

2021-2

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED BY  
LOS ANGELES COUNTY  
NOV 25 PM 12:17  
CAMPAIGN FINANCE

CALIFORNIA FORM **460**

Page 1 of 8

For Official Use Only

G09969

Statement covers period  
from 07/01/2021  
through 10/16/2021

Date of election if applicable:  
(Month, Day, Year)  
11/02/2021

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall  
*(Also Complete Part 5)*
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
*(Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

### 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
*(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

I.D. NUMBER  
1321812

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

LABORERS LOCAL 300 ISSUES COMMITTEE

STREET ADDRESS (NO P.O. BOX)

|                    |           |              |                     |
|--------------------|-----------|--------------|---------------------|
| CITY               | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>LOS ANGELES</u> | <u>CA</u> | <u>90006</u> | <u>213-385-3550</u> |

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS  
213-386-5583 / williams@rac-law.com

### Treasurer(s)

NAME OF TREASURER

LUIS ROBLES

MAILING ADDRESS

|                    |           |              |                     |
|--------------------|-----------|--------------|---------------------|
| CITY               | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>LOS ANGELES</u> | <u>CA</u> | <u>90006</u> | <u>213-385-3550</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

### 4. Verification

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

information and schedules is true and complete. I certify

Executed on 10/20/2021  
Date

Executed on 10/20/2021  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2021</u><br>through <u>10/16/2021</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>3</u> of <u>8</u>      |
|  | I.D. NUMBER<br>1321812         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LABORERS LOCAL 300 ISSUES COMMITTEE

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 21,106.36   | \$ 59,477.77                               |
| 2. Loans Received ..... Schedule B, Line 3            | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 21,106.36   | \$ 59,477.77                               |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 21,106.36   | \$ 59,477.77                               |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 71,215.00   | \$ 82,999.00                               |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00   | 0.00                                       |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 71,215.00   | \$ 82,999.00                               |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 360.00   | 480.00                                     |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0.00   | 0.00                                       |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 71,575.00   | \$ 83,479.00                               |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |               |
|---|---------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 164,153.44 |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 21,106.36     |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 0.00          |
| 15. Cash Payments ..... Column A, Line 8 above                              | 71,215.00     |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 114,044.80 |

If this is a termination statement, Line 16 must be zero.

|   |         |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ 0.00 |
|---|---------|

**Cash Equivalents and Outstanding Debts**

|   |           |
|---|-----------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ 0.00   |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 480.00 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2021</u><br>through <u>10/16/2021</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>4</u> of <u>8</u>  |

SEE INSTRUCTIONS ON REVERSE

|  |                            |
|--|----------------------------|
| NAME OF FILER<br><br>LABORERS LOCAL 300 ISSUES COMMITTEE | I.D. NUMBER<br><br>1321812 |
|--|----------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 09/07/2021         | CONSTRUCTION LABORERS DUES/VACATION TRUST<br><br>COVINA, CA 91724<br>AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LIUNA LOCAL 300, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE. | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 21,106.36                   | 59,477.77  |                                       |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |  |   |   | 21,106.36                   |  |                                       |

**Schedule A Summary**

|   |                 |                  |
|---|-----------------|------------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                            | \$              | <u>21,106.36</u> |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....   | \$              | <u>0.00</u>      |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$</b> | <u>21,106.36</u> |

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

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

Amounts may be rounded to whole dollars.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2021 |                            |
| through                 | 10/16/2021 | Page <u>5</u> of <u>8</u>  |

SCHEDULE D

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LABORERS LOCAL 300 ISSUES COMMITTEE

I.D. NUMBER

1321812

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 10/14/2021         | HOTEL & REAL ESTATE TAX<br>Measure: H&I<br>CITY OF INGLEWOOD  | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 50,000.00          | 50,000.00   |                                    |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |  |                           | 50,000.00          |   |                                    |

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 50,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 50,000.00

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2021</u><br>through <u>10/16/2021</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>6</u> of <u>8</u>      |
|  | I.D. NUMBER<br><br>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.

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)            | CODE OR | DESCRIPTION OF PAYMENT              | AMOUNT PAID |
|--|---------|-------------------------------------|-------------|
| ANTELOPE VALLEY ECONOMIC DEVELOPMENT & GROWTH ENTERPRISE<br>PALMDALE, CA 93551 |         | GRASSROOTS LOBBYING/ISSUES ADVOCACY | 20,000.00   |
| REICH, ADELL & CVITAN<br>Los Angeles, CA 90010                                 | PRO     |                                     | 1,080.00    |
| REICH, ADELL & CVITAN<br>Los Angeles, CA 90010                                 | PRO     |                                     | 60.00       |

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

**SUBTOTAL \$** 21,140.00

**Schedule E Summary**

- |  |                 |                  |
|--|-----------------|------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | 71,140.00        |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | 75.00            |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              | 0.00             |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> | <b>71,215.00</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

|                                     |            |                                |
|-------------------------------------|------------|--------------------------------|
| Statement covers period             |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                | 07/01/2021 |                                |
| through                             | 10/16/2021 | Page <u>7</u> of <u>8</u>      |
| NAME OF FILER                       |            | I.D. NUMBER                    |
| LABORERS LOCAL 300 ISSUES COMMITTEE |            | 1321812                        |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>FET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LT</b> campaign literature and mailings                               | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| YES ON H&I! INGLEWOOD 2021 (ID# 1440731)<br>VALLEY VILLAGE, CA 91607 | CTB  |    |                        | 50,000.00   |
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 50,000.00

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

Amounts may be rounded to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2021</u><br>through <u>10/16/2021</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>8</u> of <u>8</u>  | I.D. NUMBER<br>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.

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>FET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FL</b> candidate filing/ballot fees                                   | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|------------------------------------|--|--|
| REICH, ADELL & CVITAN<br>Los Angeles, CA 90010                         | PRO                            | 60.00   | 0.00                               | 0.00   | 60.00  |
| REICH, ADELL & CVITAN<br>Los Angeles, CA 90010                         | PRO                            | 60.00   | 0.00                               | 0.00   | 60.00  |
| REICH, ADELL & CVITAN<br>Los Angeles, CA 90010                         | PRO                            | 0.00  | 360.00                             | 0.00   | 360.00   |
| <b>SUBTOTALS \$</b>  |                                | <b>120.00\$</b>                                     | <b>360.00\$</b>                    | <b>0.00\$</b>  | <b>480.00</b>                                      |

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

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$** 360.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 360.00  
May be a negative number