LOS ANGELES COUNTY 2021 FEB -5 PM 3: 56 CAMPAIGN FINANCE

2/4/2021 PM

	ecipient Committee			Date Stamp	CAI	COVER PAG	
c	ampaign Statement over Page						FORM 400
			Statement covers period	Date of election if applicable: (Month, Day, Year)		Pag	For Official Use Only
		from	10/18/2020	· (monat, bay, roar)			r or Oriidar ose Oriiy
SEI	E INSTRUCTIONS ON REVERSE	thro	12/31/2020	Nov. 3, 2020			
1.	Type of Recipient Committee: All Committee	s – Complete	Parts 1, 2, 3, and 4.	2. Type of Statement:			
	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Alto Camplete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Commit Con Spo (Also Compsi	trolled nsored	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termin Amendment (Explain below)		Quarterly St. Special Odd	atament -Year Report
1	Political Party/Central Committee	(Also Compil					
3.	Committee Information	1.D. NUME 143169		Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT		1	NAME OF TREASURER			
	Support Altadena Libraries _ Yes on Z 2020			Nora Hampton MAILING ADDRESS			
	STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
	10.00 (0.000) (0.000) (0.000) (0.000) (0.000) (0.000)			Pasadena	CA	91001	(626) 360-9192
	CITY STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, II	FANY		
	Altadena CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P	91001 o. Box	(626) 2196444	MAILING ADDRESS			
	CITY STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	on one		THE TOOL TOOL	0111	o inic	Zir GOOL	And Coppinions
	OPTIONAL FAX/E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS			
4.	Verification I have used all reasonable diligence in preparing and recertify under penalty of perjury under the laws of the St Executed on 01/18/2020					ned schedules	is true and complete. I
	Executed on		By	Signature of Treasurer or Assistant Treas			
	Date		Signature of Cor	ntrolling Officeholder, Candidate, State Messure Proponer	nt or Responsible Officer	of Sponsor	
	Executed on Date	-	Ву	Signature of Controlling Officeholder, Candidate, State &	Assaure Proponent		
	Executed on Date	-	Ву	Signature of Controlling Officeholder, Candidate, State N	Aeasure Proponent		
					FPPC Advi		PPC Form 460 (Jan/2016) pc.ca.gov (866/275-3772 www.fppc.ca.go

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2 CALIFORNIA 460 Page 2 of 11

ICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) IDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		NAME OF BALLOT MEASURE Measure Z				

DENTIAL/BUSINESS ADDRESS. (NO AND STREET). CITY. STATE. ZIP.		BALLOT NO. OR LETTER	JURISDICTI	ON	121	SUPPORT
DENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		Measure Z	Altadena I	ibrary Distric		OPPOSE
The state of the s		Identify the controlling office	eholder, candi	date, or state n	measure propo	nent, if any.
		NAME OF OFFICEHOLDER, C	ANDIDATE, OR F	PROPONENT		
ated Committees Not Included in this Statement: List any committees						
included in this statement that are controlled by you or are primarily formed to receive tributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
I.D. NUMBER						
E OF TREASURER CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)				
☐ YES ☐ NO				×		
IMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
MITTEE NAME I.D. NUMBER						☐ OPPOSE
MITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
E OF TREASURER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOU	GHT OR HELD	-
☐ YES ☐ NO						☐ SUPPORT
MITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)						- OFFICE
STATE ZIP CODE AREA CODE/PHONE		An	ach continuati	on sheets if ne	CASSATV	
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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Campaign	Disclosure	Statement
Summary	Page	

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		through	14/51/2020	Page of
NAME OF FILER Support Altadena Libraries - Yes on Z 2020				1.D. NUMBER 1431697
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE		mmary for Candidates he State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 5150.00 0 \$ 5150.00 124.76 \$ 5274.76	\$ \$ \$		through 6/30 7/1 to Date \$
Expenditures Made Schedule E, Une 4 6. Payments Made Schedule E, Une 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	0	s s s	Candidates 22. Cumula	Summary for State tive Expenditures Made* to Voluntary Expenditure Limit) Total to Date \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 69,693.35 5150.00 0 73,059.51 1783.84	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	*Amounts in this section reported in Column B.	n may be different from amounts
17. LOAN GUARANTEES RECEIVED	0	this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Advice: a	FPPC Form 460 (Jan/2016) dvice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

Schedule Monetary	Contributions Received	Amoun to			Statement covers period CALIFO FOR		ORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through	0	Page of11		
Support Alta	dena Libraries - Yes on Z 2020					1.D. NUN 1431697	BER	
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
10/27/2020	Altadena Library Foundation Altadena, CA. 91001	□IND □COM ☑OTH □PTY □SCC		\$5000.00	\$85,000.00			
11/23/2020	Hannah S Kully Altadena, CA. 91001	ZIND COM OTH PTY SCC	Retired	\$100.00	\$100.00			
		□IND □COM □OTH □PTY □SCC						
		OTH SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 5100.00				
. Amount re (Include al	A Summary sceived this period – itemized monetary contribution Il Schedule A subtotals.)				OTH	(other ti	nt Committee han PTY or SCC) e.g., business entity)	
Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, 0			5,150.00	sco	FPPC	Form 460 (Jan/201: ca.gov (866/275-37)	

Schedu Nonmo	netary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers period from _10/18/2020		CALIFORNIA 460	
REE INSTRUC	TIONS ON REVERSE				thn	ough 12/31/2020		Page 5	of
AME OF FILE								1.D. NUME 1431697	BER
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		OTH SCC							
10/13/20	Katie Clark	IND COM OTH PTY	Self-Employed The Applied Humanities	Zoom, web hosting, video editing, and digital ad creation		\$124.76	\$396.	52	
		OTH SCC							
		OTH SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	TAL	\$ 124.76			
. Amount	e C Summary received this period – itemized nonmonetal all Schedule C subtotals.)	ry contribution	ıs.		s	124.76	IND		at Committee
	received this period – unitemized nonmone					0	_ PTY	I - Other (e. ' - Political F	an PTY or SCC) g., business entity) Party entributor Committee
. Total no	nmonetary contributions received this perio	d.	ma A. Lines 4 and 40 \	TOTA		124.76			
(Add Lin	es 1 and 2. Enter here and on the Summar	u. y Page, Colur	mn A, Lines 4 and 10.)	ТОТА	L \$.		dvice: advi		orm 460 (Jan/2 .gov (866/275- www.fppc.c

Schedule E	Amounts may	he rounded			SCHEDULI
Payments Made	to whole o			Statement covers period	FORM 46
aymonto maao				from 10/16/2020	FORM
SEE INSTRUCTIONS ON REVERSE				through 12/31/2020	Page 6 of 11
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NUMBER
Support Altadena Libraries - Yes on Z 2020					1431697
CODES: If one of the following codes accurately describ	es the payment,	you may er	nter the code. Other	erwise, describe the payment.	
CMP campaign paraphernalia/misc.		mmunications		RAD radio airtime and production	n costs
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings an OFC office expen	nd appearance	8	RFD returned contributions SAL campaign workers' salaries	
CVC civic donations	PET petition circ	ulating		TEL t.v. or cable airtime and pro	duction costs
FIL candidate filing/ballot fees	PHO phone bank			TRC candidate travel, lodging, a	
FND fundraising events IND independent expenditure supporting/opposing others (explain)*		survey research	an ssenger services	TRS staff/spouse travel, lodging TSF transfer between committee	, and meals es of the same candidate/sponsor
LEG legal defense	PRO professional		al, accounting)	VOT voter registration	
LIT campaign literature and mailings	PRT print ads			WEB information technology cos	ts (intamet, e-mail)
NAME AND ADDRESS OF PAYEE		CODE	OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
(IF COMMITTEE, ALSO ENTER LD. NUMBER) Clifford Moss			T		
Cattord Moss		CMP	Yard Signs		3112.53
Oakland, CA 94609					
Pacific Print Resources		LIT	Mailer		8230.03
Emeryville, CA 94608					
Karina Rettig		SAL			120.00
, San Pedro CA 90731					
* Payments that are contributions or independent expenditures must also t	be summarized on Sch	edule D.		S	UBTOTAL \$ 11,462.56
Schedule E Summary					
Itemized payments made this period. (Include all Schedu	le E subtotals.)				\$_70,237.44
2. Unitemized payments made this period of under \$100					\$\$
3. Total interest paid this period on loans, (Enter amount fro	m Schedule B, Pa	rt 1, Colum	n (e).)		\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and or	the Summ	ary Page, Column	A, Line 6.) T	OTAL \$ 73,059.51
				FPPC Advice: ad	FPPC Form 460 (Jan/2016 vice@fppc.ca.gov (866/275-377)
					www.fppc.ca.go

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may b to whole do			Statement covers period 10/18/2020 from through	CALIFO FOR	of
NAME OF FILER Support Altadena Libraries - Yes on Z 2020					1.D. NUM 1431697	
CODES: If one of the following codes accurately descrit 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 com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, dei	nmunications d appearances ses lating urvey researc very and mes	n	erwise, describe the paymer RAD radio airlime and producti RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pr TRC candidate travel, lodging. TRS staff/spouse travel, lodging. TSF transfer between committ VOT voter registration WEB information technology co	on costs es roduction costs and meals g, and meals ees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER;		CODE	DR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
Clifford Moss Oakland, CA 94609			PDI Source Data			\$ 2,800.00
Clifford Moss Oakland, CA 94609			Data Manageme	nt		\$ 2,500.00
Jack Groves		SAL	Contract Employ	yee		\$845.00
Los Angeles, CA 90019						
Edith Leonard Garden Grove, CA 92841		SAL	Contract Employ	rec		\$397.50
Data Genomix			Online Ads			\$ 1,446.45

SUBTOTAL \$ 7,988.95

FPPC Form 460 (Jan/2016))
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www.fppc.ca.gov

Cleveland, OH 44108

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

Schedule E	Amounts may be			Statement covers period	SCHEDULE E (CONT.)		
(Continuation Sheet) Payments Made	to whole do	llars.		10/18/2020	CALIFORNIA 460		
Payments made		from			8	8 11	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	Page	_ of	
Support Altadena Libraries - Yes on Z 2020					1.D. NUMBER 1431697		
CODES: If one of the following codes accurately des	cribes the payment, yo	ou may er	iter the code. Other	erwise, describe the payment.			
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		appearance es ating urvey researd very and mes		RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro Candidate travel, lodging, ar TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	duction costs nd meals and meals as of the same can		
NAME AND ADDRESS OF PAYEE ()F COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT	A	MOUNT PAID	
Hailey Simmons		SAL	Contract Employ	ee	\$1,	175.00	
Los Angeles, CA. 90027							
Nataly Adame		SAL	Contract Employ	ree	\$1	,355.00	
Pasadena, CA. 91106							
Kayla Mathurin		SAL	Contract Employ	ree	\$3	45.00	
Montclair, California 91763							
Taline Balian		SAL	Contract Employ	ee	\$2	83.50	
Glendale, CA 91208.			5 22				
Kiara Lee		SAL	Contract Employ	ree	\$:	337.50	
New York NY 10031							
* Payments that are contributions or independent expenditures must a	also be summarized on Sche	dule D.		s	UBTOTAL \$ \$3	496.00	
			22/31	FPPC Advice: adv	vice@fppc.ca.gov	460 (Jan/2016)) (866/275-3772) www.fppc.ca.gov	

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	mounts may be rounded to whole dollars.			Statement covers period	CALIFORNIA 460 FORM Page of 11 IO NUMBER	
Support Altadena Libraries - Yes on Z 2020					1431697	ick
CNS campaign consultants MTG CTB contribution (explain nonmonetary)* OFC CVC civic donations PET FIL candidate filing/ballot fees PHO FND fundraising events POL IND independent expenditure supporting/opposing others (explain)* POS LEG legal defense PRO	member commeetings and office expense petition circular phone banks polling and su postage, deliv	nunications appearances sting rvey resear ery and me	os.	rwise, describe the payment RAD radio airtime and productio RFD returned contributions SAL campaign workers' salaries TEL L.v. or cable airtime and pro TRC candidate travel, lodging, TRS staff/spouse travel, lodging transfer between committe VOT voter registration WEB information technology cos	n costs s s s s s s s s s s s s s s s s s s	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Eric Jorgensen Sherman Oaks, Ca91403		SAL	Contract Employe	ee		\$ 86.25
Nathaniel Manor Los Angeles, CA 90007		SAL	Contract Employ	ee		\$ 262.50
Bianca Salgado Whittier, CA 90606		SAL	Contract Employ	ee		\$ 243.75
Autumn Press Berkeley, CA 94710		LIT	GOTV Postcard			\$8710.08
Clifford Moss Oakland, CA 94609			Misc Campaign			\$ 1,578.10
* Payments that are contributions or independent expenditures must also be summa	rized on School	tule D			SUBTOTAL S	10.990.69

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Schedule E	10.200.0000.000000000000000000000000000				SCHEDULE E (C	ONT.)
(Continuation Sheet) Payments Made	Amounts may be to whole do			Statement covers period 10/18/2020 from	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through _12/31/2020	Page of	_
NAME OF FILER Support Altadena Libraries - Yes on Z 2020					1.D. NUMBER 1431697	
CODES: If one of the following codes accurately describe	es the payment, y	ou may er	nter the code. Other	rwise, describe the payment.		_
CMP campaign paraphemalia/misc. CNS campaign consultants CVC civic donations FIL candraising events FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expen PET petition circc. PHO phone banks POL polling and s POS postage, del PRO professional PRT print ads	d appearance ses lilating s survey researd ivery and mes	ch ssenger services	RAD radio airlime and production RFD returned contributions SAL campaign workers' salaries TEL tv. or cable airlime and pro Candidate travel, lodging, at Staff/spouse travel, lodging, at STSF transfer between committee VOT voter registration WEB information technology cost	duction costs nd meals and meals as of the same candidate/spor	nsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT	AMOUNT PAI	ID
Pacific Print Resources Emeryville, CA 94608		LIT	Postcard		\$ 5,044.26	
Pacific Print Resources Emeryville, CA 94608		LIT	Endorsement ma	iller	\$ 8,843.70	
Pacific Print Resources Emeryville, CA 94608		LIT	Senior Letter		\$ 8,425.52	
Clifford Moss Oakland, CA 94609		PHO	Texting & Browse	er Calling	\$ 704.48	
		-				

LIT

Ms. Dragon Print & Copy Altadena, CA 91001

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

B&W, Color Copies

FPPC Form 460 (Jan/2016))

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SUBTOTAL \$ \$23,501.52

\$483.06

	s may be rounded rhole dollars.		Statement covers period 10/18/2020 from through 12/31/2020	SCHEDULE E (CONT.) CALIFORNIA 460 FORM Page 11 of 11 1.D. NUMBER 1431697
CODES: If one of the following codes accurately describes the paym CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations PET pettis FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* POS posts	ber communications sings and appearance expenses on circulating be banks ng and survey resean age, delivery and messional services (leg	ch ssenger services	RAD radio airtime and production raturned contributions SAL campaign workers' salarier TRC candidate travel, lodging, a staff/spouse travel, lodging.	t. on costs s oduction costs and meals g, and meals ses of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Los Angeles Registrar- Recorder /County Clerk Norwalk , CA. 90650		Campaign Final	nce Penalty	\$50.00
Clifford Moss Oakland, CA 94609		Indeed Job Post	tings	\$ 222.08
UPS Pasadena, CA.91104	POS	UPS Delivery		\$110.65
Pasadena Federal Credit Union Pasadena, CA. 91109		Bank Fees for te	emporary checks	\$25.00
Clifford Moss Oakland, CA 94609	CNS	Campaign Servi	ices Fee (Payment #2 of 2)	12,500.00

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

SUBTOTAL \$ 12,907.73

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