4	Recipient Commit Campaign Statem	
•	Cover Page	
	10-1-0-4	



ORIGINAL

	COVER PAGE
Date Stamp	CALIFORNIA 460
RECEIVED BY	FORM TOO
7/28/23	Page1 of13
ha AUG - 1 Ariii	For Official Use Only

(Government Code Sections 84200-84216.5)

(Government Code Sections 64200-64210.5)		1	I LOS ANGELE	2000	
	Statement covers period	Date of election if applicable: (Month, Day, Year)	FV 7/28/2	Page _1	of 13
	from01/01/2023	(Monal, Bay, 10a.)	19173 AUG - 1	AM III For (Official Use Only
			2022 (12	- MAJOE	, ,
SEE INSTRUCTIONS ON REVERSE	through06/30/2023	· · · · · · · · · · · · · · · · · · ·	CAMPAIGN	SENTION	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	BI20E020.		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure Committee Controlled Sponsored Was Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b	ermination)	Quarterly Stateme Special Odd-Year Supplemental Pre- Statement - Attack	Report
O Political Party/Central Committee	Uso Complete Part 7)				
3 Committee Information). NUMBER 1321812	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
LABORERS LOCAL 300 ISSUES COMMITTEE		LUIS ROBLES			
		MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		LOS ANGELES	CA	90006	(213)385-355
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY		
LOS ANGELES CA 9000	6 (213)385-3550				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	ox	MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS		
(213)386-5583 / williams@rac-law.com					,
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California.	g this statement and to the a that the foregoing is true		ı	schedules is true and	d complete. I certify
Executed on	Ву			 , ·	
Executed on	Ву		;	fSponsor	
Executed on	Ву			<u>. </u>	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

Executed on .

Date

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
	ORNIA PRM	4	160		
Page	2	of_	13		

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF E	BALLOT MEASURE		u i		· · ·
		. '						,
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUM	IBER IF APPLICABLE)	-	BALLOT N	O. OR LETTER	JURISDICTIO)N :		SUPPORT OPPOSE
DECIDENTIAL INLINITION ADDRESS. (NO. AND OTDEST). OUTV.	OTATE 710	-	:	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	' .	Identify	the controlling offi	ceholder, can	didate, or stat	e measure	proponent, if any.
		-	NAME OF	OFFICEHOLDER, CAN	DIDATE, OR PRO	OPONENT		
Deleted Committees Netherland in this Citaterns		٠						
Related Committees Not Included in this Statement that are controlled by you or are contributions or make expenditures on behalf of your candidactions.	primarily formed to receive	· · · · · ·	OFFICE S	OUGHT OR HELD			ISTRICT NO.	IF ANY
COMMITTEE NAME I.D. I	NUMBER	-		٠.				<u> </u>
					.1			
	TROLLED COMMITTEE? YES NO	- 7.		ily Formed Cand der(s) or candidate(s)				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		• ** 	NAME OF	OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	IT OR HELD	☐ SUPPORT ☐ OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF	OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. N	NUMBER	· .		OFFICE UCL DED OD O	ANDIDATE	OFFICE COULO	IT OD UELD	<u> </u>
			, NAME OF	OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	11 OK HELD	SUPPORT OPPOSE
	TROLLED COMMITTEE? YES NO	<u> </u>	NAME OF	OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	•	-						
	·	_	. '		: :		•	
CITY STATE ZIP CODE	AREA CODE/PHONE			Attac	h continuatio	n sheets if ne	cessary	: .

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

 Statement covers period

 from
 01/01/2023

 through
 06/30/2023

 Page
 3

 I.D. NUMBER

 1301010

LABORERS LOCAL 300 ISSUES COMMITTEE 1321812 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 36,348.25 36,348.25 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 36,348.25 36,348.25 Received 4. Nonmonetary Contributions Schedule C, Line 3 0.00 0.00 21. Expenditures Made 36,348.25 36,348.25 **Expenditures Made Expenditure Limit Summary for State** Candidates 34,132.26 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 34,132.26 34,132.26 (If Subject to Voluntary Expenditure Limit) 803.40 -834.30 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 33,297.96 34,935.66 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 147,397.06 To calculate Column B. add 13. Cash Receipts Column A, Line 3 above 36,348.25 amounts in Column A to the corresponding amounts. *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 34,132.26 Column A may be negative 149,613.05 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____ 803.40 FPPC Form 460 (Jan/2016)

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

Schedule	Α	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA 160				
from01/01/2023	FORM 400				
through _06/30/2023	Page4 of13				
	I.D. NUMBER				
	1321812				

LABORERS LOCAL 300 ISSUES COMMITTEE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

EMEGREBICE 200	300 100010 001111111				1022	<u> </u>
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)
02/10/2023	CONSTRUCTION LABORERS DUES/VACATION TRUST COVINA, CA 91724 AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LIUNA LOCAL 300, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.	□IND □COM ☑OTH □PTY □SCC		103.51	36,348.25	
02/10/2023	CONSTRUCTION LABORERS DUES/VACATION TRUST COVINA, CA 91724 AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LIUNA LOCAL 300, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.	□IND □COM ☑OTH □PTY □SCC		20.49	36,348.25	
03/06/2023	CONSTRUCTION LABORERS DUES/VACATION TRUST COVINA, CA 91724 AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LIUNA LOCAL 300, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.	□IND □COM ☑OTH □PTY □SCC		64.11	36,348.25	
03/06/2023	CONSTRUCTION LABORERS DUES/VACATION TRUST COVINA, CA 91724 AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LIUNA LOCAL 300, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.	□IND □COM □OTH □PTY □SCC		18,936.56	36,348.25	,
06/06/2023	CONSTRUCTION LABORERS DUES/VACATION TRUST COVINA, CA 91724 AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LIUNA LOCAL 300, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.	□IND □COM ☑OTH □PTY □SCC		17,184.99	36,348.25	
			SUBTOTALS	36,309.66		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$\frac{36,348.25}{2}\$

2. Amount received this period – unitemized monetary contributions of less than \$100 \$\frac{0.00}{2}\$

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) \$\frac{36,348.25}{2}\$

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

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Monetary	Ionetary Contributions Received Amounts may be rounded to whole dollars.		Statement cov	-		FORNIA ORM	460	
				through 06/30	/2023	Page _	5 of	13
NAME OF FILER						I.D. NU	MBER	
LABORERS LOC	AL 300 ISSUES COMMITTEE					13218	12	
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER EL TO D (IF REC	ATE
06/06/2023	CONSTRUCTION LABORERS DUES/VACATION TRUST COVINA, CA 91724 AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LIUNA LOCAL 300, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.	□IND □COM ☑OTH □PTY □SCC		38.59	36,3	348.25		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC	•					
		□IND □COM □OTH □PTY □SCC	- -					
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 38.59			,	.*

*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

Supportin	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may b	ollars.	Statement covers	CAL	SCHEDULE DIFORNIA 460
NAME OF FILER	ONS ON REVERSE CAL 300 ISSUES COMMITTEE	<u> </u>		through06/30/20	I.D. N	9 6 of 13 UMBER
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 TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
03/23/2023	One California for a Stronger California - Chris Holden Ballot Measure Committee X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		3,000.00	3,000.	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL \$	3,000.00	The state of the s	
	D Summary lons and independent expenditures made this period	d of \$100 or more.	(Include all Schedule D subtot	tals.)		3,000.00
	ed contributions and independent expenditures made			•		0.00
	tributions and independent expenditures made this				•	

						SCHEDULE
Schedule E Payments Made	Amounts may to whole o			Statement co	CAL	FORNIA 460
SEE INSTRUCTIONS ON REVERSE			· · ·	through06/	30/2023 Page	
NAME OF FILER LABORERS LOCAL 300 ISSUES COMMITTEE	·				132:	IUMBER
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 IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, del	nmunications d appearances nses llating	ı enger services	RAD radio aintime RFD returned co SAL campaign v TEL t.v. or cable TRC candidate tr TRS staff/spouse TSF transfer bet VOT voter regist	e and production costs ntributions. vorkers' salaries airtime and production co avel, lodging, and meals travel, lodging, and mea ween committees of the	ls same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE OF	R DES	CRIPTION OF PAYMEN	г	AMOUNT PAID
COMMUNITY PARTNERS FOR MOVE LA		CVC .				10,000.0
Los Angeles, CA 90013						
Golden Rule Community Development Corporation		CVC	<u> </u>	· · · · · · · · · · · · · · · · · · ·		5,000.0
Montebello, CA 90640						
	· .		<u> </u>			
Haley & Company, LLC	,	PRO.				2,380.5
Encinitas, CA 92024				· · · · ·		
* Payments that are contributions or independent expenditures	must also be summ	arized on Sci	nedule D.		SUBTOTA	_\$ 17,380.5
Schedule E Summary	,					,
1. Itemized payments made this period. (Include all Schedule	E subtotals.)				\$	34,132.26
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

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

	0011200222 (00111)
Statement covers period	CALIFORNIA 160
from 01/01/2023	FORM +OO
through06/30/2023	Page 8 of 13
	I.D. NUMBER

1321812

NAME OF FILER

LABORERS LOCAL 300 ISSUES COMMITTEE

COD	ES: 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
IŅD	independent expenditure supportir	g/opposing others (ex	plain)* POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
ĻEG	legal defense		PRO	professional services (legal, accounting)	. VOT	voter registration
щ	campaign literature and mailings		PRT	print ads	· WEB	information technology costs (internet, e-mail)

	NAME AND ADDRESS OF P	AYEE IUMBER)		CODE O	R	DESCRIPTION OF PAYMENT		AMOUNT PAID
one California for a St committee (ID# 1399240)	ronger California - C	hris Holden Ball	ot Measure	CTB				3,000.00
os Angeles, CA 90017			÷ .				· ·	
EICH, ADELL & CVITAN				PRO	,			61.80
LENDALE, CA 91203	· · · · · · .					. :		
	<u>, , , , , , , , , , , , , , , , , , , </u>	·	· · ·	٠.,	<u> </u>			
EICH, ADELL & CVITAN				PRO				1,390.50
LENDALE, CA 91203				· .				
								• • • • • • •
EICH. ADELL & CVITAN				PRO	-			401.70
ELENDALE, CA 91203			٠.					
					v *			•
REICH, ADELL & CVITAN				PRO				92.70
GLENDALE, CA 91203		-				÷		
-								

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule E (Continuation Shee Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER LABORERS LOCAL 300 ISSU CODES: If one of the form CMP campaign paraphernalia/ CNS campaign consultants CTB contribution (explain non CVC civic donations FIL candidate filing/ballot fee FND fundraising events IND independent expenditure LEG legal defense	ES COMMITTEE Dillowing code misc. monetary)*		escribes the MBR MTG OFC PET PHO POL in)* POS PRO	member com meetings and office-expen petition circul phone banks polling and s postage, deli professional	ou may en munications d appearance ses lating	s	Otherwise, RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime a returned contr campaign wor t.v. or cable ai candidate trav staff/spouse tr transfer betwe voter registrati	e payment. and production ibutions kers' salaries rtime and procel, lodging, an approcel, lodging, en committee ion	Page	9 of BER	460 13
LIT campaign literature and n		RESS OF PAYEE DENTER I.D. NUMBER)	PRT	print ads	CODE C	DR		information tec	minology costs	(internet,	AMOUN	IT PAID
REICH, ADELL & CVITAN					PRO		,		·.			92.
GLENDALE, CA 91203			٠.			· .		*				
REICH, ADELL & CVITAN					PRO	74.		,	* .			587,
GLENDALE, CA 91203				,		. :	•					
REICH, ADELL & CVITAN					PRO		: ',			.*		775.2
GLENDALE, CA 91203									,			
							.*	* .				,
SECRETARY OF STATE	. ,		1,7	•	FIL						- ,	200.0
Sacramento, CA 95814									.: **	· ,		
					. , .				٠			
UNITED BUSINESS BANK		*			OFC					-		25.0
Long Beach, CA 90806										-		

SUBTOTAL \$

1,680.00

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

•									,
Schedule E							<u> </u>	8	SCHEDULE E (CON
(Continuation Sh	eet)		Amounts may			Statement of	overs period	CALIFO	
Payments Made			to whole	dollars.		from01/	01/2023	FOR	M 400
SEE INSTRUCTIONS ON REVER	RSE					through06/	30/2023	Page	10 of 13
NAME OF FILER								I.D. NUMB	ER
LABORERS LOCAL 300 ISS	SUES COMMITTEE	·					*	132181	2
CMP campaign paraphernalic campaign consultants contribution (explain no civic donations FIL candidate filing/ballot filing fundraising events IND independent expenditure legal defense LIT campaign literature and	onmonetary)* ees ire supporting/opposing I mailings NAME AND ADDRESS	OF PAYEE	OFC office exp PET petition cir PHO phone ban POL polling and POS postage, of	and appearance enses culating iks d survey researd delivery and mes al services (legi	ch ssenger services al, accounting)	RFD returned SAL campaigr TEL t.v. or cal TRC candidate TRS staff/spot TSF transfer to VOT voter reg	istration on technology cost	duction costs and meals and meals as of the san	ne candidate/spons
UNITED BUSINESS BANK	(IF COMMITTEE, ALSO ENTE	R I.D. NUMBER)		OFC					25.
Long Beach, CA 90806				. ,					
·				. ,		,			· .
UNITED BUSINESS BANK				OFC					25.
Long Beach, CA 90806		,		1				1	-,
•				.					
				• • • •					
UNITED BUSINESS BANK	<u> </u>			OFC			.		25.
UNITED BUSINESS BANK Long Beach, CA 90806				OFC		· · · · · · · · · · · · · · · · · · ·	· · · · · ·	* .	
				OFC			· · · · · · · · · · · · · · · · · · ·		

OFC

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

SUBTOTAL \$

125.00

Long Beach, CA 90806

UNITED BUSINESS BANK

Long Beach, CA 90806

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

 Statement covers period
 CALIFORNIA FORM
 460

 from ____01/01/2023
 Page __11 __ of __13

I.D. NUMBER

1321812

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

LABORERS LOCAL 300 ISSUES COMMITTEE

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 office expenses ств contribution (explain nonmonetary)* OFC SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals FND. POL

FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services professional services (legal, accounting) VOT voter registration

IT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

	. :	NAME AND AD	DRESS OF PAY	YEE MBER)		- :		CODE C	OR .	DESCRIPTION OF PAYMEN	vr	AMOUNT PAID
Valley Cultural Woodland Hills,								cvc				10,000.00
woodland Hills,	CR 9136	,										
					• ,		: .			· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·				:-					
							٠.,					
	······			•			• .					
			,						· ·			

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

SUBTOTAL \$

10,000.00

	,			<u></u>	SCHEDOLI
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ied	Statement cover	E/	FORNIA 460
	4.		through 06/30/	2023	12 - 12
SEE INSTRUCTIONS ON REVERSE	·				of13
NAME OF FILER				I.D. NU	MBER
LABORERS LOCAL 300 ISSUES COMMITTEE	<u> </u>			1321	812
CODES: If one of the following codes accurately described. CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns inces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate travi TRS staff/spouse tr TSF transfer betwe VOT voter registrati	nd production costs ibutions kers' salaries rtime and production cosel, lodging, and meals avel, lodging, and meals en committees of the sa	ame candidate/sponso
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. 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
REICH, ADELL & CVITAN	PRO	1,390.50	0.00	1,390.50	0.
GLENDALE, CA 91203					
REICH, ADELL & CVITAN	PRO	92.70	0.00	92.70	. 0.
GLENDALE, CA 91203					
REICH, ADELL & CVITAN	PRO	92.70	0.00	92.70	0.
GLENDALE, CA 91203	1,				
			·		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 1,575.90	0.00	\$ 1,575.90	\$ 0.
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized			INCU	IRRED TOTALS \$ _	803.40
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized				PAID TOTALS \$	1,637.70

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

on the Summary Page, Column A, Line 9.)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period FORM 01/01/2023 through __06/30/2023 of___13_ I.D. NUMBER 1321812

NAME OF FILER

LABORERS LOCAL 300 ISSUES COMMITTEE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CODES. If the to the rollowing codes accurately describe	s the payment, you may enter the code.	Otherwise, describe the payment.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL. t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)
* Payments that are contributions or independent expenditures must als	o be summarized on Schedule D.	

NAME AN (IF COMMIT	D ADDRESS TEE, ALSO ENT	OF CREDITOR TER I.D. NUMBER)		DE	CODE OR SCRIPTION 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
REICH, ADELL & CVITAN	1			PRO		61.80	0.00	61.80	0.00
GLENDALE, CA 91203		•						* . *	
REICH, ADELL & CVITAN			:	PRO		0.00	370.80	0.00	370.80
GLENDALE, CA 91203							ļ. ;		
REICH, ADELL & CVITAN				PRO		0.00	432.60	0.00	432.60
GLENDALE, CA 91203									
	:		:						
				<u> </u>	SUBTOTALS	61.80	\$ 803.40	\$ 61.80	803.40