Date Stamp

Recipient Committee Campaign Statement

Recipient Committee Campaign Statement Cover Page		REC LOS ANG	Date Stamp EIVED BY ELES COUNTY	CALIFORNIA 460
,	Statement covers period from 7/01/2021	Date of election if applicable: (Month, Day, Year)2[]22 FEB	-I PM 4:30	Page _1 of _17 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	CAMPA	IGN FINANCE	
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5) (Also Complete Part 5) (Also Complete Part 5)	rimarily Formed Ballot Measure ommittee Controlled Sponsored so Complete Part ()	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termin Amendment (Explain below)	☐ Specination)	terly Statement ial Odd-Year Report
Small Contributor Committee Of	fficeholder Committee so Complete Part 7)	\		
3 Committee Intermation	NUMBER 898000	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		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 Valencia	STATE ZIP CO	
CITY STATE ZIP COD	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, I		94 010-304-4013
Los Angeles CA 90071 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
MALING ABBRESS (N. DIL FERENT) NO. 22.2				
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
feelthebernla@gmail.com		mfinnstrom@hotmail.com		
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of C Executed on 1/30/2022 Date			and in the attached sch	edules is true and complete. I
Executed onDate	BySignature of Control	ling Officeholder, Candidate, State Measure Propone	nt or Responsible Officer of Sponso	or
Executed onDate	By	nature of Controlling Officeholder, Candidate, State I	Measure Proponent	
Executed on	By	gnature of Controlling Officeholder, Candidate, State M	Measure Proponent	

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

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page 2 of 17

NAME OF BALLOT MEASURE BALLOT NO. OR LETTER JURIS	
BALLOT NO OBJETTED LIDES	
BLE) BALLOT NO. OR LETTER JURIS	SDICTION SUPPORT OPPOSE
ZIP Identify the controlling officeholder,	candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE	E, OR PROPONENT
	DISTRICT NO. IF ANY
7. Primarily Formed Candidate/	Officeholder Committee List names of
NAME OF OFFICEHOLDER OR CANDIDA	ATE OFFICE SOUGHT OR HELD SUPPORT
E/PHONE NAME OF OFFICEHOLDER OR CANDID/	ATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDA	ATE OFFICE SOUGHT OR HELD SUPPORT
	☐ OPPOSE
r	Identify the controlling officeholder, NAME OF OFFICEHOLDER, CANDIDATE OFFICE SOUGHT OR HELD 7. Primarily Formed Candidate/officeholder/s) or candidate/s) for which NAME OF OFFICEHOLDER OR CANDIDA DE/PHONE NAME OF OFFICEHOLDER OR CANDIDA NAME OFFICEHOLDER

Campaign Disclosure Statement **Summary Page**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 460 Statement covers period from 7/1/2021 **FORM** Page _3 __ of 17 I.D. NUMBER

NAME OF FILER Feel the Bern Democratic Club, Los Angeles 1398000 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE General Elections 1841 2537 1/1 through 6/30 7/1 to Date 0 0 20. Contributions 1841 2537 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 1841 2537 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made** Expenditure Limit Summary for State 814 1302 6. Payments Made...... Schedule E, Line 4 **Candidates** 0 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 814 1302 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0 0 (mm/dd/yy) 814 1302 **Current Cash Statement** 3210 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 1841 add amounts in Column 13. Cash Receipts Column A, Line 3 above 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 814 15. Cash Payments Column A, Line 8 above amounts in Column A may 4237 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 be negative figures that 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 only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents...... See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule /	Α.	Amoun	ts may be rounded				SCHEDULE
	Contributions Received	to	whole dollars.	Statement cov	ers period	CALI	FORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through 12/31/20	21	Page	
NAME OF FILER Feel the Bern 1	Democratic Club, Los Angeles					I.D. NL 139800	JMBER 00
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 Y (JAN. 1 - DEC	ÆAR	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		, ,	4
Schedule A	Summary				(*Con	tributor C	adas .

Schedule A Summary

2, Amount received this period – unitemized monetary contributions of less than \$100\$

 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

	A (Continuation Sheet) Contributions Received	Amounts may to whole o	be rounded ioliars.	Statement cov from 7/1/2021 through 12/31/20		CALI FO Page _	
Feel the Bern	Democratic Club, Los Angeles					13980	00
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 T CALENDAR \(\)	/EAR	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

	Am	ounts may be ro	Indad				SCHEDULE B - PART 1		
Schedule B – Part 1	All	to whole dollars			Statement cov	ers period	CALIFORN	11A 460	
Loans Received					from 7/1/2021		FORM	" 40U	
SEE INSTRUCTIONS ON REVERSE					through 12/31/2	021	Page _6	of_ <u>17</u>	
NAME OF FILER							I.D. NUMBER		
Feel the Bern Democratic Club, Los Angeles									
reel the Bern Democratic Club, Los Angeles							1398000		
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	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
				PAID				CALENDAR YEAR	
				\$	\$	%	\$	\$	
		1		☐ FORGIVEN		RATE		PER ELECTION**	
			•	•		\$			
T□IND □ COM □ OTH □ PTY □ SCC		\$		*	DATE DUE		DATE INCURRED	ų. <u> </u>	
	,			PAID				CALENDAR YEAR	
				\$	\$	%	\$	\$	
				☐ FORGIVEN		RATE		PER ELECTION**	
	,			•		•			
TO IND COM OTH PTY SCC		\$	\$	*	DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
				\$	\$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
				•				1.	
[†] □IND □ COM □ OTH □ PTY □ SCC		s	\$		DATE DUE	,	DATE INCURRED	\$	
		SUBTOTALS \$	\$	3	\$	\$			
						(Enter (e) on Sche	edule E, Line 3)		
Schedule B Summary				. 0					
Loans received this period		•••••		\$ <u> </u>					
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period	is of less than \$100.)			• 0			†Contributor Codes	;	
(Total Column (c) plus loans under \$10	00 naid or forgiven)	•••••	***************************************	Ψ —			IND – Individual COM – Recipient C	ammittaa	
(Include loans paid by a third party tha		edule A.)		•		1		PTY or SCC)	
3. Net change this period. (Subtract Lin	e 2 from Line 1.)			. NET \$			OTH - Other (e.g.,		
Enter the net here and on the Summa	ry Page, Column A, Line 2.						PTY – Political Part SCC – Small Contri		
				(M	ay be a negative number)	C			
				,					

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

** If required.

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

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		ı	ment covers period	CALIFOR	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through	12/31/2021	Page	of		
NAME OF FILER Feel the Bern Democratic Club, Los Angeles						I.D. NUMBE 1398000	R		
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE		
	□IND □COM □OTH		LENDER			\$			
□ OTH □ PTY □ SCC	□PTY		DATE			PER ELECTION (IF REQUIRED)			
	☐ IND		LENDER			\$			
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)			
	□IND		LENDER			CALENDAR YEAR			
	□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)			
	□IND □COM		LENDER	,		CALENDAR YEAR			
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)			
		<u>. </u>	SUE	BTOTAL	\$ 0	Enter on Summary Page, Line 17 only.			

Schedule	C		Amounts may be rounded						SCHEDULE C
	etary Contributions Received		to whole dollars.			Statement covers p	period	CALIFO	DRNIA 160
SEE INSTRUCTION	ONS ON REVERSE					ough 12/31/2021		Page <u>8</u>	of
NAME OF FILER								1.D. NUME	BER
Feel the Bern	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	CUMULA DA CALENDA (JAN 1 -	TE R 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 addit	tional information on appropriately labeled	continuation	sheets.	SUBTO	TAL S	0	ligar jelar ingens		
Schedule	C Summary						*Con	tributor Cod	des
1. Amount re	eceived this period – itemized nonmonetar	y contribution	ns.		\$ _	0	COM	ndividual – 1 – Recipier (other th	nt Committee an PTY or SCC)
2. Amount re	eceived this period – unitemized nonmone	tary contribut	ions of less than \$100	.,	\$_	0 .	PTY	- Political F	g., business entity) Party entributor Committee
	monetary contributions received this periods 1 and 2. Enter here and on the Summan		mn A. Lines 4 and 10)	TOTA		0			

Supporti	e D y of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole dol		Statement cover from 7/1/2021		CALIF(SCHEDULE DRNIA 460 RM
	IONS ON REVERSE			through 12/31/202	1	Page 9	of
NAME OF FILER Feel the Bern	Democratic Club, Los Angeles					1.D. NUME 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	CUMULATIV CALENDA (JAN. 1 - I	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		ier įvikiliai.	
	D Summary contributions and independent expenditures made	e this period. (Includ	e all Schedule D subtotals.).			\$_0	
2. Unitemize	ed contributions and independent expenditures m	ade this period of un	nder \$100			\$ <u>-</u> 0	
3. Total conf	tributions and independent expenditures made thi	s period. (Add Lines	1 and 2. Do not enter on th	e Summary Page	.) TO	TAL \$ _0	

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period CALIFORNIA Supporting/Opposing Other 7/1/2021 **FORM Candidates, Measures and Committees** through 12/31/2021 NAME OF FILER I.D. NUMBER Feel the Bern Democratic Club, Los Angeles 1398000 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS CALENDAR YEAR TYPE OF PAYMENT TO DATE DATE MEASURE NUMBER OR LETTER AND JURISDICTION. PERIOD (IF REQUIRED) OR COMMITTEE (IF REQUIRED) (JAN. 1 - DEC. 31) ☐ Monetary Contribution □ Nonmonetary Contribution ☐ Independent ☐ Support □ Oppose Expenditure ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent □ Oppose ☐ Support Expenditure ☐ Monetary Contribution ■ Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure ■ Monetary Contribution ■ Nonmonetary Contribution ☐ Independent ☐ Support □ Oppose Expenditure SUBTOTAL \$ 0

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Feel the Bern Democratic Club, Los Angeles	Amounts may to whole d			fror	Statement covers per 17/1/2021 pugh 12/31/2021	F Page	SCHEDULE I FORNIA 460 ORM 17 JMBER 3000
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 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, deli	imunications d appearance ses lating urvey resear very and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and pro returned contribution campaign workers' s t.v. or cable airtime candidate travel, loc staff/spouse travel, loc	oduction costs ns salaries and production co- dging, and meals lodging, and meals mmittees of the sa	s ime candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	·	AMOUNT PAID
LA County Tax Collector		OFC	Penalty - Lat	e Filing			280.00
· · · · · · · · · · · · · · · · · · ·							
* Payments that are contributions or independent expenditures must also	be summarized on School	edule D.				SUBTOTAL	\$ 280.00
Schedule E Summary 1. Itemized payments made this period. (Include all Schedu 2. Unitemized payments made this period of under \$100							280.00
 Unitemized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount from the period of under \$100) 							0

	nts may be rounded whole dollars.	from	tatement covers period 7/1/2021 ugh 12/31/2021	SCHEDULE E (CONTINUE OF LICENSE O
CODES: If one of the following codes accurately describes the pay 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)* MBR me me me office me office pet pet pet pho pho pho pol pol pol POS pol POS pol	mber communications etings and appearances ce expenses ition circulating one banks ling and survey research stage, delivery and messer fessional services (legal, a	RAD RFD SAL TEL TRC TRS nger services TSF accounting) VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, ar staff/spouse travel, lodging,	duction costs dumeals and meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTI	ON OF PAYMENT	AMOUNT PAID
	,			

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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement coverage from 7/1/2021 through 12/31/20	021	LIFORNIA 460 FORM of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				- Fa	ge of NUMBER
Feel the Bern Democratic Club, Los Angeles				139	98000
CODES: If one of the following codes accurately describe 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 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 r PRO PRT print ads	ns nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trans TRS staff/spouse fr TSF transfer betwee VOT voter registrati	nd production costs butions kers' salaries time and production co el, lodging, and meals avel, lodging, and mea en committees of the s	ls 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
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	SUBTOTALS		\$.	\$
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized and second expenses of \$100 or more, plus total unitemized expenses of \$100 o	accrued expenses under S	3100.)		RRED TOTALS	0
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized period)	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTALS	<u> </u>
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	ter the difference here and			NET \$	May be a negative number

SCI	HEDL	ᄪᇎ	: /CO	NT۱

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

Amounts may be rounded to whole dollars.

	SCHEDULE F (CONT.)			
Statement covers period from 7/1/2021	CALIFORNIA 460			
through 12/31/2021	Page			
	I.D. NUMBER			
	1398000			

NAME OF FILER

Feel the Bern Democratic Club, Los Angeles

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

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

OFC office expenses

PET petition circulating

PHO phone banks

SAL campaign workers' salaries

t.v. or cable airtime and production costs

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 professional services (legal, accounting)

TSF transfer between committees of the same candidate/sponsor voter registration

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

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

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	\$	\$	\$	\$

Sch	Schedule G schedu							SCHEDULE G		
Payments Made by an Agent or Independent Amou			nts may be ro			Statement covers period CALIFORNIA 4 C				
Contractor (on Behalf of This Committee)				s.	fron	7/1/2021	FORM 400			
055.0	JOSEPHATIANA AN DEVEDAG				thro	ough 12/31/2021	Page _15	of		
	NSTRUCTIONS ON REVERSE OF FILER		-	-			I.D. NUMB	ER		
	the Bern Democratic Club, Los Angeles						1398000			
	OF AGENT OR INDEPENDENT CONTRACTOR									
CO	DES: If one of the following codes accurately describes	s the payment,	you may e	nter the code.	Otherwise	describe the payment.				
СМР	campaign paraphernalia/misc.	MBR member co	ommunications		RAD	radio airtime and production or returned contributions				
CTB	contribution (explain nonmonetary)*	OFC office expe	enses			campaign workers' salaries				
CVC FIL	civic donations candidate filing/ballot fees	PET petition cire PHO phone ban				t.v. or cable airtime and producandidate travel, lodging, and				
	fundraising events	POL polling and	survey resear		TRS staff/spouse travel, lodging, and meals					
IND	independent expenditure supporting/opposing others (explain)* legal defense	POS postage, d PRO profession		ssenger services al, accounting)	TSF transfer between committees of the same candidate/sponsor VOT voter registration			andidate/sponsor		
LIT	campaign literature and mailings	PRT print ads	ai ooi viooo (iog	an, accounting,		information technology costs	(internet, e-m	ail)		
* Pay	ments that are contributions or independent expenditures must also be	summarized on Sc	hedule D.							
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR	DESCRIPTIO	N 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
Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. From 7/1/2021		rs period	CALIFORNIA 460					
SEE INSTRUCTIONS ON REVERSE					through	021	Page <u>16</u>	of <u>17</u>
NAME OF FILER			<u> </u>				I.D. NUMBER	
Feel the Bern Democratic Club, Los Angeles							1398000	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES THIS PERIOD	BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				☐ FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
		:		\$	\$	% RATE	\$	\$PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate of	or committee must				BATEBOE		DATE INCOMMED	
also be summarized on Schedule D. Loans forgiver reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$.*	
				<u>'</u>	-	(Enter (e) on Schedule 1, Line 3)		
Schedule H Summary					0			
Loans made this period (Total Column (b) plus unitemized loans	of less than \$100.)				0	-		**If Required
Payments received on loans (Total Column (c) plus unitemized paym Net change this period. (Subtract Line 2)	nents of less than \$100.)				0			
(Enter the net here and on the Summar			•••••	•••••	Ψ			

(May be a negative number)

Schedule i		Amounts may be rounded		SCHEDULE	
Miscellaneous In	creases to Cash	to whole dollars.	Statement covers period from 7/1/2021	CALIFORNIA 460	
			through 12/31/2021	17 17	
SEE INSTRUCTIONS ON REV	ERSE	<u> </u>	through	Page of	
NAME OF FILER				I.D. NUMBER	
Feel the Bern Democration	c Club, Los Angeles			1398000	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
Ì					
		<u>-</u>			
	mation on appropriately labeled continuation sheets	s. 	SUBTOTA	L\$ 0	
Schedule I Summa	ary o cash this period		s_0		
•	es to cash of under \$100 this period				
	eceived this period on loans made to others. (S				
	increases to cash this period. (Add Lines 1, 2,				
Summary Page, Line	e 14.)		TOTAL \$	FPPC Form 460 (Jan/2016))	
			FPPC Advice: ac	lvice@fppc.ca.gov (866/275-3772)	

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