

5/15

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 12/09/2014	RECEIVED BY LOS ANGELES COUNTY 2014 DEC 10 PM 4:23 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	LD. NUMBER (if applicable) 1364235	Report No. 120814-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.	No. of Pages	019378
STATE ZIP CODE		C 10137		

1. Contributions Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/08/2014	Peg Yorkin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: _____

*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

FPPC Form 497 (March 2011)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Dec. 10, 2014 4:11PM California Political -aw Inc No. 4705 P. 1

5/1/15

No. 4742 P. 1

California Political Law Inc

Dec. 24. 2014 11:13AM

497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 12/24/2014	RECEIVED BY: LOS ANGELES COUNTY 2014 DEC 24 AM 11:19 CAMPAIGN FINANCIAL DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only 019378
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 122314-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
STATE ZIP CODE		No. of Pages		

1. Contributions Received

C10137

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 OF BUSINESS)	AMOUNT RECEIVED
12/23/2014	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: _____

*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

133

No. 4753 P. 1

California Political Law Inc

Jan. 2. 2015 12:51PM

5115

497 Contribution Report

Type or print in Ink. Amounts may be rounded to whole dollars.

NAME OF FILER
Kamlager for LA Community College Board 2015

AREA CODE/PHONE NUMBER
[REDACTED]

I.D. NUMBER (if applicable)
1364235

STREET ADDRESS
[REDACTED]

STATE ZIP CODE
[REDACTED]

Date of This Filing 01/02/2015

Report No. 123114-01

Amendment to Report No. _____

No. of Pages _____

RECEIVED BY
2015 JAN -1 PM 2:17

CAMPAIGN FINANCE DISCLOSURE SECTION

497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
For Official Use Only
019378

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
12/31/2014	Sea Change Leadership PAC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate %

Reason for Amendment: _____

*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

5115

497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 12/31/2014	RECEIVED BY LOS ANGELES COUNTY CAMPAIGN FINANCE DISCLOSURE SECTION 2015 JAN 02 PM 3:06 CAMPAIGN FINANCE DISCLOSURE SECTION 019378 10137
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 123014-01	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. No. of Pages	
STATE ZIP CODE			

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
12/30/2014	Southwest Regional Council of Carpenters PAC ID: 870169	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: _____

*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

101

2 142

No. 4765 P. 2

Jan. 7. 2015 5:49PM California Political Law Inc

497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
Kamlager for LA Community College Board 2015

AREA CODE/PHONE NUMBER [REDACTED] **I.D. NUMBER (if applicable)**
1364235

STREET ADDRESS
[REDACTED]

STATE [REDACTED] **ZIP CODE** [REDACTED]

Date of This Filing 01/07/2015

Report No. 010615-01

Amendment to Report No. _____

No. of Pages _____

RECEIVED BY
LOS ANGELES COUNTY
2015 JAN -8 AM 10:31
CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 497
For Official Use Only

019378

2. Contribution(s) Made

C 10137

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/06/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215		\$50,000.00	03/03/2015

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED BY

497 CONTRIBUTION REPORT

NAME OF FILER
Kamlager for LA Community College Board 2015

AREA CODE/PHONE NUMBER
[REDACTED]

I.D. NUMBER (if applicable)
1364235

STREET ADDRESS
[REDACTED]

STATE **ZIP CODE**
[REDACTED]

Date of This Filing 01/14/2015

Report No. 011315-01

Amendment to Report No. _____

No. of Pages _____

Date Stamp
2015 JAN 15 AM 9: 31

CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 497

For Official Use Only

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
01/13/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,900.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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

NO. 4/00 F. 1/1

VALIDATING UTILITIES LAW 1111

21412

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
Kamlager for LA Community College Board 2015

AREA CODE/PHONE NUMBER
[REDACTED]

LD. NUMBER (if applicable)
1364235

STREET ADDRESS
[REDACTED]

STATE **ZIP CODE**
[REDACTED]

Date of This Filing 01/20/2015

Report No. 012015

Amendment to Report No.

No. of Pages

RECEIVED
CALIFORNIA
2015 JAN 21 PM 2:39
CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 497

For Official Use Only

019378

1. Contributions Received

00137

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/17/2015	Jones-Sawyer for Assembly 2014 [REDACTED] ID: 1353812	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: _____

*Contributor Codes
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 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 497 (March 2011)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3712)

No. 4796 P. 1
Jan. 20. 2015 6:30PM California Political Law Inc

111

2142

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
Kamlager for LA Community College Board 2015

AREA CODE/PHONE NUMBER [REDACTED] **I.D. NUMBER (if applicable)**
1364235

STREET ADDRESS
[REDACTED]

STATE [REDACTED] **ZIP CODE** [REDACTED]

Date of This Filing 01/21/2015

Report No. 012015-01

Amendment to Report No. _____

No. of Pages _____

Date Stamp
RECEIVED BY
LOS ANGELES CO
2015 JAN 22 AM 9:41
CAMPAIGN FINANCE
DISCLOSURE REPORT

CALIFORNIA FORM 497

For Official Use Only

019378

1. Contributions Received

C10137

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 OF BUSINESS)	AMOUNT RECEIVED
01/20/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$40,044.53 <input type="checkbox"/> Check if Loan Provide interest rate
01/20/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$31,750.00 <input type="checkbox"/> Check if Loan Provide interest rate
01/20/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,269.51 <input type="checkbox"/> Check if Loan Provide interest rate

*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

Reason for Amendment: _____

No. 4801 P. 1
California Political Law Inc
Jan. 21. 2015 7:37PM

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 01/21/2015	RECEIVED BY LOS ANGELES COUNTY 2015 JAN 22 AM 9:41 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 012015-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____		
STATE _____ ZIP CODE _____		No. of Pages _____		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
01/20/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$11,759.58 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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

No. 4801 P. 2

Jan. 21. 2015 7:37PM California Political Law Inc

No. 4805 P. 1
 California Political Law Inc
 Jan. 22. 2015 6:06PM

21472

497 Contribution Report

Type or print in ink.
 Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 01/21/2015	RECEIVED BY FOR ANGELES COUNTY 2015 JAN 23 AM 8:26 CAMPAIGN FINANCE DISCLOSURE STATE	CALIFORNIA FORM 497 For Official Use Only 019378
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 012115-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
STATE ZIP CODE		No. of Pages		

1. Contributions Received

010137

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 OF BUSINESS)	AMOUNT RECEIVED
01/21/2015	Rendon for Assembly 2014 [REDACTED] ID: 1354096	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan % <small>Provide interest rate</small>

***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

Reason for Amendment: _____

2142

No. 4815 P. 1

Jan. 26. 2015 6:39PM California Political Law Inc

497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER
Kamlager for LA Community College Board 2015

AREA CODE/PHONE NUMBER [REDACTED] **I.D. NUMBER (if applicable)**
1364235

STREET ADDRESS
[REDACTED]

STATE _____ **ZIP CODE** _____

Date of This Filing 01/26/2015

Report No. 012315-01

Amendment to Report No. _____

No. of Pages _____

Date Stamp
LOS ANGELES COUNTY
2015 JAN 27 AM 8:33
CAMPAIGN FINANCE
DISCLOSURE STATE OF

CALIFORNIA FORM 497
For Official Use Only

019378

2. Contribution(s) Made

C 10137

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/23/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215		\$7,500.00	

113

214

497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 01/30/2015	Date Stamp 2015 FEB -2 AM 1:21 CAMPAIGN FINANCE DISCLOSURE	CALIFORNIA FORM 497 For Official Use Only 019378
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 012915-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
STATE ZIP CODE		No. of Pages		

1. Contributions Received

C10137

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 OF BUSINESS)	AMOUNT RECEIVED
01/29/2015	Laborers' Local 300 PAC ID: 950674	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
01/29/2015	Keith Weaver	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Vice President, Worldwide Govt. Sony Pictures Entertainment	\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: _____

*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

111

No. 4839 P. 1 Jan. 30. 2015 7:04PM California Political Law Inc

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 01/30/2015	Date Stamp 2015 FEB -2 AM 11:21 CAMPAIGN DISCLOSURE REPORT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (# applicable) 1364235	Report No. 012915-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
		No. of Pages		
		STATE	ZIP CODE	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/29/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215		\$2,500.00	

No. 4839 P. 2

Jan. 30. 2015 7:04PM California Political Law Inc

2/14/2

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

No. 4844 P. 1

Feb. 2. 2015 6:49PM California Political Law Inc

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/02/2015	Date Stamp RECEIVED BY ANGIE FEB -3 PM 12:27	CALIFORNIA FORM 497 For Official Use Only 019378 C10137
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 013015-07018	Amendment to Report No.	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.	No. of Pages	
STATE ZIP CODE				

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
01/30/2015	Eve Steinberg	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Venture Capitalist Pacific Venture Group	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate %

Reason for Amendment: _____

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 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED BY

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/03/2015	RECEIVED BY 2015 FEB -4 PM 4:37 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	LD. NUMBER (if applicable) 1364235	Report No. 020215-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
STATE _____ ZIP CODE _____		No. of Pages _____		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
02/02/2015	Orbach Huff Suarez & Henderson LLP	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/02/2015	Plumbers Local Union No. 78 ID: 920927	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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

No. 4856 P. 1
 Feb. 3. 2015 5:44PM California Political Law Inc

497 Contribution Report

Type or print in Ink.
Amounts may be rounded to whole dollars.

RECEIVED
2015 FEB -5
CAMPANAL FILING
DISCLOSURE SECTION

497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
For Official Use Only
AM ID: 06

NAME OF FILER
Kamlager for LA Community College Board 2015

AREA CODE/PHONE NUMBER _____ **I.D. NUMBER (if applicable)**
1364235

STREET ADDRESS

STATE _____ ZIP CODE _____

Date of This Filing 02/04/2015

Report No. 020315-01

Amendment to Report No. _____

No. of Pages _____

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
02/03/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
02/03/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,533.60 <input type="checkbox"/> Check if Loan _____% Provide Interest rate

Reason for Amendment: _____

*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

No. 4865 P. 1

California Political Law Inc

Feb. 4. 2015 5:28PM

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/09/2015	Date Stamp LOS ANGELES OFFICE 2015 FEB 10 AM 11:02 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1364235	Report No. 020615-01		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No.		
STATE ZIP CODE [REDACTED]		No. of Pages		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/06/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215		\$10,000.00	

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED BY

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/10/2015	Date Stamp 2015 FEB 11 PM 12:	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	ID. NUMBER (if applicable) 1364235	Report No. 020915-01		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No.		
STATE ZIP CODE [REDACTED]		No. of Pages		

1. Contributions Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/09/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15.63 <input type="checkbox"/> Check if Loan [REDACTED] % Provide interest rate
02/09/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,960.51 <input type="checkbox"/> Check if Loan [REDACTED] % Provide interest rate
02/09/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$14,372.43 <input type="checkbox"/> Check if Loan [REDACTED] % Provide interest rate

Reason for Amendment: _____

*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

FPPC Form 497 (March 2011)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (688/275-3772)

No. 4879 P. 1
 Feb. 10. 2015 5:15PM California Political Law Inc

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES
2015 FEB 13 AM 10:25
CAMPAIGN FINANCE
DISCLOSURE DIVISION

497 CONTRIBUTION REPORT

CALIFORNIA
FORM **497**

For Official Use Only

NAME OF FILER
Kamlager for LA Community College Board 2015

AREA CODE/PHONE NUMBER [REDACTED] **I.D. NUMBER (if applicable)**
1364235

STREET ADDRESS
[REDACTED]

STATE _____ **ZIP CODE** _____

Date of This Filing 02/11/2015

Report No. 021015-01

Amendment to Report No. _____

No. of Pages _____

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
02/10/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,985.80 <input type="checkbox"/> Check if Loan Provide interest rate _____%
02/10/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$11,239.50 <input type="checkbox"/> Check if Loan Provide interest rate _____%
02/10/2015	Pacific Services, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%

Reason for Amendment: _____

*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

No. 4891 P. 1

California Political Law Inc

Feb. 12. 2015 4:58PM

497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER
Kamlager for LA Community College Board 2015

AREA CODE/PHONE NUMBER [REDACTED] **I.D. NUMBER (if applicable)**
1364235

STREET ADDRESS
[REDACTED]

STATE _____ **ZIP CODE** _____

Date of This Filing 02/12/2015

Report No. 021115-01

Amendment to Report No. _____

No. of Pages _____

Date Stamp
2015 FEB 12 PM 5:25

CAMPAIGN FINANCE DISCLOSURE SECTION

CALIFORNIA FORM 497

For Official Use Only

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
02/11/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$911.50 <input type="checkbox"/> Check if Loan Provide interest rate
02/11/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,842.00 <input type="checkbox"/> Check if Loan Provide interest rate
02/11/2015	Service Employees International Union Local 99 Candidate PAC [REDACTED] ID: 980422	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$3,000.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: _____

*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

No. 4896 P. 1

California Political Law Inc

Feb. 13. 2015 3:54PM

497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/13/2015	Date Stamp RECEIVED LOS ANGELES CO 2015 FEB 13 PM 4:35 CAMPAIGN FINANCE DISCLOSURE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 021215-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. No. of Pages		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
02/12/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$437.50 <input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: _____

*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

497 Contribution Report

Type or print in Ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/18/2015	Date Stamp FEB 19 AM 11:56	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1364235	Report No. 021815-01	<input type="checkbox"/> Amendment to Report No.	
STREET ADDRESS [REDACTED]		No. of Pages [REDACTED]	STATE ZIP CODE [REDACTED]	

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
02/17/2015	Andra Hoffman for College Trustee 2015 [REDACTED] ID: 1363198	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,025.00 <input type="checkbox"/> Check if Loan [REDACTED] % Provide interest rate

Reason for Amendment: _____

***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

NO. 4907 Y. I.
 VALI0RMI04 0011110011001 LAW INC
 MW004 4:40PM
 REV. 10. 2010

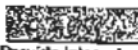
497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED BY 497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 2/19/15	RECEIVED BY 2015 FEB 20 AM 10 CAMPAIGN FINANCIAL DISCLOSURE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 021715-01		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 021715-01		
STATE ZIP CODE		No. of Pages		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan  % Provide interest rate

Reason for Amendment: Amendment to Remove Contribution Report In Error.

*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

No. 4915 P. 1
 Feb. 19. 2015 5:53PM California Political Law Inc

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED BY 497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/19/2015	RECEIVED BY Date Stamp 2015 FEB 20 AM 10:11 CAMPAIGN FINANCE DISCLOSURE CENTER	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1364235	Report No. 021815-01		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No.		
STATE _____ ZIP CODE _____		No. of Pages _____		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
02/18/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$617.12 <input type="checkbox"/> Check if Loan [REDACTED] % Provide interest rate

Reason for Amendment: _____

*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

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/20/2015	RECEIVED BY LOS ANGELES COUNTY 2015 FEB 23 PM 4:30 CAMPAIGN FINANCE DISCLOSURE ACT 2010	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 021915-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
STATE ZIP CODE		No. of Pages		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
02/19/2015	SEIU Local 721, CTW, CLC State & Local ID: 743794	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$3,000.00 <input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: _____

*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

No. 4920 P. 1
 Feb. 20. 2015 5:16PM California Political Law Inc

No. 4925 P. 1

California Political Law Inc

Feb. 24. 2015 5:50PM

497 Contribution Report

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RECEIVED BY

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/24/2015	Date Stamp 2015 FEB 25 AM 11:39 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	LD. NUMBER (if applicable) 1364235	Report No. 022315-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
STATE ZIP CODE		No. of Pages		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
02/23/2015	Dignity CA SEIU - United Long Term Care Workers Local 6434 ID: 1357256	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00 <input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: _____

*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

No. 4935 P. 1/1

California Political Law Inc.

Feb. 26. 2015 5:00PM

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/26/2015	RECEIVED BY LOS ANGELES COUNTY 2015 FEB 27 AM 11:01 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 022515-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
STATE ZIP CODE		No. of Pages		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
02/25/2015	EUR Consulting & Development, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan [REDACTED] % Provide interest rate

Reason for Amendment: _____

***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

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/26/2015	Date Stamp: LIVED B LOS ANGELES CA 2015 FEB 27 AM 11:01 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 022515-02		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
STATE ZIP CODE		No. of Pages		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate
02/25/2015	TELACU Construction Management, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: _____

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

No. 4936 P. 1
 California Political Law Inc
 Feb. 26. 2015 5:03PM

No. 4941 P. 1

California Political Law Inc

Feb. 27. 2015 1:20PM

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/27/2015	RECEIVED BY LOS ANGELES COUNTY 2015 FEB 27 PM 4:17 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 022615-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
STATE	ZIP CODE	No. of Pages		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
02/27/2015	Arcadis [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan [REDACTED] % Provide interest rate
02/26/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00 <input type="checkbox"/> Check if Loan [REDACTED] % Provide interest rate
02/26/2015	George Pla [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Cordoba Corporation	\$2,500.00 <input type="checkbox"/> Check if Loan [REDACTED] % Provide interest rate

Reason for Amendment: _____

*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

No. 4941 P. 2

California Political Law Inc

Feb. 27. 2015 1:20PM

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/27/2015	RECEIVED BY LOS ANGELES COUNTY 2015 FEB 27 PM 4:17 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 022615-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
STATE	ZIP CODE	No. of Pages		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
02/27/2015	Southern CA Pipe Trades District Council #16 ID: 760715	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate
02/27/2015	UA of Journeymen & Apprentices Local #250 ID: 743959	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: _____

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 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/27/2015	RECEIVED BY LOS ANGELES COUNTY 2015 FEB 27 PM 4:17 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 022615-02		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. No. of Pages		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate
02/27/2015	BizFeed PAC ID: 1305594	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: _____

*Contributor Codes
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 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/27/2015	RECEIVED BY LOS ANGELES COUNTY 2015 MAR -2 AM 11:49 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 022615-03		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
STATE	ZIP CODE	No. of Pages		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate
02/27/2015	Painters & Allied Trades District Council 36 PAC ID: 743641	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: _____

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

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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LIP

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 02/28/2015	Date Stamp 2015 MAR -2 AM CAMPAIGN FIN DISCLOSURE ACT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 022815-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
		No. of Pages 1		
		STATE	ZIP CODE	

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
02/28/2015	LACCD PAC	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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

NO. 4940

VALIDATING INSTITUTION LAW 1111

T. J. LIM

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 03/03/2015	RECEIVED BY LOS ANGELES COUNTY 2015 MAR -4 PM 4:08 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 030215-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
STATE ZIP CODE		No. of Pages		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
03/02/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,632.78 <input type="checkbox"/> Check If Loan Provide interest rate
03/02/2015	Sprinkler Fitters United Association 709 PAC ID: 901643	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check If Loan Provide interest rate

Reason for Amendment: _____

*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

No. 4963 P. 1
 Mar. 3. 2015 5:35PM
 California Political Law Inc

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 03/04/2015	Date Stamp LOS ANGELES 2015 MAR -5 CAMPAIGN FINANCIAL DISCLOSURE SECTION CALIFORNIA FORM 497 For Official Use Only AMT: 04
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 030315-01	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.	
STATE ZIP CODE		No. of Pages	

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
03/03/2015	AECOM Technology Corporation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan % Provide Interest rate
03/03/2015	CA Teamsters Public Affairs Council, Public Affairs Fund ID: 742500	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00 <input type="checkbox"/> Check if Loan % Provide Interest rate
03/03/2015	IBEW Local 11 PAC ID: 1318428	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00 <input type="checkbox"/> Check if Loan % Provide Interest rate

Reason for Amendment: _____

*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

No. 4966 P. 1
 Mar. 4, 2015 5:34PM California Political Law Inc

Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Kamlager for LA Community College Board 2015		Date of This Filing 03/04/2015	Date Stamp RECEIVED 2015 MAR -5 11:05 AM CAMPAIGN DISCLOSURE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1364235	Report No. 030315-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
STATE	ZIP CODE	No. of Pages		

1. Contributions Received

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 OF BUSINESS)	AMOUNT RECEIVED
03/03/2015	International Union of Operating Engineers Local 12 Political Fund ID: 743030	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
03/03/2015	United Nurses Associations of California / Union of Health Care Professionals PAC (UNAC PA) ID: 1295768	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate

Reason for Amendment: _____

*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

No. 4966

California Political Law Inc

MAR 4 2:34 PM CIVIC

2142
**Recipient Committee
 Campaign Statement
 Cover Page**
 (Government Code Sections 84200-84216.5)

Type or print in ink

COVER PAGE

1/22/15 FX

Statement covers period
 from 01/01/2015
 through 01/17/2015

Date of election if applicable:
 (Month, Day, Year)
 03/03/2015

Date Stamp
 2015 JAN 23 FX 4:27

CALIFORNIA 460
 2001/02
FORM
 Page 1 of 14
 For Official Use Only
 019378

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
- Supplemental Preelection Statement-Attach Form 495

C10137

3. Committee Information

I.D. NUMBER
 1364235

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 Kamlager for LA Community College Board 2015

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
 Sydney Kamlager

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement under penalty of perjury under the laws of the State of California that the foregoing

and attached schedules is true and complete. I certify

Executed on 1/16/15 By _____
 Executed on 1/16/15 By _____
 Executed on _____ By _____
 Executed on _____ By _____

[Redacted Signature Area]

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline:
 866/ASK-FPPC
 (866/275-3772)
 State of California

111

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

Type or print in ink

COVER PAGE-PART 2

**CALIFORNIA
FORM 460**

Page 2 of 14

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Sydney Kamlager

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

LA Comm. College Dist. 7

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 (ND 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

SUPPORT

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

SUPPORT

OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>14</u>

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$3,950.00	\$82,062.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$100.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$3,950.00	\$82,162.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$34,437.50	\$40,676.57
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$38,387.50	\$122,838.57

**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	Column B
6. Payments Made..... Schedule E, Line 4	\$54,084.91	\$66,137.92
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$54,084.91	\$66,137.92
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	-\$3,910.91	\$0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$34,437.50	\$40,676.57
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$84,611.50	\$106,814.49

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made * (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yyyy)	Total to Date

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$66,168.97
13. Cash Receipts..... Column A, Line 3 above	\$3,950.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$54,084.91
16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15	\$16,034.06

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	\$100.00

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 schedule B.

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>14</u>
--	--

NAME OF FILER: Kamlager for LA Community College Board 2015 I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/13/2015	Joyce Arad [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Emolyed None	\$500.00	\$500.00	
01/17/2015	Steven Fishman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Fishman, Block & Diamond, LLP	\$250.00	\$250.00	
01/13/2015	Divida Gude [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Divida Gude	\$100.00	\$100.00	

SUBTOTAL \$850.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$3,900.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$3,950.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>14</u>
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NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/17/2015	Rachel Jeffer [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Consultant Rachel Jeffer	\$250.00	\$250.00	
01/17/2015	John A. Perez for Lieutenant Governor 2018 [REDACTED] ID: 1353768	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
01/17/2015	Jones-Sawver for Assembly 2014 [REDACTED] ID: 1353812	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	

SUBTOTAL \$1,750.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$3,900.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$3,950.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>14</u>
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NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/12/2015	Jeffrey Seymour [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Governmental Consultant Jeffrey Seymour	\$500.00	\$500.00	
01/17/2015	Robert Shpall [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$200.00	\$200.00	
01/16/2015	Jai Wong [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Consultant Jai Wong	\$100.00	\$200.00	

SUBTOTAL \$800.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$3,900.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$3,950.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>14</u>
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NAME OF FILER: Kamlager for LA Community College Board 2015 I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/13/2015	Marilyn Ziering [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$500.00	\$500.00	

SUBTOTAL \$500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$3,900.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$3,950.00

*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

**Schedule B - Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B-PART 1

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>8</u> of <u>14</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015**
I.D. NUMBER: **1364235**

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
Sydney Kamlager [REDACTED]	Field Director California State Senate	\$100.00	\$0.00	<input type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$0.00	\$100.00	0 RATE \$0.00	\$100.00 03/17/2014	CALENDAR YEAR \$100.00 PER ELECTION
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE		DATE INCURRED	

SUBTOTALS	\$0.00	\$0.00	\$100.00	\$0.00				
------------------	--------	--------	----------	--------	--	--	--	--

Schedule B Summary

1. Loans received this period.....	\$0.00
(Total Column(b) plus unitemized loans of less than \$100.)	
2. 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.)	
3. 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)

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

*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 C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 01/01/2015	Page 9 of 14
through 01/17/2015	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/07/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		slate mailer	\$29,537.50	\$38,947.82	
01/13/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		slate mailer	\$4,900.00	\$38,947.82	

SUBTOTAL \$34,437.50

Schedule C Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule C subtotals.).....	\$34,437.50
2. Amount received this period -unitemized nonmonetary contributions of less than \$100.....	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.).....	TOTAL \$34,437.50

*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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period	CALIFORNIA FORM 460
from 01/01/2015	
through 01/17/2015	
Page 10 of 14	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/06/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydney Kamlager for Trustee 2015 <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$50,000.00	\$50,000.00	

SUBTOTAL \$50,000.00

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$50,000.00
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$75.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).....	TOTAL \$50,075.00

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>11</u> of <u>14</u>
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NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 | 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
California Political Law, Inc. [REDACTED]	PRO		\$573.36
Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	CTB		\$50,000.00
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		SUBTOTAL	\$50,573.36

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$53,960.91
2. Unitemized payments made this period of under \$100.....	\$124.00
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$54,084.91

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>01/17/2015</u>	
Page <u>12</u> of <u>14</u>	

NAME OF FILER Kantlger for LA Community College Board 2015	I.D. NUMBER 1364235
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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 | 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
Pfeiffer Design [REDACTED]	LIT		\$3,337.55

(IF COMMITTEE, ALSO ENTER I.D. NUMBER) **SUBTOTAL** \$3,337.55

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$53,910.91
2. Unitemized payments made this period of under \$100.....	\$174.00
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$54,084.91

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from 01/01/2015	
through 01/17/2015	
Page 13 of 14	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 | 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
California Political Law, Inc. [REDACTED]	PRO	\$369.56	\$0.00	\$369.56	\$0.00
California Political Law, Inc. [REDACTED]	PRO	\$203.80	\$0.00	\$203.80	\$0.00
SUBTOTALS		\$573.36	\$0.00	\$573.36	\$0.00

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	\$0.00
2. 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	\$3,910.91
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	\$(3,910.91) <small>(May be a negative number)</small>

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>14</u> of <u>14</u>
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NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 | PHD 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 | 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
California Political Law, Inc. [REDACTED]	PRO	\$0.00	\$959.52	\$0.00	\$959.52
Pfeiffer Design [REDACTED]	WEB	\$3,337.55	\$0.00	\$3,337.55	\$0.00
SUBTOTALS		\$3,337.55	\$959.52	\$3,337.55	\$959.52

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	<u>\$959.52</u>
2. 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	<u>\$3,910.91</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	<u>\$(2,951.39)</u> <small>(May be a negative number)</small>

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

COPY

Type or print in ink

COVER PAGE

Statement covers period
from 01/01/2015
through 01/17/2015

Date of election if applicable:
(Month, Day, Year)
03/03/2015

Date Stamp
2015 JAN 23

CALIFORNIA 460
2001/02
FORM
Page 1 of 14
For Official Use Only

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
 Supplemental Preelection Statement-Attach Form 495

3. Committee Information ID NUMBER 1364235

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Kamlager for LA Community College Board 2015

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS
[REDACTED]

Treasurer(s)

NAME OF TREASURER
Sydney Kamlager

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS
[REDACTED]

4. Verification I have used all reasonable diligence in preparing and reviewing this statement under penalty of perjury under the laws of the State of California that the foregoing information and schedules is true and complete. I certify

Executed on 1/16/15 By [REDACTED]
 Executed on 1/16/15 By [REDACTED]
 Executed on _____ By _____
 Executed on _____ By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent
[REDACTED]

Signature of Sponsor
[REDACTED]

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline:
 866/ASK-FPPC
 (866/275-3772)
 State of California

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

Type or print in ink

COVER PAGE-PART 2

**CALIFORNIA
FORM 460**

Page 2 of 14

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Sydney Kamlager

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

LA Comm. College Dist. 7

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.O. 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
----------------------	--------------	----------------------------------

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
-----------------------------------	-----------------------	----------------------------------

OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>01/17/2015</u>	
Page <u>3</u> of <u>14</u>	I.D. NUMBER 1364235

NAME OF FILER
Kamlager for LA Community College Board 2015

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$3,950.00	\$82,062.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$100.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$3,950.00	\$82,162.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$34,437.50	\$40,676.57
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$38,387.50	\$122,838.57

**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	Column B
6. Payments Made..... Schedule E, Line 4	\$54,084.91	\$66,137.92
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$54,084.91	\$66,137.92
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	-\$3,910.91	\$0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$34,437.50	\$40,676.57
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$84,611.50	\$106,814.49

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yyyy) Total to Date

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$66,168.97
13. Cash Receipts..... Column A, Line 3 above	\$3,950.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$54,084.91
16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15	\$16,034.06

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	\$100.00

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 schedule B.

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>01/17/2015</u>	
Page <u>4</u> of <u>14</u>	

NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/13/2015	Joyce Arad [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Emolyed None	\$500.00	\$500.00	
01/17/2015	Steven Fishman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Fishman, Block & Diamond, LLP	\$250.00	\$250.00	
01/13/2015	Divida Gude [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Divida Gude	\$100.00	\$100.00	

SUBTOTAL	\$850.00	[REDACTED]
-----------------	-----------------	------------

Schedule A Summary

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

\$3,900.00
\$50.00
TOTAL \$3,950.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>14</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/17/2015	Rachel Jeffer [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Consultant Rachel Jeffer	\$250.00	\$250.00	
01/17/2015	John A. Perez for Lieutenant Governor 2018 [REDACTED] ID: 1353768	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
01/17/2015	Jones-Sawyer for Assembly 2014 [REDACTED] ID: 1353812	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	

SUBTOTAL \$1,750.00

Schedule A Summary

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

\$3,900.00
\$50.00
\$3,950.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 01/01/2015	Page 6 of 14
through 01/17/2015	

NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/12/2015	Jeffrey Seymour	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Governmental Consultant Jeffrey Seymour	\$500.00	\$500.00	
01/17/2015	Robert Shpall	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$200.00	\$200.00	
01/16/2015	Jai Wong	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Consultant Jai Wong	\$100.00	\$200.00	

SUBTOTAL \$800.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$3,900.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$50.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$3,950.00

*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>14</u>
--	--

NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
---	------------------------

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/13/2015	Marilyn Ziering [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$500.00	\$500.00	

SUBTOTAL \$500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$3,900.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$3,950.00

*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

**Schedule B - Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B-PART 1

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>8</u> of <u>14</u>
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NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
--	-------------------------------

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
Sydney Kamlager [REDACTED]	Field Director California State Senate	\$100.00	\$0.00	<input type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$0.00	\$100.00	0 RATE \$0.00	\$100.00 03/17/2014	CALENDAR YEAR \$100.00 PER ELECTION
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE		DATE INCURRED	

SUBTOTALS	\$0.00	\$0.00	\$100.00	\$0.00	
------------------	--------	--------	----------	--------	--

Schedule B Summary

1. Loans received this period..... (Total Column(b) plus unitemized loans of less than \$100.)	\$0.00
2. Loans paid or forgiven this period..... (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1.)..... NET Enter the net here and on the Summary Page, Column A, Line 2.	\$0.00 (May be a negative number)

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

*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 C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 01/01/2015 through 01/17/2015	CALIFORNIA FORM 460 Page 9 of 14
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NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/07/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		slate mailer	\$29,537.50	\$38,947.82	
01/13/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		slate mailer	\$4,900.00	\$38,947.82	

SUBTOTAL \$34,437.50

Schedule C Summary

- Amount received this period -itemized monetary contributions.
(Include all Schedule C subtotals.)..... \$34,437.50
- Amount received this period -unitemized nonmonetary contributions of less than \$100..... \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$34,437.50

*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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>10</u> of <u>14</u>
--	---

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/06/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydney Kamlager for Trustee 2015 <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$50,000.00	\$50,000.00	

SUBTOTAL \$50,000.00

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$50,000.00
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$75.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).....	TOTAL \$50,075.00

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>01/17/2015</u>	
Page <u>11</u> of <u>14</u>	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 | 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
California Political Law, Inc. [REDACTED]	PRO		\$573.36
Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	CTB		\$50,000.00
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		SUBTOTAL	\$50,573.36

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$53,960.91
2. Unitemized payments made this period of under \$100.....	\$124.00
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$54,084.91

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>01/17/2015</u>	
Page <u>12</u> of <u>14</u>	

NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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 | 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
Pfeiffer Design [REDACTED]	LIT		\$3,337.55

(IF COMMITTEE, ALSO ENTER I.D. NUMBER) **SUBTOTAL** \$3,337.55

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$53,910.91
2. Unitemized payments made this period of under \$100.....	\$174.00
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... TOTAL	\$54,084.91

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>01/17/2015</u>	
Page <u>13</u> of <u>14</u>	

NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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 | 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
California Political Law, Inc. [REDACTED]	PRO	\$369.56	\$0.00	\$369.56	\$0.00
California Political Law, Inc. [REDACTED]	PRO	\$203.80	\$0.00	\$203.80	\$0.00
SUBTOTALS		\$573.36	\$0.00	\$573.36	\$0.00

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	<u>\$0.00</u>
2. 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	<u>\$3,910.91</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	<u>\$(3,910.91)</u> <small>(May be a negative number)</small>

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from 01/01/2015	Page 14 of 14
through 01/17/2015	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 | 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
California Political Law, Inc. [REDACTED]	PRO	\$0.00	\$959.52	\$0.00	\$959.52
Pfeiffer Design [REDACTED]	WEB	\$3,337.55	\$0.00	\$3,337.55	\$0.00
SUBTOTALS		\$3,337.55	\$959.52	\$3,337.55	\$959.52

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	<u>\$959.52</u>
2. 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	<u>\$3,910.91</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	<u>\$(2,951.39)</u> <small>(May be a negative number)</small>

COPY

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink

COVER PAGE

Date Stamp

2015 JAN 23 PM

CALIFORNIA 460
2001/02
FORM

Page 1 of 52
For Official Use Only

Statement covers period
from: 7/1/2014
through 12/31/2014

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

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
 Supplemental Preelection Statement-Attach Form 495

3. Committee Information

I.D. NUMBER
1364235

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Kamlager for LA Community College Board 2015

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS
[REDACTED]

Treasurer(s)

NAME OF TREASURER
Sydney Kamlager

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS
[REDACTED]

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement under penalty of perjury under the laws of the State of California that the foregoing is true and complete. I certify

Executed on 1/16/15 Date By [REDACTED]

Executed on _____ Date By _____

Executed on _____ Date By _____

Executed on _____ Date By _____

is true and complete. I certify

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline:
866/ASK-FPPC
(866/275-3772)
State of California

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink

COVER PAGE-PART 2

CALIFORNIA		460
FORM		
Page	2	of 52

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Sydney Kamlager			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) LA Comm. College Dist. 7			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[REDACTED]			

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

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
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u>	Page <u>3</u> of <u>52</u>
through <u>12/31/2014</u>	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$43,123.00	\$78,112.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$100.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$43,123.00	\$78,212.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$4,810.32	\$5,939.07
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$47,933.32	\$84,151.07

**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	\$11,212.54	\$12,053.01
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$11,212.54	\$12,053.01
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$3,685.91	\$3,910.91
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$4,810.32	\$5,939.07
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$19,708.77	\$21,902.99

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made * (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yyyy)	Total to Date

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$34,248.53
13. Cash Receipts..... Column A, Line 3 above	\$43,123.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$9.98
15. Cash Payments..... Column A, Line 8 above	\$11,212.54
16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15	\$66,168.97
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00

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 schedule B.

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	\$4,010.91

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u> through <u>12/31/2014</u>	
Page <u>4</u> of <u>52</u>	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/25/2014	AFT Staff Guild Local 1521-A COPE FUND	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
09/16/2014	Cristina Alvarado	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Child Care Alliance of LA	\$100.00	\$100.00	
12/02/2014	Kate Anderson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Child Advocacy Consultant Kate Anderson	\$250.00	\$250.00	

SUBTOTAL \$5,350.00

Schedule A Summary

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

\$42,325.00
\$798.00
TOTAL \$43,123.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u> through <u>12/31/2014</u>	
Page <u>5</u> of <u>52</u>	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/08/2014	Barbi Appelquist [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Cohen Gardner LLP	\$250.00	\$250.00	
09/14/2014	Richard S. Atlas [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$750.00	\$750.00	
09/24/2014	Celia C. Ayala [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Los Angeles Universal Quality Preschool	\$500.00	\$500.00	

SUBTOTAL \$1,500.00

Schedule A Summary

- Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.)..... \$42,325.00
- Amount received this period -unitemized monetary contributions of less than \$100..... \$798.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$43,123.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>52</u>
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NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/08/2014	Adrianna M. Babior [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fundraiser AMB Consulting	\$250.00	\$250.00	
09/30/2014	Frank E. Baxter [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00	\$1,000.00	
12/03/2014	David Behm [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Director IATSE Local 600	\$100.00	\$100.00	

SUBTOTAL \$1,350.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$42,325.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$798.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$43,123.00

*Contributor Codes
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FPPC Form 480 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>52</u>
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NAME OF FILER: Kamlager for LA Community College Board 2015 I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2014	Carol O. Biondi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$500.00	\$1,500.00	
07/21/2014	Bocanegra for Assembly 2014 [REDACTED] ID: 1354450	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
12/03/2014	Susan Burton [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director A New Way of Life	\$100.00	\$100.00	

SUBTOTAL \$3,100.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

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(other than PTY or SCC)
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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014 through 12/31/2014	
Page 8 of 52	

NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/29/2014	Sheila Crosby [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Registered Nurse LA County	\$100.00	\$100.00	
07/21/2014	Patricia Curry [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker Patricia Curry	\$500.00	\$500.00	
12/31/2014	Hal Dash [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Relations Executive Cerrell Associates Inc.	\$250.00	\$250.00	

SUBTOTAL \$850.00

Schedule A Summary

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(Include all Schedule A subtotals.)..... \$42,325.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$798.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$43,123.00

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SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>9</u> of <u>52</u>
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NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/08/2014	Thomas Davis [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Union Representative I.A.T.S.E. Local 80	\$250.00	\$250.00	
12/17/2014	Herman L. DeRose [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor California State University, Northridge	\$100.00	\$100.00	
09/29/2014	Del Richardson & Associates, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	

SUBTOTAL \$450.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$42,325.00

2. Amount received this period -unitemized monetary contributions of less than \$100.....

\$798.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$43,123.00

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>10</u> of <u>52</u>
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NAME OF FILER: Kamlager for LA Community College Board 2015 I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2014	Carl E. Dickerson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Dickerson Employee Benefits	\$500.00	\$500.00	
12/17/2014	Kerry Doi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President PACE	\$100.00	\$100.00	
09/06/2014	Alice Duff [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Director Bread for the World	\$250.00	\$250.00	

SUBTOTAL	\$850.00	[REDACTED]
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014	Page 11 of 52
through 12/31/2014	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/08/2014	Entertainment Union Coalition PAC ID: 1362237	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
12/04/2014	Mona Field	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
12/08/2014	Sandra K. Fluke	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Sandra Fluke	\$100.00	\$100.00	

SUBTOTAL \$1,200.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>12</u> of <u>52</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/21/2014	Ira Freeman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Key Pharmacy	\$100.00	\$100.00	
09/29/2014	William Freeman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director West Regional Medical Center	\$100.00	\$100.00	
09/29/2014	Paul Freese [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Public Counsel Law Center	\$100.00	\$100.00	

SUBTOTAL \$300.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u> through <u>12/31/2014</u>	
Page <u>13</u> of <u>52</u>	

NAME OF FILER: Kamlager for LA Community College Board 2015 I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2014	Warren Furutani [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant Warren Furutani	\$100.00	\$100.00	
10/08/2014	George L. Mallory Jr. & Associates [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$125.00	\$125.00	
09/29/2014	Angela Gibson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant State of California	\$250.00	\$250.00	

SUBTOTAL \$475.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 07/01/2014
through 12/31/2014

CALIFORNIA FORM 460
Page 14 of 52

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/26/2014	Victor Griego [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Affairs DSO Inc.	\$250.00	\$250.00	
09/12/2014	Kellie Hawkins [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Analyst US Department of Health and Human Services	\$250.00	\$250.00	
09/21/2014	Kelly-Ann Henry [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Manager- Legal and Corporate Responsibili Toyota Motor Sales, USA, Inc.	\$100.00	\$100.00	

SUBTOTAL	\$600.00	
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>15</u> of <u>52</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/08/2014	Samuel Herod [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$200.00	\$200.00	
09/29/2014	Patricia Herrera [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Director 211 LA County	\$100.00	\$100.00	
12/31/2014	Gwendolyn Hogans [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Analyst Internal Revenue Service	\$100.00	\$100.00	

SUBTOTAL \$400.00

Schedule A Summary

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>16</u> of <u>52</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/22/2014	Genethia Hudley Hayes [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Strategic Planning/Education Consultant Hudley Hayes & Assoc.	\$500.00	\$500.00	
12/17/2014	Paul C. Hudson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Paul C. Hudson Consulting	\$250.00	\$250.00	
09/29/2014	Alison Jefferson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heritage Conservation Consultant Alison Jefferson	\$100.00	\$100.00	

SUBTOTAL \$850.00

Schedule A Summary

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>17</u> of <u>52</u>
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NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/07/2014	Curtis Jenkins [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO CurtisCARE	\$100.00	\$800.00	
09/29/2014	Just Work, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
09/30/2014	Kate Karpilow [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Public Health Institute	\$100.00	\$100.00	

SUBTOTAL \$400.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A; Line 1.).....	TOTAL \$43,123.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>18</u> of <u>52</u>
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NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/21/2014	Henry Klein [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$250.00	\$250.00	
12/08/2014	Helen A. Kleinberg [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$250.00	\$400.00	
09/22/2014	Martha Koplin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Art Consultant Koplin Consultants	\$100.00	\$100.00	

SUBTOTAL \$600.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>19</u> of <u>52</u>
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NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2014	Jacquelyn Lacey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA County District Attorney County of Los Angeles	\$250.00	\$250.00	
11/20/2014	Damon Lindelof [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer/Producer Warner Bros.	\$500.00	\$500.00	
07/11/2014	Bridgett Lomax [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fundraiser Gleaners Community Food Bank of Southeastern Michi	\$100.00	\$100.00	

SUBTOTAL \$850.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$42,325.00

2. Amount received this period -unitemized monetary contributions of less than \$100.....

\$798.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$43,123.00

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>20</u> of <u>52</u>
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NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TD DATE (IF REQUIRED)
08/25/2014	James Lott [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Consultant Lott Advantage, LLC	\$100.00	\$200.00	
11/07/2014	James Lott [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Consultant Lott Advantage, LLC	\$100.00	\$200.00	
09/29/2014	Lytanya Loughridge [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Crystal Stairs	\$250.00	\$500.00	

SUBTOTAL	\$450.00	[REDACTED]
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Schedule A Summary

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

\$42,325.00
\$798.00
TOTAL \$43,123.00

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**Schedule A
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>21</u> of <u>52</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/12/2014	Capri Maddox [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy City Attorney City of Los Angeles	\$250.00	\$250.00	
12/24/2014	Scott Malsin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Director CA State Assembly	\$100.00	\$100.00	
09/10/2014	Judy Mark [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Non-Profit Consultant Judy Mark	\$100.00	\$100.00	

SUBTOTAL	\$450.00	[REDACTED]
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Schedule A Summary

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3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

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**Schedule A
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>22</u> of <u>52</u>
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NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/2014	Mark Masaoka [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Policy Analyst Asian Pacific Policy and Planning Council	\$150.00	\$150.00	
09/17/2014	Jacquelyn McCroskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor University of Southern California	\$150.00	\$150.00	
12/08/2014	Georgia L. Mercer [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00	\$100.00	

SUBTOTAL \$400.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$42,325.00

2. Amount received this period -unitemized monetary contributions of less than \$100.....

\$798.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$43,123.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014 through 12/31/2014	
Page 23 of 52	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/29/2014	June Nako [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home & Office Organizer World Home & Office Organizing	\$100.00	\$100.00	
11/24/2014	Steven A. Nissen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney NBC Universal	\$200.00	\$200.00	
09/29/2014	Pamela Norris-Woods [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director The Dream Catcher Foundation, Inc.	\$100.00	\$100.00	

SUBTOTAL \$400.00

Schedule A Summary

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

\$42,325.00
\$798.00
TOTAL \$43,123.00

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(other than PTY or SCC)
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SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>24</u> of <u>52</u>
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NAME OF FILER: Kamlager for LA Community College Board 2015 I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/29/2014	Rene Nourse [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Funeral Planner Rene Nourse	\$100.00	\$100.00	
11/10/2014	Patti Oblath [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Management Connections For Children	\$150.00	\$150.00	
09/18/2014	Terry Ogawa [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Early Care and Education Consultant Ogawa and Associates	\$100.00	\$100.00	

SUBTOTAL \$350.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

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(other than PTY or SCC)
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PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>25</u> of <u>52</u>
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NAME OF FILER: Kamlager for L.A Community College Board 2015 I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/08/2014	Andrea S. Ordin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> CDM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer County of Los Angeles	\$250.00	\$250.00	
09/26/2014	OSM Investment [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
09/29/2014	Connie Parker [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Connie Parker	\$500.00	\$1,000.00	

SUBTOTAL \$1,000.00

Schedule A Summary		*Contributor Codes
1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00	IND- Individual COM- Recipient Committee (other than PTY or SCC) OTH- Other (e.g., business entity) PTY- Political Party SCC- Small Contributor Committee
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00	
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00	

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u> through <u>12/31/2014</u>	
Page <u>26</u> of <u>52</u>	

NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/30/2014	Pediatric Heart Center Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,000.00	
08/30/2014	Pediatric Heart Center Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,000.00	
09/30/2014	Pediatric Heart Center Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,000.00	

SUBTOTAL \$1,500.00

Schedule A Summary

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3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

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**Schedule A
Monetary Contributions Received**

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Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u> through <u>12/31/2014</u>	
Page <u>27</u> of <u>52</u>	

NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2014	Pediatric Heart Center Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,000.00	
11/30/2014	Pediatric Heart Center Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$3,000.00	
09/29/2014	Karen E. Pointer [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Karen E. Pointer, Inc.	\$100.00	\$300.00	

SUBTOTAL **\$1,100.00**

Schedule A Summary

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**Schedule A
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>28</u> of <u>52</u>
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NAME OF FILER: Kamlager for L.A. Community College Board 2015 I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/23/2014	Kemati Jancie Porter [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Creative Arts Foundation, Inc.	\$250.00	\$250.00	
09/29/2014	Jeanne Pritzker [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder Foster Care Counts	\$100.00	\$100.00	
12/19/2014	Rendon for Assembly 2014 [REDACTED] ID: 1354096	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	

SUBTOTAL \$850.00

Schedule A Summary

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(Include all Schedule A subtotals.)..... \$42,325.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014	Page 29 of 52
through 12/31/2014	

NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-OCT. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2014	Hoyland H. Ricks [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor Hoyland H. Ricks	\$500.00	\$500.00	
09/30/2014	Robyn Ritter Simon [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fundraising LA's BEST	\$100.00	\$100.00	
09/24/2014	Keith Rohman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investigator Public Interest Investigators	\$200.00	\$200.00	

SUBTOTAL	\$800.00	[REDACTED]
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Schedule A Summary

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u> through <u>12/31/2014</u>	
Page <u>30</u> of <u>52</u>	

NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/24/2014	Thomas Safran [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Thomas Safran & Associates	\$250.00	\$250.00	
10/23/2014	Michele P. Sartell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Specialist III LA County Office of Child Care	\$100.00	\$100.00	
12/31/2014	Mitchell Schwartz [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Member SK Impact	\$500.00	\$500.00	

SUBTOTAL \$850.00

Schedule A Summary

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

TOTAL \$43,123.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA	FORM 460
from 07/01/2014	Page 31	of 52
through 12/31/2014		

NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2014	Sea Change Leadership PAC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
09/29/2014	Stanley Seates [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Musician Stanley Seates	\$100.00	\$100.00	
09/29/2014	Brenda Shockley [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Community Build, Inc.	\$250.00	\$250.00	

SUBTOTAL \$1,350.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014	
through 12/31/2014	
Page 32 of 52	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2014	Latonya Slack [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Good Seed	\$100.00	\$350.00	
12/17/2014	Johng Ho Song [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Koreatown Youth & Community Center	\$250.00	\$250.00	
12/30/2014	Southwest Regional Council of Carpenters PAC [REDACTED] ID: 870169	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	

SUBTOTAL	\$3,350.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$42,325.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$798.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$43,123.00</u>

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014	
through 12/31/2014	
Page 33 of 52	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/25/2014	Debra Spector [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$750.00	\$1,750.00	
12/03/2014	Debra Spector [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00	\$1,750.00	
10/20/2014	Sprinkler Fitters United Association 709 PAC [REDACTED] ID: 901643	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$500.00	\$500.00	

SUBTOTAL \$2,250.00

Schedule A Summary

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

\$42,325.00
\$798.00
TOTAL \$43,123.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>34</u> of <u>52</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/24/2014	Howard Steven [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SVP Warner Bros.	\$500.00	\$500.00	
11/06/2014	Gary Stewart [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Trunkworthy	\$250.00	\$250.00	
09/29/2014	STL Properties [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	

SUBTOTAL \$1,750.00

Schedule A Summary

1. Amount received this period -Itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014 through 12/31/2014	
Page 35 of 52	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/09/2014	Nancy Strohl [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant State Senate of CA	\$100.00	\$100.00	
12/08/2014	Jacob A. Swiller [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Renewable Resources Group	\$500.00	\$500.00	
10/23/2014	The Banks Family Trust [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	

SUBTOTAL \$800.00 [REDACTED]

Schedule A Summary

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

\$42,325.00
\$798.00
TOTAL \$43,123.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014	
through 12/31/2014	
Page 36 of 52	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/21/2014	Marie Torres [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Vice President, Government Relations AltaMed Health Services Corporation	\$100.00	\$100.00	
07/12/2014	Michael Tuchin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Klee, Tuchin, Bogdanoff & Stern	\$1,000.00	\$1,000.00	
08/05/2014	Catherine L. Unger [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$250.00	\$250.00	

SUBTOTAL \$1,350.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u>	Page <u>37</u> of <u>52</u>
through <u>12/31/2014</u>	

NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/21/2014	Richard S. Van Horn [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$200.00	\$200.00	
10/23/2014	Mike Watanabe [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> DTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO Asian American Drug Abuse Program	\$100.00	\$300.00	
12/17/2014	Mike Watanabe [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO Asian American Drug Abuse Program	\$200.00	\$300.00	

SUBTOTAL \$500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>38</u> of <u>52</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/23/2014	Howard Welinsky [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Vice President Warner Brothers	\$1,500.00	\$1,500.00	
09/26/2014	Peter B. Wendel [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Coldwell Banker	\$500.00	\$500.00	
09/29/2014	Winifred Weschsler [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Anthony and Jeanne Pritzker Family Foundation	\$100.00	\$100.00	

SUBTOTAL \$2,100.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014	
through 12/31/2014	
Page 39 of 52	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/08/2014	Sonjia D. White-Edmond [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Defender Los Angeles County Public Defender	\$100.00	\$100.00	
09/29/2014	Pamela Wiley [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Speech Pathologist LA Speech and Long Term Care, Inc.	\$250.00	\$250.00	
07/01/2014	Brian Williams [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Junior Achievement USA	\$250.00	\$250.00	

SUBTOTAL \$600.00

Schedule A Summary

- Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.)..... \$42,325.00
- Amount received this period -unitemized monetary contributions of less than \$100..... \$798.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$43,123.00

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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014	Page 40 of 52
through 12/31/2014	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/08/2014	Peg Yorkin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00	\$1,000.00	

SUBTOTAL \$1,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$42,325.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$798.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$43,123.00

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

**Schedule B - Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B-PART 1

Statement covers period from <u>07/01/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460 Page <u>41</u> of <u>52</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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
Sydney Kamlager [REDACTED]	Field Director California State Senate	\$100.00	\$0.00	<input type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$0.00	\$100.00	0 RATE \$0.00	\$100.00 03/17/2014	CALENDAR YEAR \$100.00 PER ELECTION
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE		DATE INCURRED	

SUBTOTALS	\$0.00	\$0.00	\$100.00	\$0.00				
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Schedule B Summary

1. Loans received this period.....	\$0.00	(Enter (s) on Schedule E, Line 3)
(Total Column(b) plus unitemized loans of less than \$100.)		
2. 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.)		
3. 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 C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014 through 12/31/2014	
Page 42 of 52	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/09/2014	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Payroll	\$1,235.32	\$4,510.32	
12/12/2014	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Voter data	\$25.00	\$4,510.32	
12/17/2014	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Consulting	\$3,000.00	\$4,510.32	

SUBTOTAL \$4,260.32

Schedule C Summary

- Amount received this period -itemized monetary contributions.
(Include all Schedule C subtotals.)..... \$4,810.32
- Amount received this period -unitemized nonmonetary contributions of less than \$100..... \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$4,810.32

*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

**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014	
through 12/31/2014	
Page 43 of 52	

NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
---	------------------------

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 OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/23/2014	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> CDM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		photography services	\$250.00	\$4,510.32	
11/21/2014	Mitchell for Senate 2013 ID: 1358812	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Filing fees	\$300.00	\$2,800.00	

SUBTOTAL	\$550.00
-----------------	----------

Schedule C Summary

- Amount received this period -itemized monetary contributions.
(Include all Schedule C subtotals.).....
- Amount received this period -unitemized nonmonetary contributions of less than \$100.....
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL**

\$4,810.32
\$0.00
\$4,810.32

*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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SCHEDULE D

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u>	
through <u>12/31/2014</u>	
Page <u>44</u> of <u>52</u>	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/01/2014	Los Angeles County Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution		\$100.00	\$100.00	
		<input type="checkbox"/> Nonmonetary Contribution				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Independent Expenditure				

SUBTOTAL	\$100.00
-----------------	-----------------

Schedule D Summary

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$100.00
- 2. Unitemized contributions and independent expenditures made this period of under \$100..... \$0.00
- 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL** \$100.00

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u>	Page <u>45</u> of <u>52</u>
through <u>12/31/2014</u>	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 | 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
California Political Law, Inc. [REDACTED]	PRO		\$658.74
First Data [REDACTED]	OFC		\$1,153.40

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

SUBTOTAL \$1,812.14

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$11,212.54
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$11,212.54

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u>	
through <u>12/31/2014</u>	
Page <u>46</u> of <u>52</u>	

NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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 | 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
Los Angeles City College Foundation [REDACTED]	CVC		\$500.00
Los Angeles County Democratic Party [REDACTED] ID: 1237135	CTB		\$100.00

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	SUBTOTAL	\$600.00
--	-----------------	-----------------

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$11,212.54
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$11,212.54

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014	
through 12/31/2014	
Page 47 of 52	

NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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 | 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
Maurice Nash [REDACTED]	WEB		\$300.00
NGP VAN, Inc. [REDACTED]	OFC		\$675.00

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	SUBTOTAL	\$975.00
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Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$11,212.54
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$11,212.54

**Schedule E
Payments Made**

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u>	
through <u>12/31/2014</u>	
Page <u>48</u> of <u>52</u>	

NAME OF FILER: Kamlager for LA Community College Board 2015 I.D. NUMBER: 1364235

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 | 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
Pfeiffer Design [REDACTED]	LIT		\$1,106.00
Ross G. Bates Consulting [REDACTED]	CNS		\$6,000.00
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		SUBTOTAL	\$7,106.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals).....	\$11,212.54
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$11,212.54

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.


SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u> through <u>12/31/2014</u>	
	Page <u>49</u> of <u>52</u>

NAME OF FILER KamJager for LA Community College Board 2015	I.D. NUMBER 1364235
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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 | MTC 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 | 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
The Harman Press 	LIT		\$719.40

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	SUBTOTAL	\$719.40
--	-----------------	-----------------

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$11,212.54
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$11,212.54

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period	CALIFORNIA	460
from 07/01/2014	FORM	
through 12/31/2014	Page 50 of 52	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 | PQS 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
California Political Law, Inc. [REDACTED]	PRO	\$0.00	\$369.56	\$0.00	\$369.56
California Political Law, Inc. [REDACTED]	PRO	\$0.00	\$203.80	\$0.00	\$203.80
SUBTOTALS		\$0.00	\$573.36	\$0.00	\$573.36

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	\$3,910.91
2. 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	\$225.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	\$3,685.91 <small>(May be a negative number)</small>

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from 07/01/2014	
through 12/31/2014	
Page 51 of 52	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 | 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
NGP VAN, Inc. [REDACTED]	OFC	\$225.00	\$0.00	\$225.00	\$0.00
Pfeiffer Design [REDACTED]	WEB	\$0.00	\$3,337.55	\$0.00	\$3,337.55
SUBTOTALS		\$225.00	\$3,337.55	\$225.00	\$3,337.55

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	<u>\$3,910.91</u>
2. 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	<u>\$225.00</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	<u>\$3,685.91</u> <small>(May be a negative number.)</small>

**Schedule I
Miscellaneous Increases to Cash**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u>	
through <u>12/31/2014</u>	
Page <u>52</u> of <u>52</u>	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

1. Itemized increases to cash this period.	\$0.00
2. Unitemized increases to cash of under \$100 this period.	\$9.98
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$9.98

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink

COVER PAGE

2/19/15 UPS

Date Stamp RECEIVED BY LOS ANGELES POLICE 2015 FEB 20 PM 4:00 CALIFORNIA STATE DISABILITY BENEFIT	CALIFORNIA 460 2001/02 FORM
Page <u>1</u> of <u>36</u> For Official Use Only	
019378	

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	Date of election if applicable: (Month, Day, Year) <u>03/03/2015</u>
--	--

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
(Also Complete Part 5) | <input type="checkbox"/> Sponsored
(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7) |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement-Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |
- C10137

3. Committee Information

I.D. NUMBER
1364235

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Kamlager for LA Community College Board 2015

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Sydney Kamlager

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and under penalty of perjury under the laws of the State of California that the foregoing

Executed on 2/13/15 By _____
 Executed on 2/13/15 By _____
 Executed on _____ By _____
 Executed on _____ By _____

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

and schedules is true and complete. I certify

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline:
 866/ASK-FPPC
 (866/275-3772)
 State of California

111

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

Type or print in ink

COVER PAGE-PART 2

CALIFORNIA	460
FORM	
Page <u>2</u> of <u>36</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Sydney Kamlager

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

LA Comm. College Dist. 7

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

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>36</u>
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NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$27,895.00	\$31,845.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$100.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$27,895.00	\$31,945.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$150,711.61	\$185,149.11
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$178,606.61	\$217,094.11

**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	Column B
6. Payments Made..... Schedule E, Line 4	\$38,768.69	\$93,026.37
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$38,768.69	\$93,026.37
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	-\$17,812.52	\$49.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$150,711.61	\$185,149.11
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$171,667.78	\$278,224.48

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yyyy)	Total to Date

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$15,861.29
13. Cash Receipts..... Column A, Line 3 above	\$27,895.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$38,768.69
16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15	\$4,987.60
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00

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 schedule B.

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	\$149.00

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 4 of 36	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/29/2015	Talia Bender [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Manager Ipsos	\$250.00	\$250.00	
01/28/2015	Alan Bernstein [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Management Harper Management	\$250.00	\$250.00	
01/27/2015	Ed Buck [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$500.00	\$500.00	

SUBTOTAL \$1,000.00

Schedule A Summary

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

\$27,125.00
\$770.00
\$27,895.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>01/18/2015</u>	
through <u>02/14/2015</u>	
Page <u>5</u> of <u>36</u>	

NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/05/2015	Scott Budnick [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder ARC	\$100.00	\$100.00	
02/02/2015	Kelly Candaele [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Film Maker Green Chair Productions	\$100.00	\$100.00	
01/21/2015	Arthur Mark Carlin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Lockton Insurance Brokers, LLC	\$500.00	\$500.00	

SUBTOTAL \$700.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$27,125.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$770.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$27,895.00</u>

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 6 of 36	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/20/2015	Cement Masons Local No. 600 PAC ID: 880590	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
02/06/2015	Jim Clarke	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Council Member City of Culver City	\$100.00	\$100.00	
01/20/2015	Ian S. Costello	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Monitor Los Angeles Homeless Services Authority	\$100.00	\$100.00	

SUBTOTAL \$450.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$27,125.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$770.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$27,895.00

*Contributor Codes
IND- Individual
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(other than PTY or SCC)
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SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 7 of 36	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/26/2015	Dakota Communications	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
01/21/2015	Carlene Davis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Non-Profit Management Carlene Davis	\$150.00	\$150.00	
02/08/2015	Cora Fossett	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	

SUBTOTAL \$1,250.00

Schedule A Summary		*Contributor Codes
1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$27,125.00	IND- Individual COM- Recipient Committee (other than PTY or SCC) OTH- Other (e.g., business entity) PTY- Political Party SCC- Small Contributor Committee
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$770.00	
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$27,895.00	

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 8 of 36	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/08/2015	Laurence B. Frank	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Los Angeles Trade- Technical College	\$250.00	\$250.00	
01/29/2015	Glenn Freeman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor NSB Associates, Inc.	\$500.00	\$500.00	
02/06/2015	William Freeman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director West Regional Medical Center	\$100.00	\$100.00	

SUBTOTAL \$850.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$27,125.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$770.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$27,895.00</u>

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 9 of 36	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/21/2015	Robert Giroux	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$500.00	\$500.00	
01/27/2015	John Griffith	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clinical Psychologist Kedrew Community Health Center	\$1,000.00	\$1,000.00	
02/12/2015	Todd Hawkins	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder/CEO The Todd Group	\$250.00	\$250.00	

SUBTOTAL \$1,750.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$27,125.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$770.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$27,895.00

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(other than PTY or SCC)
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SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 10 of 36	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/30/2015	Heat & Frost Insulators & Allied Workers Local No. 5 PAC ID: 1232371	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$150.00	\$150.00	
02/05/2015	September Hill	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Director Junior League of Los Angeles, Inc.	\$100.00	\$100.00	
01/29/2015	Ada Horwich	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$250.00	\$250.00	

SUBTOTAL \$500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$27,125.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$770.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$27,895.00</u>

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(other than PTY or SCC)
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PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	CALIFORNIA FORM 460 Page <u>11</u> of <u>36</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/21/2015	Dawne Irvin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dir. Compensation Fox Networks	\$100.00	\$100.00	
02/04/2015	Curtis Jenkins	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director CurtisCARE	\$100.00	\$100.00	
01/27/2015	Wilma Kiel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Education Hoover Intergenerational Care, Inc.	\$100.00	\$100.00	

SUBTOTAL \$300.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$27,125.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$770.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$27,895.00</u>

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>01/18/2015</u>	
through <u>02/14/2015</u>	
Page <u>12</u> of <u>36</u>	

NAME OF FILER: **Kamlager for LA Community College Board 2015**
I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/29/2015	Laborers' Local 300 PAC ID: 950674	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
01/26/2015	Local 770 United Food and Commercial Workers Union PAC ID: 921242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
01/29/2015	Attica Locke	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Attica Locke	\$150.00	\$150.00	

SUBTOTAL \$3,650.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.)..... \$27,125.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$770.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$27,895.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	CALIFORNIA FORM 460 Page <u>13</u> of <u>36</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/12/2015	Daniel Loeterman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Affairs Manager Cerrell Associates	\$175.00	\$175.00	
01/22/2015	Maribel Marin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director 211 Los Angeles County	\$100.00	\$100.00	
02/04/2015	Wendy Mitchell	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President WM Consulting Inc.	\$250.00	\$250.00	

SUBTOTAL \$525.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$27,125.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$770.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$27,895.00</u>

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 14 of 36	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/09/2015	National Women's Political Caucus - Pasadena ID: 770021	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
01/23/2015	National Women's Political Caucus - San Fernando Valley ID: 801796	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
01/21/2015	Niemela Capitol Concepts	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	

SUBTOTAL \$850.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$27,125.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$770.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$27,895.00

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(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	CALIFORNIA FORM 460 Page <u>15</u> of <u>36</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/02/2015	Orbach Huff Suarez & Henderson LLP	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
02/10/2015	Pacific Services, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
02/08/2015	Jan Perry	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager, Economic Development City of Los Angeles	\$100.00	\$100.00	

SUBTOTAL \$2,100.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$27,125.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$770.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$27,895.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	Page 16 of 36
through 02/14/2015	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/04/2015	Joy Picus [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
02/02/2015	Plumbers Local Union No. 78 [REDACTED] ID: 920927	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
01/29/2015	Mel Plutsky [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Mel Plutsky	\$500.00	\$500.00	

SUBTOTAL \$1,600.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions (Include all Schedule A subtotals.).....	\$27,125.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$770.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$27,895.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 17 of 36	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/02/2015	Alexander Ponder [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director, Intergovernmental Relations Office of the City Attorney, City of Los Angeles	\$150.00	\$150.00	
01/21/2015	Rendon for Assembly 2014 [REDACTED] ID: 1354096	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
02/12/2015	Alberto Retana [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Organizer Community Coalition	\$100.00	\$100.00	

SUBTOTAL \$1,250.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$27,125.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$770.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$27,895.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	CALIFORNIA FORM 460 Page <u>18</u> of <u>36</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/29/2015	Brenda Robinson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Policy and Legal Consultant Brenda Robinson	\$100.00	\$100.00	
01/26/2015	Daniel Rosenson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$200.00	\$200.00	
02/08/2015	Armen Ross	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO The Ross Group	\$250.00	\$250.00	

SUBTOTAL **\$550.00**

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$27,125.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$770.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$27,895.00</u>

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(other than PTY or SCC)
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PTY- Political Party
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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 19 of 36	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/07/2015	Ari Ruiz [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Outreach Coordinator The Laurel Foundation	\$100.00	\$100.00	
02/11/2015	Service Employees International Union Local 99 Candidate PAC [REDACTED] ID: 980422	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$3,000.00	\$3,000.00	
02/08/2015	Valerie Shaw [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$300.00	\$300.00	

SUBTOTAL \$3,400.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$27,125.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$770.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$27,895.00

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(other than PTY or SCC)
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SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>01/18/2015</u>	
through <u>02/14/2015</u>	
Page <u>20</u> of <u>36</u>	

NAME OF FILER: Kamlager for LA Community College Board 2015 I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/29/2015	Michael Shore [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Michael Shore	\$400.00	\$400.00	
01/30/2015	Eve Steinberg [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Venture Capitalist Pacific Venture Group	\$1,500.00	\$1,500.00	
02/08/2015	Tunua E. Thrash-Ntuk [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive West Angeles Community Development Corporation	\$200.00	\$200.00	

SUBTOTAL \$2,100.00

Schedule A Summary

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

\$27,125.00

\$770.00

\$27,895.00

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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>01/18/2015</u>	
through <u>02/14/2015</u>	
Page <u>21</u> of <u>36</u>	

NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/07/2015	Mark Vargas [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Mission Infrastructure	\$250.00	\$250.00	
01/20/2015	Franco Orlando Vega [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Rightway	\$100.00	\$100.00	
01/29/2015	Keith Weaver [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Vice President, Worldwide Govt. Sony Pictures Entertainment	\$1,000.00	\$1,000.00	

SUBTOTAL **\$1,350.00**

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$27,125.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$770.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$27,895.00</u>

***Contributor Codes**
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 COM- Recipient Committee
 (other than PTY or SCC)
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 PTY- Political Party
 SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>01/18/2015</u>	
through <u>02/14/2015</u>	
Page <u>22</u> of <u>36</u>	

NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/20/2015	Grace C. Weitman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Communities in Motion	\$250.00	\$250.00	
01/29/2015	Keenan Wolens [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Amir Development Co.	\$500.00	\$500.00	
02/13/2015	Women's Political Caucus PAC [REDACTED] ID: 770995	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	

SUBTOTAL \$2,750.00

Schedule A Summary

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

\$27,125.00
\$770.00
TOTAL \$27,895.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>01/18/2015</u>	
through <u>02/14/2015</u>	
Page <u>23</u> of <u>36</u>	

NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/08/2015	Workforce Connections, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	

SUBTOTAL \$200.00

Schedule A Summary

- Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.)..... \$27,125.00
- Amount received this period -unitemized monetary contributions of less than \$100..... \$770.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$27,895.00

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 (other than PTY or SCC)
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 SCC- Small Contributor Committee

**Schedule B - Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B-PART 1

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	CALIFORNIA FORM 460 Page <u>24</u> of <u>36</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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
Sydney Kamlager [REDACTED] <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Director California State Senate	\$100.00	\$0.00	<input type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$0.00	\$100.00	0 RATE \$0.00	\$100.00 03/17/2014	CALENDAR YEAR PER ELECTION
SUBTOTALS		\$0.00	\$0.00		\$100.00	\$0.00		

Schedule B Summary

1. Loans received this period..... \$0.00
(Total Column(b) plus unitemized loans of less than \$100.)
2. 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.)
3. 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)

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

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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 C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 25 of 36	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/20/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Slate Mailer	\$40,044.53	\$185,149.11	
01/20/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Postage	\$31,750.00	\$185,149.11	
01/20/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Literature	\$3,269.51	\$185,149.11	

SUBTOTAL \$75,064.04

Schedule C Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule C subtotals.).....	\$150,711.61
2. Amount received this period -unitemized nonmonetary contributions of less than \$100.....	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.).....	TOTAL \$150,711.61

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**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 26 of 36	

NAME OF FILER

Kamlager for LA Community College Board 2015

I.D. NUMBER

1364235

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 OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/20/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Print Ads	\$11,759.58	\$185,149.11	
02/03/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Consulting	\$7,500.00	\$185,149.11	
02/03/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Literature	\$8,533.60	\$185,149.11	

SUBTOTAL \$27,793.18

Schedule C Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule C subtotals.)..... \$150,711.61

2. Amount received this period -unitemized nonmonetary contributions of less than \$100..... \$0.00

3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$150,711.61

*Contributor Codes
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FPPC Form 460 (January/08)

FPPC Toll-Free Helpline: 666/ASK-FPPC (866/275-3772)

**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	CALIFORNIA FORM 460 Page <u>27</u> of <u>36</u>
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NAME OF FILER: Kamlager for LA Community College Board 2015 I.D. NUMBER: 1364235

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 OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/09/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Consulting	\$15.63	\$185,149.11	
02/09/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Literature	\$1,960.51	\$185,149.11	
02/09/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Postage	\$14,372.43	\$185,149.11	

SUBTOTAL \$16,348.57

Schedule C Summary

- Amount received this period -itemized monetary contributions.
(Include all Schedule C subtotals.).....
- Amount received this period -unitemized nonmonetary contributions of less than \$100.....
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL**

\$150,711.61
\$0.00
\$150,711.61

*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

**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 28 of 36	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/10/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Literature	\$3,985.80	\$185,149.11	
02/10/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Postage	\$11,239.50	\$185,149.11	
02/11/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Literature	\$911.50	\$185,149.11	

SUBTOTAL \$16,136.80

Schedule C Summary

- Amount received this period -itemized monetary contributions.
(Include all Schedule C subtotals.).....
- Amount received this period -unitemized nonmonetary contributions of less than \$100.....
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL**

\$150,711.61

\$0.00

\$150,711.61

*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 29 of 36	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/11/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		postage	\$5,842.00	\$185,149.11	
02/12/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Literature	\$437.50	\$185,149.11	
02/13/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		literature	\$9,089.52	\$185,149.11	

SUBTOTAL \$15,369.02

Schedule C Summary

- Amount received this period -itemized monetary contributions.
(Include all Schedule C subtotals.).....
- Amount received this period -unitemized nonmonetary contributions of less than \$100.....
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL**

\$150,711.61
\$0.00
\$150,711.61

*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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	CALIFORNIA FORM 460 Page <u>30</u> of <u>36</u>
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NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/23/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydney Kamlager for Trustee 2015	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$7,500.00	\$70,000.00	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
01/29/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydney Kamlager for Trustee 2015	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$70,000.00	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/06/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydney Kamlager for Trustee 2015	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$10,000.00	\$70,000.00	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$20,000.00

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$20,000.00
2. Unitemized contributions and independent expenditures made this period of under \$100.	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$20,000.00

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 31 of 36	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 | 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
Breo Media [REDACTED]	WEB		\$225.00
Budget Watchdogs Newsletter [REDACTED]		Slate Mailer FPPC# 1345115	\$8,402.00

(IF COMMITTEE, ALSO ENTER I.D. NUMBER) **SUBTOTAL \$8,627.00**

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$38,768.69
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$38,768.69

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 32 of 36	

NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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 | 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
California Political Law, Inc. [REDACTED]	PRO		\$959.52
Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	CTB		\$20,000.00

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	SUBTOTAL	\$20,959.52
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Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$38,768.69
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$38,768.69

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	Page 33 of 36
through 02/14/2015	

NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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 | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/ponsor |
| 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
Election Digest [REDACTED]		Slate Mailer ID# 1345303	\$8,500.00
First Data [REDACTED]	OFC		\$289.77
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		SUBTOTAL	\$8,789.77

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$38,768.69
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$38,768.69

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.


SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 01/18/2015	
through 02/14/2015	
Page 34 of 36	

NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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 | 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
FoodLab Catering LLC 	FND			\$392.40

(IF COMMITTEE, ALSO ENTER I.D. NUMBER) **SUBTOTAL \$392.40**

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$38,768.69
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$38,768.69

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	CALIFORNIA FORM 460
	Page <u>35</u> of <u>36</u>

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 | 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
Farrell Bender [REDACTED]	OFC	\$0.00	\$49.00	\$0.00	\$49.00
Budget Watchdogs Newsletter [REDACTED]	Slate Mailer ID#1345115	\$8,402.00	\$0.00	\$8,402.00	\$0.00
SUBTOTALS		\$8,402.00	\$49.00	\$8,402.00	\$49.00

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	<u>\$49.00</u>
2. 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	<u>\$17,861.52</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	<u>\$(17,812.52)</u> <small>(May be a negative number)</small>

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	CALIFORNIA FORM 460 Page <u>36</u> of <u>36</u>
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NAME OF FILER
Kamlgar for LA Community College Board 2015

I.D. NUMBER
1364235

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 | 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
California Political Law, Inc. [REDACTED]	PRO	\$959.52	\$0.00	\$959.52	\$0.00
Election Digest [REDACTED]	Slate Mailer ID# 1345303	\$8,500.00	\$0.00	\$8,500.00	\$0.00
SUBTOTALS		\$9,459.52	\$0.00	\$9,459.52	\$0.00

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	<u>\$49.00</u>
2. 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	<u>\$17,861.52</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	<u>\$(17,812.52)</u> <small>(May be a negative number)</small>

COPY

COVER PAGE

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)

Type or print in ink

Statement covers period from 01/01/2015 through 01/17/2015. Date of election if applicable: 03/03/2015

RECEIVED FEB 24 2015 FEB 24 PM CAMPAIGN FIN DISCLOSURE

CALIFORNIA 2001/02 FORM 460 Page 1 of 15 For Official Use Only

1. Type of Recipient Committee: All Committees- Complete Parts 1, 2, 3, and 4. [X] 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: [X] Preelection Statement [] Quarterly Statement [] Semi-annual Statement [] Special Odd-Year Report [] Termination Statement [] Supplemental Preelection Statement-Attach Form 495 [X] Amendment (Explain below) Amend Schedule E, Schedule F, Summary Page

3. Committee Information I.D. NUMBER 1364235 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Kamlager for LA Community College Board 2015 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s) NAME OF TREASURER Sydney Kamlager MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE

4. Verification I have used all reasonable diligence in preparing and reviewing this statement under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. Executed on 2/18/15 By [Redacted] Date 2/18/15

the attached schedules is true and complete. I certify FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink

COVER PAGE-PART 2

**CALIFORNIA
FORM 460**

Page 2 of 15

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Sydney Kamlager

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

LA Comm. College Dist. 7

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
------	-------	----------	-----------------

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT

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

SUPPORT

OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>15</u>

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$3,950.00	\$3,950.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$100.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2	\$3,950.00	\$4,050.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$34,437.50	\$34,437.50
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$38,387.50	\$38,487.50

**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

6. Payments Made..... Schedule E, Line 4	\$54,257.68	\$54,257.68
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$54,257.68	\$54,257.68
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$13,950.61	\$17,861.52
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$34,437.50	\$34,437.50
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$102,645.79	\$106,556.70

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yyyy)	Total to Date

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$66,168.97
13. Cash Receipts..... Column A, Line 3 above	\$3,950.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$54,257.68
16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15	\$15,861.29
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00

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 schedule B.

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	\$17,961.52

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>15</u>

NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/13/2015	Joyce Arad [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Emolyed None	\$500.00	\$500.00	
01/17/2015	Steven Fishman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Fishman, Block & Diamond, LLP	\$250.00	\$250.00	
01/13/2015	Divida Gude [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Divida Gude	\$100.00	\$100.00	

SUBTOTAL \$850.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$3,900.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$3,950.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>15</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/17/2015	Rachel Jeffer [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Consultant Rachel Jeffer	\$250.00	\$250.00	
01/17/2015	John A. Perez for Lieutenant Governor 2018 [REDACTED] ID: 1353768	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
01/17/2015	Jones-Sawyer for Assembly 2014 [REDACTED] ID: 1353812	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	

SUBTOTAL \$1,750.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$3,900.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$3,950.00

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 01/01/2015 through 01/17/2015	
Page 6 of 15	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/12/2015	Jeffrey Seymour [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Governmental Consultant Jeffrey Seymour	\$500.00	\$500.00	
01/17/2015	Robert Shpall [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$200.00	\$200.00	
01/16/2015	Jai Wong [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Consultant Jai Wong	\$100.00	\$100.00	

SUBTOTAL	\$800.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$3,900.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$50.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$3,950.00</u>

*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

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>15</u>
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NAME OF FILER: **Kamlager for LA Community College Board 2015** I.D. NUMBER: **1364235**

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/13/2015	Marilyn Ziering [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$500.00	\$500.00	

SUBTOTAL	\$500.00
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Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	<u>\$3,900.00</u>
2. Amount received this period -unitemized monetary contributions of less than \$100.....	<u>\$50.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL <u>\$3,950.00</u>

*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

**Schedule B - Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B-PART 1

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>8</u> of <u>15</u>
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NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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)	(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
Sydney Kamlager [REDACTED]	Field Director California State Senate	\$100.00	\$0.00	<input type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$0.00	\$100.00	0 RATE \$0.00	\$100.00 03/17/2014	CALENDAR YEAR PER ELECTION
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE		DATE INCURRED	

SUBTOTALS	\$0.00	\$0.00	\$100.00	\$0.00	
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Schedule B Summary

1. Loans received this period..... (Total Column(b) plus unitemized loans of less than \$100.)	\$0.00
2. Loans paid or forgiven this period..... (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1.)..... NET Enter the net here and on the Summary Page, Column A, Line 2.	\$0.00 <small>(May be a negative number)</small>

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

*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 C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>9</u> of <u>15</u>
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NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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 OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/07/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		slate mailer	\$29,537.50	\$34,437.50	
01/13/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		slate mailer	\$4,900.00	\$34,437.50	

SUBTOTAL	\$34,437.50
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Schedule C Summary

- Amount received this period -itemized monetary contributions.
(Include all Schedule C subtotals.).....
- Amount received this period -unitemized nonmonetary contributions of less than \$100.....
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL**

\$34,437.50
\$0.00
\$34,437.50

*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period	CALIFORNIA FORM 460
from 01/01/2015	
through 01/17/2015	
Page 10 of 15	

NAME OF FILER: Kamlager for LA Community College Board 2015
I.D. NUMBER: 1364235

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/06/2015	Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydney Kamlager for Trustee 2015 <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$50,000.00	\$50,000.00	

SUBTOTAL	\$50,000.00
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Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$50,000.00
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$75.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).....	TOTAL \$50,075.00

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u> through <u>01/17/2015</u>	
Page <u>11</u> of <u>15</u>	

NAME OF FILER Kamlager for LA Community College Board 2015	I.D. NUMBER 1364235
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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)* | DFC 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 | 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
California Political Law, Inc. [REDACTED]	PRO		\$573.36
Coalition for LACC Reform in Support of Francesca Vega, Mike Fong, Scott Svonkin and Sydne [REDACTED] ID: 1315215	CTB		\$50,000.00

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	SUBTOTAL	\$50,573.36
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Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$54,083.68
2. Unitemized payments made this period of under \$100.....	\$174.00
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$54,257.68

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>01/01/2015</u> through <u>01/17/2015</u>	CALIFORNIA FORM 460 Page <u>12</u> of <u>15</u>
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NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 | 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
First Data [REDACTED]	OFC		\$172.77
Pfeiffer Design [REDACTED]	LIT		\$3,337.55

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

SUBTOTAL \$3,510.32

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$54,083.68
2. Unitemized payments made this period of under \$100.....	\$174.00
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 Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$54,257.68

FPPC Form 460 (January/06)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from 01/01/2015	Page 13 of 15
through 01/17/2015	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 | 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) DUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Budget Watchdogs Newsletter [REDACTED]	Slate Mailer ID#1345115	\$0.00	\$8,402.00	\$0.00	\$8,402.00
California Political Law, Inc. [REDACTED]	PRO	\$369.56	\$0.00	\$369.56	\$0.00
SUBTOTALS		\$369.56	\$8,402.00	\$369.56	\$8,402.00

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	<u>\$17,861.52</u>
2. 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	<u>\$3,910.91</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	<u>\$13,950.61</u> <small>(May be a negative number)</small>

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from 01/01/2015	Page 14 of 15
through 01/17/2015	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 | 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
California Political Law, Inc. [REDACTED]	PRO	\$203.80	\$0.00	\$203.80	\$0.00
California Political Law, Inc. [REDACTED]	PRO	\$0.00	\$959.52	\$0.00	\$959.52
SUBTOTALS		\$203.80	\$959.52	\$203.80	\$959.52

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	<u>\$17,861.52</u>
2. 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	<u>\$3,910.91</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	<u>\$13,950.61</u> (May be a negative number)

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

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from 01/01/2015 through 01/17/2015	
Page 15 of 15	

NAME OF FILER
Kamlager for LA Community College Board 2015

I.D. NUMBER
1364235

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 | 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
Election Digest [REDACTED]	Slate Mailer ID# 1345303	\$0.00	\$8,500.00	\$0.00	\$8,500.00
Pfeiffer Design [REDACTED]	WEB	\$3,337.55	\$0.00	\$3,337.55	\$0.00
SUBTOTALS		\$3,337.55	\$8,500.00	\$3,337.55	\$8,500.00

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	\$17,861.52
2. 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	\$3,910.91
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	\$13,950.61
		<small>(May be a negative number)</small>