Ξ	楅	1	
齡	A.	避	ı	
	7		ı	
Đ.	NUCT NUCE NUCE	幺	ı	
b	D	8	١.	n
E.	á		Ш	5)
			1	,)
b	7	4		I
B		d	1	T
Eh.	100	뗗	1	J
	L	A	(_
-	-	텧	ľ	_
	9	眉	Γ	П
and the	soft)	255		

Statement covers period

through

Page 4 0

Same Of Figure	0					
	FULL NAME STREET ADDRESS AND TO COSE AT	Treasures				TASS S
RECEIVED	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	ATE PER ELECTION R TO DATE () (IF REQUIRED)
OC/21/0/	mry mr. Josi	COM	Provessiona	\$ 1000.00 \$ 1000.00	\$ 1000.00	
101111		□ PTY				
10/12/20	mor ms. French	PTY COM	Profesional	\$ 200.00 \$200.00	\$200.00	
00/21/01	Dance Buxton	X OTH OTH		\$99.00 \$99.00	\$99.∞	
		SCC				
10/05/20	10/85/20 M 1 MG (50/01)	COM	(100Fessione \$250.00 450.00	\$250.00)	450.00	
06/20/01	Reburel Briggs		ROFFession & 1000.00 \$ 1000.00	\$/000.00	\$ 1000.00	
		PTY				

Schedule A Summary

- Amount received this period itemized monetary contributions.
- 2. Amount received this period unitemized monetary contributions of less than \$100 (Include all Schedule A subtotals.)
- 3. Total monetary contributions received this period.
- (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$4/74.20

PTY - Political Party COM - Recipient Committee IND - Individual OTH - Other (e.g., business entity) SCC - Small Contributor Committee *Contributor Codes (other than PTY or SCC)

14.00

SUBTOTAL \$

S40.00 2740.00

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

Schedul, ... (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

RECEIVED DATE

> Amounts may be rounded to whole dollars.

FULL NAME, STREET ADDRESS AND ZIP CODE OF (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CONTRIBUTOR CODE OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) IF AN INDIVIDUAL, ENTER through_ RECEIVED THIS AMOUNT Statement covers period CUMULATIVE TO DATE (JAN. 1 - DEC. 31) CALENDAR YEAR Page CALIFORNIA I.D. NUMBER FORM SCHEDULE A (CONT.) (IF REQUIRED) PER ELECTION TO DATE

And a set of country to the control of the control			9/23/20	9/23/20	9/129/20
			Elizabeth Siggins	Ann Hugh	ms Lamen
	COM OTH SCC	OTH	Zind COM PTY	□ COM □ DTY □ SCC	COM DTY
SUBTOTAL \$			Profresion (\$25.00\$25.00	Profession \$100.00\$ 100.00	Profresional \$1500.00\$ 1500.00
1625.00			\$25.00	\$/00.00	\$1500.00
SUBTOTAL \$ 1625 00 1625 C			\$25.00	\$ 100.00	\$ 1500.00

IND - Individual

COM - Recipient Committee

OTH - Other (e.g., business entity) (other than PTY or SCC)

Schedule B - Part 1 Loans Recei

Amounts may be rounded

SCHELLE B - PART 1

)	1-1	1	1
OFF INVERCETIONS ON REVERSE		<u>t</u>	through	1	Page 6	og U
NAME OF FILER					I.D. NUMBER	
Tanky J. Price Treas	5.0				1420	ニケー
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER BE	ING AMOUNT E RECEIVED THIS THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTIONS
		PAID	TEXICO			CALENDAR YEAR
		\$	69	%	\$	65
	ţ	FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC	69 		DATE DUE	6	DATE INCURRED	\$
		PAID				CALENDAR YEAR
	7.7	\$	59	RATE	\$	\$
		FORGIVEN		Š		PER ELECTION**
†□IND □COM □OTH □PTY □SCC \$	69	\$	DATE DUE \$		DATE INCURRED	\$
		PAID				CALENDAR YEAR
		\$	69	%	\$	\$
		FORGIVEN		RATE		PER ELECTION**
□ IND □ COM □ OTH □ PTY □ SCC	₩	6	DATE DUE \$		DATE INCURRED	69

Schedule B Summary

O IND

ONI O

ONI O

S

Net change this period. (Subtract Line 2 from Line 1.)

......NET \$

(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

 Loans received this period		2		
	(Total Column (c) plus loans under \$100 paid or forgiven.)	Loans paid or forgiven this period	(Total Column (b) plus unitemized loans of less than \$100.)	Loans received this period

** If required. *Amounts forgiven or paid by another party also must be reported on Schedule A.

> OTH - Other (e.g., business entity) †Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) PTY - Political Party

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

SCC - Small Contributor Committee

(May be a negative number)

Loan Guara Schedule B - Part 2

															(IF COMMITTEE, ALSO ENTER LD, NUMBER)	FILL NAME STREET ADDRESS OF THE POST OF	SEE INSTRUCTIONS ON REVERSE	Schedule B – Part 2 Loan Guarantors
	□ OTH	COM	SCC	□ PTY	COM	2		D PTY	COM	IND		□ PTY	COM	ONI	CONTRIBUTOR CODE*	P. Commence		
															IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	Treasuren		Amounts may be rounded to whole dollars.
	DATE	LENDER		DATE	J	LENDER		DATE		LENDER		DATE		LENDER	LOAN		thr	St
							1		1						AMOUNT GUARANTEED THIS PERIOD		ough 10/17/21	Statement covers period
60	PER ELECTION (IF REQUIRED)	CALENDAR YEAR	49	PER ELECTION (IF REQUIRED)	\$	CALENDAR YEAR	\$	PER ELECTION (IF REQUIRED)	69	CALENDAR YEAR	59	PER ELECTION (IF REQUIRED)	60	CALENDAR YEAR	CUMULATIVE TO DATE	I.D. NUMBE	Page	CALI
															BALANCE OUTSTANDING TO DATE		of 15	FORNIA 460
		DATE	LENDER	LENDER	DATE LENDER DATE	DATE	DATE LENDER DATE DATE	LENDER DATE LENDER DATE	LENDER LENDER DATE DATE DATE	LENDER LENDER DATE DATE	LENDER LENDER LENDER DATE DATE	LENDER LENDER DATE DATE DATE	LENDER LENDER LENDER DATE DATE DATE	LENDER LENDER DATE DATE DATE DATE	LENDER LENDER LENDER DATE DATE DATE DATE C S	CONTRIBUTOR CODE* CODE* CODE* COUNTION AND EMPLOYER OCCUPATION AND COUNTIES COMM OOTH OOTH OOTH OOTH OOTH OOTH OOTH O	STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COLUMNAND ENTERS CONTRIBUTOR OCCUPATION AND ENTERS CONTRIBUTOR OCCUPATION OCCUPATION AND ENTERS CONTRIBUTOR OCCUPATION OCCUPAT	THE PRICE COMMUNITY OF THE PERIOD OF THE PER

Nonmonetary Contributions Received Schedule :

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be counded

to whole dollars.

through 10/17 from Statement covers period 0 143215 Page 8 I.D. NUMBER CALIFORNIA SCHEDULE C

Schedule (Attach additi					DATE RECEIVED
Schedule C Summary	Attach additional information on appropriately labeled continuation sheets.					FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	continuation s	OTH SCC	OTH SCC	□ IND □ COM □ OTH □ PTY SCC	□ IND □ COM □ OTH □ SCC	CONTRIBUTOR CODE *
	heets.					CONTRIBUTOR OCCUPATION AND EMPLOYER CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
	\$ SUBTOTAL					DESCRIPTION OF GOODS OR SERVICES
						AMOUNT/ FAIR MARKET VALUE
						CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)
7	3					PER ELECTION TO DATE (IF REQUIRED)

- 2. Amount received this period unitemized nonmonetary contributions of less than \$100 Amount received this period — itemized nonmonetary contributions.

 (Include all Schedule C subtotals.)......
- 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

PTY - Political Party OTH - Other (e.g., business entity) COM - Recipient Committee *Contributor Codes IND – Individual (other than PTY or SCC)

SCC - Small Contributor Committee

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

Supporting/Opposing Other Candidates, Measures and Committees Summary of Expenditures Schoole

NAME OF FILER

DATE

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA 460 FORM SCHEDULE D

Page I.D. NUMBER

through 1017 12

10/17/20 Santord Dauded MEASURE NUMBER OR LETTER AND JURISDICTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR Support Support OR COMMITTEE ☐ Oppose Oppose TYPE OF PAYMENT Independent Independent Nonmonetary Monetary Independent Monetary Monetary Nonmonetary Expenditure Contribution Expenditure Contribution Contribution Contribution Expenditure Nonmonetary Contribution DESCRIPTION (IF REQUIRED) SUBTOTAL \$ 920.73 9200.73/2 AMOUNT THIS PERIOD CUMULATIVE TO DATE 18,815.50 CALENDAR YEAR (JAN. 1 - DEC. 31) PER ELECTION (IF REQUIRED)

Schedule D Summary

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)....
- 2. Unitemized contributions and independent expenditures made this period of under \$100.....

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

www.fppc.ca.gov

Schedul C. Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be purided to whole dollars.

from 9 20/20	Statement covers period
FORM 40U	SCHEDULE E

through 10/17/20

Page /O

9,500:73	Column A, Line 6.)TOTAL \$	nter here and on the Summary Page, C	4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page,
\$1	€ €	Schedule B, Part 1, Column (e).)	
	÷.		Unitermized payments made this period of under \$100
9,200.73	\$	E subtotals.)	1. Itemized payments made this period. (Include all Schedule E subtotals.)
			Schedule E Summary
SOS/ (\$20) \$2	SUBTOTA	summarized on Schedule D.	1 a
\$645.00		217	some As above
By197.07		77	Mail Masters P.0 130x 3932 Torking, C+ 90501
\$1189.51		217	1011 apre JCA 90503
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)
costs s sals same candidate/sponsor ret, e-mail)	code. Otherwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals rvices TSF transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)		CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POS postage, delivery and messenger so PRO professional services (legal, account of the payment, you may enter the payment
143215)	1. Д.	THE GOLD WITH THE THE THE THE THE THE THE THE THE T	

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

FPPC Form 460 (Jan/2016))

Scheou Payments Wade (Continuation Sheet)

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be r. to whole dollars. ,eQ

Statement covers period

through

LE E (CONT.)

CALIFORNIA FORM

Page //

of 15

I.D. NUMBER

125		A	5000
O	e code.	Otherwise, describe the payment.	
campaign paraphernalia/misc. Campaign consultants Contribution (explain nonmonetary)* OFC	member communications meetings and appearances office expenses	RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salarios	
FIL candidate filing/ballot fees PHO phone banks POL polling and survey POS postage, delivery a professional service FIL candidate filing/ballot fees FIL candidate filing/ballot fees PHO phone banks POL polling and survey PRO professional service FIL candidate filing/ballot fees	petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	W	ts ne candidate/sponsor e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mail Masters P.O BOX 3932	7/7		1187.07
1000man CA 90501			
Little Bulbon, CA 91406	17		/500.00
Mail Masters Sure as above	[1]		1,197,07
Tetra Graphics 2730 Monterey St ToWance, C+ 90503	717		685.00
tetra Graphics	7.7		1590.0
*7			

SUBTOTAL \$ 6,169.15

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

Schedule

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Accrued Expenses (Unpaid Bills)

Amounts may be unded to whole dollars.

SCHEDULEF

through 10/17 Statement covers period CALIFORNIA 460 I.D. NUMBER Page ___ N

or/ane summarized on Schedule D. * Payments that are contributions or independent expenditures must also be NO CNS FND CVC CTB T >acceleranto, 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.).. CODMS accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 4 58 civic donations independent expenditure supporting/opposing others (explain)* campaign consultants campaign paraphernalia/misc. campaign literature and mailings contribution (explain nonmonetary) fundraising events candidate filing/ballot fees If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) POS POL PHO PET OFC MTG DESCRIPTION OF PAYMENT print ads professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks office expenses meetings and appearances member communications petition circulating DROUGH \$ STYLLDERINS BALANCE BEGINNING 193.80 43.80 OF THIS PERIOD OUTSTANDING \$ 1,197.07 1,197.07 (b)
AMOUNT INCURRED SAL TRC H THIS PERIOD information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs voter registration campaign workers' salaries returned contributions radio airtime and production costs INCURRED TOTALS \$ 1,290.87 (ALSO REPORT ON E) AMOUNT PAID THIS PERIOD 43.80 BALANCE AT CLOSE 1290.87 OF THIS PERIOD OUTSTANDING 0

Schedule F Summary

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

PAID TOTALS \$

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

Paymen Made by an Agent or Independent Contractor (on Behalf of This Committee)

Schedu

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts no se rounded to whole dollars.

Statement covers period

from 9/20/20 through 10/17/27

CALIFORN FORM

SCHEDULE G

Page (S

of 15

I.D. NUMBER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

FND CVC S CMP F CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign literature and mailings independent expenditure supporting/opposing others (explain)* civic donations contribution (explain nonmonetary)* legal defense campaign paraphernalia/misc campaign consultants fundraising events candidate filing/ballot fees OFC PET POL MTG MBR office expenses professional services (legal, accounting) postage, delivery and messenger services polling and survey research petition circulating meetings and appearances print ads phone banks member communications TSF TRS TRC RFD H information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor voter registration staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries radio airtime and production costs returned contributions

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

NAME AND ADDRESS OF PAYEE OR CREDITOR	CORE		
V. Sommin Let, DESC ENTER 1.D. NUMBER)		CERCATTERNO	AMOUNT PAID
Attach additional information on appropriately labeled continuation sheets.		TOTAL* e	3
* No not tropped to the control of t		CAL	6

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016)

Loa Schedule H

0		ers*
		Amounts may be rounded to whole dollars.
	through 10/17/20	Statement covers period from $9/20/20$
I.D. NUMBER	Page 14 of 15	CALIFORNIA 460

		(Enter (e) on						
Q		€		€		SUBTOTALS \$	ust	Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.
\$	DATE INCURRED	↔	DATE DUE	6	5	89		**
\$PER ELECTION**	\$	RATE	66	FORGIVEN				
CALENDAR YEAR				PAID				
₩ 	DATE INCURRED	\$	DATE DUE					
\$PER ELECTION**	⇔	RATE		FORGIVEN		e		
CALENDAR YEAR				PAID	i g			
CUMULATIVE LOANS TO DATE	ORIGINAL AMOUNT OF LOAN	(e) INTEREST RECEIVED	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	REPAYMENT OR FORGIVENESS THIS PERIOD*	SIHL	OUTSTANDING BALANCE BEGINNING THIS PERIOD	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)
151	1432			(6)	(b)	(a)	IF AN INDIVIDUAL ENTER	FULL NAME STREET ADDRESS AND SID COST
	I.D. NUMBER							
of 15	Page 14	7/20	through /O/					SEE INSTRUCTIONS ON REVERSE NAME OF FILER
11A 460	CALIFORNIA FORM	O DO	from 9/20/20	-	to whole dollars.	to who		Loans Made to Others*

*Loans also be reported

Schedule H Summary

1. Loans made this period......(Total Column (b) plus unitemized loans of less than \$100.)

2. Payments received on loans..... (Total Column (c) plus unitemized payments of less than \$100.)

(May be a negative number)

NET

\$

**If Required

:

Schedule I, Line 3)

Schedu

Amounts may be rounded

Miscellaneous increases to Cash	to whole dollars.	Statement covers period from 9/20/20	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 1017120	Page B of 1S
NAME OF FILER			I.D. NUMBER
1 Panky of Roce Treasures For	SCOFOR	Daidson	143215"
		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10(13/20) AL Marietta	22	PayPul	95.83
10/2/20 Ed Caine	2 8	Pay Pal	145.05
	*		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTALS 240.88

Schedule I Summary

- Itemized increases to cash this period.
- 2. Unitemized increases to cash of under \$100 this period. ...
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

TOTAL

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