Recipient Committee Campaign Statement Cover Page		Date Stamp CALIFORNIA 460 RECEIVED BY LOS ANGELES COUNTY 1 17
	Statement covers period from 1/1/2023	(Month, Day, Year) Date of election if applicable: 7/31/23 UPS Page of 1/2 Orbit of 1/23 UPS Page 1/23 Orbit of 1
SEE INSTRUCTIONS ON REVERSE	through 6/30/2023	CAMPAIGN FINANCE 611194
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6 Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ (Also file a Form 410 Termination) ☐ Amendment (Explain below) ☐ ☐ (Also file a Form 410 Termination)
COMMITTED INTOFFINATION	D. NUMBER 398000	Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	376000	NAME OF TREASURER
Feel the Bern Democratic Club, Los Angeles C/O LA County Democratic Party		Margaret Finnstrom Mailing Address
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE
		Valencia CA 91354 818-584-4013
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF ANY
Los Angeles CA 9007 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS	<u> </u>	OPTIONAL: FAX / E-MAIL ADDRESS
*		mfinnstrom@hotmail.com
certify under penalty of perjury under the laws of the State of Executed on 7/30/2023 Date	California that the foregoing is true	knowledge the information contained herein and in the attached schedules is true and complete. I
Executed on	By	trolling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Ву	Claude of Control for Office of the Confederation Chair House December 1

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIFORI FORM	NIA 460						
Page 2	of 17						

Officeholder or Candidate Controlled Commi	ttee	6. Primarily Formed Ba	lot Measure Com	nmittee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	CT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	i —	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP	Identify the controlling off	ceholder, candidate,	or state measure propo	nent, if any.
	`	NAME OF OFFICEHOLDER,	CANDIDATE, OR PROP	ONENT	
Related Committees Not Included in this Statement included in this statement that are controlled by you or contributions or make expenditures on behalf of your candit	are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO. II	ANY
COMMITTEE NAME	I.D. NUMBER				<u></u>
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Ca officeholder(s) or candidate	ndidate/Officeho	Ider Committee List mittee is primarily formed	names of
	☐ YES ☐ NO	NAME OF OFFICEHOLDER O	B CANDIDATE OF	FICE SOUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	OX)	NAME OF OFFICEROLDER C	IN CANDIDATE OF	FIGE SOUGHT ON TIELD	☐ SUPPORT ☐ OPPOSE
CITY STATE ZIP CO		NAME OF OFFICEHOLDER C	R CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER C	R CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER O	R CANDIDATE OF	FICE SOUGHT OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	SOX)				OFFO3E
CITY STATE ZIP C	ODE AREA CODE/PHONE				

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA ACO
from . 1/1/2023	FORM 400
through _6/30/2023	Page _3 of17
	I.D. NUMBER

CLIMALA DV DA OF

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1398000 Feel the Bern Democratic Club, Los Angeles **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and **General Elections** 332 332 1. Monetary Contributions...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0 0 Loans Received...... Schedule B. Line 3 20. Contributions 332 332 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received 0 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 332 332 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 272 272 6. Payments Made...... Schedule E, Line 4 **Candidates** 0 0 22. Cumulative Expenditures Made* 272 272 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date 0 (mm/dd/yy) 272 272 **Current Cash Statement** 3269 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 332 13. Cash Receipts Column A, Line 3 above add amounts in Column A to the corresponding 0 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 amounts from Column B reported in Column B. of your last report. Some 272 15. Cash Payments Column A, Line 8 above amounts in Column A may 3329 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ 0 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016))

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Schedule A			ts may be rounded				SCHEDULE A		
	Contributions Received	to	whole dollars.	Statement cov	ers period	CALIFORNIA 460			
				from 1/1/2023		FORM TOO			
SEE INSTRUCTION	S ON REVERSE			through 6/30/2023		Page	4 of 17		
NAME OF FILER						I.D. NU	MBER		
Feel the Bern D	emocratic Club, Los Angeles					139800	00		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION		
RECEIVED	CONTRIBUTOR	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR Y		TO DATE		
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	0002	OF BUSINESS)	PERIOD	(JAN. 1 - DEC	31)	(IF REQUIRED)		
		□IND							
1		□com □oth	•						
		PTY			1				
		□scc							
		□IND							
1		COM			i				
		□ OTH □ PTY		İ		i			
		scc							
		□IND							
		□сом							
		□отн							
		□ PTY □ SCC							
		□IND							
		COM							
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		□scc							
		□ IND □ COM							
		□ □ COW □ □							
		DTY							
		scc							
		·	SUBTOTAL	\$ 0		* ***	ie'		
Schedule A	Summary				*Con	ributor C	odes		
1. Amount rece	eived this period - itemized monetary contribution	ns.				- Individu			
	Schedule A subtotals.)		\$ <u>0</u>		COM		ent Committee than PTY or SCC)		
			22	2.00	отн		(e.g., business entity)		
2. Amount rece	eived this period – unitemized monetary contribut	ions of less than	\$100\$ <u>33</u>	2.00		– Politica – Small (l Party Contributor Committee		
3 Total monate	on, contributions received this period				200				
(Add Lines 1	ary contributions received this period. and 2. Enter here and on the Summary Page, C	Column A Line 1	TOTAL \$ 33	2.00		CDD	C Form 460 (Jan/2016))		
(Add Lilles I	and 2. Enter field and on the dammary rage, o		.,	F	PPC Advice: advic		.ca.gov (866/275-3772)		
							www.fppc.ca.gov		

	Schedule A (Continuation Sheet) Monetary Contributions Received		be rounded dollars.	Statement cov	ers period	SCHEDULE A (CONT CALIFORNIA 460		
				through _6/30/202	23	Page 5		
NAME OF FILER Feel the Bern D	Democratic Club, Los Angeles					1.D. NUMBER 1398000		
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						

SUBTOTAL \$ 0

*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	to		Statement coverage from 1/1/2023	ers period	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Feel the Bern Democratic Club, Los Angeles					through 6/30/20	23	Page 6 I.D. NUMBER 1398000	of_17
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER	(a) UTSTANDING BALANCE GINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
[†] □IND □ COM □ OTH □ PTY □ SCC	\$_		\$	\$ FORGIVEN	\$	% RATE	\$DATE INCURRED	\$PER ELECTION**
LIND COM COIN CPI CSCC				PAID FORGIVEN	\$	% RATE	\$	\$ PER ELECTION**
TO IND COM OTH PTY SCC	\$.		\$	PAID FORGIVEN	DATE DUE	%	DATE INCURRED	CALENDAR YEAR \$ PER ELECTION***
To IND COM OTH PTY SCC	\$.		\$	\$	DATE DUE	\$	DATE INCURRED	s
	SUB	STOTALS \$	0 \$	0	\$ 0	\$ 0		
Schedule B Summary 1. Loans received this period				\$ _0		(Enter (e) on Scheo	lule E, Line 3)	
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 3. Net change this period. (Subtract Line Enter the net here and on the Summar	00 paid or forgiven.) t are also itemized on Schedule e 2 from Line 1.)	le A.)		.NET \$ <u>0</u>	ay be a negative number)	IN C	Contributor Codes ID – Individual OM – Recipient Co (other than I TH – Other (e.g., I TY – Political Part CC – Small Contri	ommittee PTY or SCC) business entity)

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

** If required.

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SCHEDULE B - PART 1

Schedule B – Pa rt 2 Loan Guarantors		Amounts may be rounded to whole dollars.			ment covers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through	6/30/2023	Page	of	
NAME OF FILER Feel the Bern Democratic Club, Los Angeles						I.D. NUMBER 1398000		
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
	□IND □COM		LENDER			CALENDAR YEAR		
	□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)		
	□IND □COM		LENDER			CALENDAR YEAR		
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)		
	□IND □COM		LENDER			CALENDAR YEAR		
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)		
	□IND □COM		LENDER			CALENDAR YEAR		
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)		
		· · · · · · · · · · · · · · · · · · ·			1.0	Enter on		
			SUE	BTOTAL	\$ U	Summary Page, Line 17 only.		

Schedule	C		Amounts may be rounded to whole dollars.				SCHEDULE C			
Nonmone	tary Contributions Received		to whole dollars.		1	Statement covers	period	CALIFORNIA 460		
					fror	n_1/1/2023		FOF	RM TOO	
SEE INSTRUCTIO	NS ON REVERSE				thro	ough <u>6/30/2023</u>		Page 8	of	
NAME OF FILER								I.D. NUME	BER	
Feel the Bern I	Democratic Club, Los Angeles							1398000)	
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE		TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC						·		
		□IND □ COM □ OTH □ PTY □ SCC								
		□IND □COM □OTH □PTY □SCC								
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	0				
Schedule (Summary						*Cor	tributor Cod	les	
	ceived this period – itemized nonmonetar Schedule C subtotals.)				\$_)			t Committee an PTY or SCC)	
	ceived this period – unitemized nonmone	•	ions of less than \$100		\$_) ·	PTY	- Other (e.d	g., business entity)	
	onetary contributions received this period 1 and 2. Enter here and on the Summan		mn A. Lines 4 and 10.)	TOTA	L\$)	_			

Summar Supporti	Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		rounded lars.	Statement cover from 1/1/2023	s period	CALIFORNIA 460		
SEE INSTRUCT	TIONS ON REVERSE			through 6/30/2023		Page	of	
	n Democratic Club, Los Angeles					1398000		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDA (JAN. 1 - D	R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
	,	Monetary Contribution						
		Nonmonetary Contribution		,				
	☐ Support ☐ Oppose	Independent Expenditure					-	
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTAL	\$ 0				
Schedule	D Summary						-	
	contributions and independent expenditures mad	e this period. (Include	e all Schedule D subtotals.)			\$_0		
2. Unitemize	ed contributions and independent expenditures m	ade this period of un	der \$100			\$_0		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole doll	Amounts may be rounded to whole dollars. Statement cove from 1/1/2023 through 6/30/202			SCHEDULE D (CO CALIFORNIA 46 FORM Page 10 of 17 I.D. NUMBER	
Feel the Bern	Democratic Club, Los Angeles					139800	0
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure					
		Monetary Contribution		,			-
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		<u> </u>	SURTOTAL	\$ 0			

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Feel the Bern Democratic Club, Los Angeles				froi	Statement covers period m 1/1/2023 pugh 6/30/2023	Page	JMBER
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the payment, y MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli PRO professional: PRT print ads	munication: d appearances es ating urvey resea very and me	s ees rch essenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and pro-	on costs es roduction cos and meals g, and meals ees of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID
Los Angeles Democratic Party , Los Angeles CA 90071		FIL	Club Charter	Fee			100.00
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			\$	SUBTOTAL	\$ 100.00
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule	E subtotals.)						100.00
Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Par	t 1, Colur	nn (e).)			\$_	0
4. Total payments made this period. (Add Lines 1, 2, and 3. E							

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Feel the Bern Democratic Club, Los Angeles	Am	Amounts may be rounded to whole dollars.				Statement covers period $\frac{1/1/2023}{\text{from}}$ through $\underline{-6/30/2023}$			SCHEDULE E (COLE CALIFORNIA FORM FORM 17 I.D. NUMBER 1398000	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR MTG OFC PET PHO POL POS	member com meetings and office expens petition circul phone banks polling and su postage, deliv	munications I appearance es ating urvey resear	es	es	RAD ra RFD re SAL ca TEL t.1 TRC ca TRS st TSF tra VOT vo	dio airtime a sturned cont ampaign wo v. or cable a andidate trav aff/spouse t ansfer betwo oter registra	and production ributions rkers' salanes irtime and provel, lodging, a ravel, lodging een committe	on costs s oduction costs and meals and meals	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCR	RIPTION	OF PAYMEN	Т		AMOUNT PAID
	-									

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

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SUBTOTAL \$ 0

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.			ers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through 6/30/202	23	Page of	
NAME OF FILER					I.D. NUMBER	
Feel the Bern Democratic Club, Los Angeles					1398000	
					1398000	
CODES: If one of the following codes accurately describe: CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and m PRO professional services (I PRT print ads	ns nces arch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate traw TRS staff/spouse tra	nd production co butions kers' salaries time and produc el, lodging, and r avel, lodging, and en committees o on	tion costs neals d meals f the same candidate/sponsor	
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 F THIS PERI	IOD BALANCE AT CLOSE	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	5 0 5	\$ 0	\$ 0	\$ 0	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Scacrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Scheaccrued expenses of \$100 or more, plus total unitemized parts of \$100 or more, plus total	accrued expenses under \$	3100.)als for navments on			0	
Net change this period. (Subtract Line 2 from Line 1. Entoon the Summary Page, Column A, Line 9.)	er the difference here and				0	

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led	Statement cove		SCHEDULE F (CONCALIFORNIA 460	
Addition Expendes (onpula Billo)			through <u>6/30/202</u>	23 Page	e_14 of_17	
NAME OF FILER Feel the Bern Democratic Club, Los Angeles					IUMBER 8000	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must all	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and more professional services (IPRT)	ns nces earch nessenger services egal, accounting)	RAD radio airtime al RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratio	nd production costs ibutions kers' salaries time and production coel, lodging, and meal en committees of the s	s ame candidate/sponsor	
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	

	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0
			·		
		J. 174			
		'			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

Schedule G							SCHEDULE G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.			f	Statement covers period rom 1/1/2023	california 460	
SEE INSTRUCTIONS ON REVERSE				1	hrough <u>6/30/2023</u>	Page 15	of
NAME OF FILER						I.D. NUMBI	ER
Feel the Bern Democratic Club, Los Angeles						1398000	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member co MTG meetings al OFC office exper petition circ phone bank polling and postage, de PRO professional PRT print ads	mmunication appearances sulating as survey reselivery and rul services (for the serv	ns nces earch nessenger services	RA RF SA TE TR TR TS VO	D radio airtime and production of returned contributions L campaign workers' salaries L t.v. or cable airtime and production of candidate travel, lodging, and staff/spouse travel, lodging, after transfer between committees	costs uction costs i meals and meals of the same c	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIP	TION OF PAYMENT		AMOUNT PAID
	-						

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

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

				_				SCHEDULE H	
Schedule H		Amounts may be rounded Statement co				ers period	CALIFORNIA 460		
Loans Made to Others*		to whole dollars.					FORM	RM 400	
								-	
SEE INSTRUCTIONS ON REVERSE					through6/30/20	23	Page 16	of_17	
NAME OF FILER							I.D. NUMBER		
Feel the Bern Democratic Club, Los Angeles							1398000		
Teer the bern bemocratic Cito, Los Angeles									
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b) AMOUNT	(c)	(d) D OUTSTANDING	(e)	(f) ORIGINAL	(g) CUMULATIVE	
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	LOANED THIS	FORGIVENES	BALANCE AT	RECEIVED	AMOUNT OF	LOANS	
(IF COMMITTEE, ALSO ENTER I.D. NOMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	PERIOD	RECEIVED	LOAN	TO DATE	
				☐ PAID				CALENDAR YEAR	
				 s	\$	%	s		
				☐ FORGIVEN	,	RATE		***	
				PORGIVEN				PER ELECTION**	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		-			DATE DOE		DATE INCURRED		
				☐ PAID				CALENDAR YEAR	
				\$	\$	%	\$	s	
				FORGIVEN		RATE		PER ELECTION**	
•				_ CHOIVER				PERELECTION	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
*Loans that are contributions to another candidate of	or committee must				5/112 502		JATE MODERALD		
also be summarized on Schedule D. Loans forgiver									
reported on Schedule E.		SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0			
				<u> </u>		(Enter (e) on			
						Schedule I, Line 3)			
Schedule H Summary									
1. Loans made this period					s		_		
(Total Column (b) plus unitemized loans								**If Required	
2. Payments received on loans					\$ <u>0</u>		L		
(Total Column (c) plus unitemized paym					0				
3. Net change this period. (Subtract Line 2	•		•••••		NET \$				
(Enter the net here and on the Summar	v Page Collimn A. Line 7	1							

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement	covers period	SCHEDULE I		
		to whole donars.	from _1/1/202	-	CALIFORNIA 460		
			through 6/30		Page 17 of 17		
SEE INSTRUCTIONS ON REV	ERSE						
NAME OF FILER					I.D. NUMBER		
Feel the Bern Democration	Club, Los Angeles				1398000		
DATE	FULL NAME AND ADDRESS OF SOL	JRCE	DESCRIPTION OF REC	EIPT	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBE	ER)			INCREASE TO CASH		
			•				
	•				İ		
Attach additional infon	mation on appropriately labeled continuation s	sheets.		SUBTOTA	L\$ 0		
Schedule I Summa	ary						
1. Itemized increases to	cash this period		\$	0	_		
2. Unitemized increase	s to cash of under \$100 this period		\$	0	_		
	eceived this period on loans made to othe				_		
4. Total miscellaneous	increases to cash this period. (Add Lines	1, 2, and 3. Enter here and on the		0			
Summary Page, Line	9 14.)		IOIAL \$	EDDC Advices ad	FPPC Form 460 (Jan/2016))		

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