							5721 COVER PAGE
Recipient Committee Campaign Statemen Cover Page	t				Date Stamp RECEI LOS ANGEL	VED B	LIFORNIA 460
		from	Statement covers period 01/01/2021	Date of election if applicable: (Month, Day, Year)	2021 HAY 21		For Official Use Only
SEE INSTRUCTIONS ON REVERSE		throu	o2/19/2021	04/12/2016	SAMPAIG 5/20/21	N EINANC	E *COGA53
1. Type of Recipient Com	nittee: All Committees	- Complete F	Parts 1, 2, 3, and 4.	2. Type of Statement:			0.61
Officeholder, Candidate Co Ostate Candidate Electio Recall (Also Complete Part 5) General Purpose Committe Osponsored Small Contributor Comm Political Party/Central Committee	n Committee e nittee	Committ Cont Spor (Also Comple	rolled insored in Part 6) / Formed Candidate/ Ider Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410	nt t Fermination)	☐ Quarterly Si☐ Special Odd	tatement d-Year Report
3. Committee Information		1.D. NUMBE 12628		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATI	S NAME IF NO COMMITTEE			NAME OF TREASURER			
Doug Otto for LB Comm	unity College Truste	ee 2016		Mary Ellen Mitchell			
				TO TELL TO PLOS TELES			
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Long Beach	CA	90815	(626) 353-5765
CITY		IP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY		
Long Beach		0802	(562) 491-1191				
MAILING ADDRESS (IF DIFFERENT)	NO. AND STREET OR P.O. E	BOX		MAILING ADDRESS			

CITY

AREA CODE/PHONE

4. Verification

Long Beach
OPTIONAL: FAX/E-MAIL ADDRESS

CITY

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

STATE

CA

ZIP CODE

90853A

Executed on	05/15/2021	
Executed on	Date	_
Executed on	05/15/2021	
Executed on	Date	
Executed on		
	Date	
Executed on		

to thegoir	ein and in the attach	ed schedules is true and complete.	ł
-	,	. * *	

STATE

ZIP CODE

Ву		surer	
Ву		ent or Responsible Officer of Spo	nsor
Ву		Measure Proponent	
Ву	Signature of Controlling Officeholder, Candidate, State	e Measure Proponent	

OPTIONAL: FAX / E-MAIL ADDRESS

AREA CODE/PHONE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page2 of13

Officeholder or Candidate Controlled Commi	ttee		6.	Primarily Formed Ballot	Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Douglas W. Otto								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	NUMBER IF APPLICAB	LE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Long Beach City Community College Trustee D	istrict 4							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI		ZIP						
Long Be	each CA	90803		Identify the controlling officer	nolder, candle	date, or state r	neasure pro	oponent, if any.
				NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	OPONENT		
Related Committees Not Included in this Star not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to			OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER							
			7	Primarily Formed Candi	date/Office	ebolder Cor	mmittee	l ist sames of
NAME OF TREASURER	CONTROLLED COMM	ITTEE?	•	officeholder(s) or candidate(s)	or which this	committee is p	rimarlly form	ned.
	YES N	0		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	UT OR HELF	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)			TARE OF OFFICE ROLL OF ON	NOIDALE	OT TIOL SOOR	SHI OK NEEL	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CO	DDE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	UT OR UELE	
				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	SHI OR HELL	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMI	ITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. 80	YES N	0						OPPOSE
ON THE ADDRESS (10115. S.	<i></i> ,							
CITY STATE ZIP CO	DDE AREA CO	DE/PHONE		Attac	h continuatio	on sheets If ne	cessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 01/01/2021 from _ . of ____13 02/19/2021 Page_ through. i.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Doug Otto for LB Community College Trustee 2016 1262851

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 33.26	\$ 33.26	General Elections 1/1 through 6/30 7/1 to Date
Loans Received	\$ 0.00	\$ 0.00 0.00 \$ 33.26	20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	\$ 0.00 \$ 401.88 0.00 0.00	\$ 401.88 0.00 \$ 401.88 0.00 0.00 \$ 401.88	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	33.26 0.00 401.88 0.00	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,	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

	Schedule A Monetary Contributions Received		nts may be rounded whole dollars.	Statement cov	vers period		SCHED	
Nonetary	Contributions Received			1	1/2021	CALIFORNIA 4		60
				through02/	19/2021	Page _	4 of 1	13
NAME OF FILER	ons on Reverse of for LB Community College Trustee 2016					I.D. NUN 126285	MBER	
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	/EAR	PER ELECTIO TO DATE (IF REQUIRED	
		IND COM OTH PTY					,	
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 0.00				the self of the
1. Amount re (Include a	e A Summary received this period – itemized monetary contributions. all Schedule A subtotals.)			0.00	IND - COM OTH	other th Other (e	al ent Committee han PTY or SCC) e.g., business ent	
	yourrow wife period announced mental y		•		. PIY	 Political 	Рапу	

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

3. Total monetary contributions received this period.

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SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received	Am	ounts may be roo to whole dollars			Statement co	vers period	SCHEI CALIFORN FORM	IA 460
EE INSTRUCTIONS ON REVERSE					through02	19/2021	Page 5	of13
Doug Otto for LB Community College True	stee 2016						1262851	
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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	PAID THIS	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s	\$	PAID S FORGIVEN S PAID	\$DATE DUE	% RATE	\$DATE INCURRED	SSSSSSSSCALENDAR YEAR
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$ FORGIVEN	DATE DUE	RATE **	DATE INCURRED	PER ELECTION*
				PAID \$ FORGIVEN	\$	RATE %	\$	\$PER ELECTION**
□ IND □ COM □ OTH □ PTY □ SCC		SUBTOTALS \$	0.00 \$	\$ 0.00	\$ 0.00	\$ 0.00	DATE INCURRED	
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loan					0.00	(Enter (e) on Schedule E, Line 3)	contributor Codes	

1.	Loans received this period	\$ 0.00
2.	Loans paid or forgiven this period	\$ 0.00_
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$ 0.00_

IND - Individual

(May be a negative number)

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

Enter the net here and on the Summary Page, Column A, Line 2.

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Schedule B – Part 2 ₋oan Guarantors		Amounts may be rounded to whole dollars.			nent covers period	<u>. </u>	CALIFOR FORM	NIA 460
EEE INSTRUCTIONS ON REVERSE				from	02/19/2021		Page6	
Doug Otto for LB Community College Trus	tee 2016						1262851	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (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		JMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□ IND		LENDER			CAI	LENDAR YEAR	
	□ OTH □ PTY □ SCC	:	DATE				R ELECTION REQUIRED)	
			LEUREN			\$_ CAL	ENDAR YEAR	
	☐ INÐ		LENDER			\$_	R ELECTION	
	□OTH □PTY □SCC		DATE			(IF	REQUIRED)	
	□IND		LENDER			CAL	ENDAR YEAR	
	□ COM □ OTH □ PTY		DATE			PE (IF	R ELECTION REQUIRED)	
	□scc					\$		
	□IND		LENDER			CAL	ENDAR YEAR	
	□ COM □ OTH □ PTY		DATE			\$ PE (IF	R ELECTION REQUIRED)	
	□scc					\$		

Enter on Summary Page, Line 17 only.

0.00

SUBTOTAL \$

Schedul	e C		Amounts may be rounded to whole dollars.						SCHE	EDULE C
Nonmon	etary Contributions Received		to whole donars.		St	atement covers			ORNIA /	60
					from	01/01/20	21	FO	RM T	-00
ore injotellati	IONG ON DEVEROE				throu	gh02/19/2	021	Page	7 of1	3_
NAME OF FILER	IONS ON REVERSE							I.D. NUME		
Doug Otto	o for LB Community College Trustee 2016		·					126285	1	
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 O GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELEC TO DAT (IF REQUIF	Έ
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		□IND □COM □OTH □PTY □SCC								
Attach add	itional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	0.00				
										
	C Summary		•	,			1	tributor Cod	les	\Box
	received this period – itemized nonmonetar all Schedule C subtotals.)				\$	0.00			t Committee	_
•	received this period – unitemized nonmonel					0.00		– Other (e.	an PTY or SCO g., business er	
3. Total non	nmonetary contributions received this periodes 1 and 2. Enter here and on the Summary	l .				0.00		- Political F Small Co	arty ntributor Comr	nittee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole dolla		Statement covers from 01/01/2	•	CALIFORNIA 460		
	SEE INSTRUCTIONS ON REVERSE			through 02/19/2021		Page 8 of 13		
NAME OF FILER Doug Otto	for LB Community College Trustee 2016					1.D. NUME 126285		
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)	
	Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL \$	0.00				
1. Itemized	D Summary contributions and independent expenditures made	-					0.00	
2. Unitemize	ed contributions and independent expenditures m	nade this period of und	der \$100			\$	0.00_	

			SCHED				
Schedule E Amounts may be to whole do				State	ment covers period	CALIF	
Payments Made	to whole dollars.				01/01/2021	FO	
SEE INSTRUCTIONS ON REVERSE				through	02/19/2021	Page	9 of 13
NAME OF FILER						I.D. NUM	
Doug Otto for LB Community College Trustee 2016						126285	1
CODES: If one of the following codes accurately describes	s the payment, yo	ou may en	ter the code. Other	wise, desc	cribe the payment.		
CMP campaign paraphernalia/misc.	MBR member com		_		o airtime and production	n costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expens		5		rned contributions paign workers' salaries		
CVC civic donations	PET petition circul	lating		TEL t.v.	or cable airtime and pro	duction costs	
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks POL polling and si		h		didate travel, lodging, ar f/spouse travel, lodging,		
IND independent expenditure supporting/opposing others (explain)*	POS postage, deli	very and mes	senger services		sfer between committee		e candidate/sponsor
LEG legal defense	PRO professional		il, accounting)	VOT vote	er registration		
LIT campaign literature and mailings	PRT print ads			WEB info	rmation technology cost	s (internet, e-	·mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (OR DESC	CRIPTION OF	PAYMENT		AMOUNT PAID
United States Postal Service			Post Office Box R	ental Fee			
Long Beach, CA 90803		POS					88.00
Art and Frame			Frame and Dry Mo	ount Distric	ct Map		
Bellflower, CA 90706		CMP					113.88
Secretary of State			Annual Filing Fee				
Sacramento, CA 95814		FIL					200.00
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SL	JBTOTAL \$	401.88
Schedule E Summary		-					
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	401.88
2. Uniterized 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

chedule F CCRUED Expenses (Unpaid Bills) Amounts may be rounded to whole dollars.		170111	1/2021	ALIFOR FORM	400	
NAME OF FILER Doug Otto for LB Community College Trustee 2016					D. NUMBER 262851	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	ns nces arch nessenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable ai TRC candidate trav TRS staff/spouse tr	e payment. Ind production costs ibutions kers' salaries ritime and production el, lodging, and mea avel, lodging, and men committees of the lon	costs Is eals e same can	
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	BA	(d) OUTSTANDING LANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	0.00	\$ 0.00	\$ 0.0	0 \$	0.00
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.)						
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p				PAID TOTALS	s \$	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Entron the Summary Page, Column A, Line 9.)	er the difference here and		,,.	NET	\$May be a	0.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Amount to				Stater from	02/19/2021	CALIFORNIA 460 FORM of 13		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		-		<u> </u>		I.D. NUMBER		
Doug Otto for LB Community College Trustee 2016						1262851		
NAME OF AGENT OR INDEPENDENT CONTRACTOR								
CODES: If one of the following codes accurately describes 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 * Payments that are contributions or independent expenditures must also be	MBR member co MTG meetings a OFC office experiments PET petition circles PHO phone bank POL polling and POS postage, de PRO professional PRT print ads	mmunications and appearances ases culating as survey researc elivery and mes al services (lega	n senger services	RAD radio RFD retun SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	airtime and production of ned contributions haign workers' salaries reable airtime and produ idate travel, lodging, and spouse travel, lodging, a fer between committees	uction costs I meals and meals of the same ca		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	l Di	ESCRIPTION OF P	AYMENT		AMOUNT PAID	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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 F
Schedule H Loans Made to Others*			ay be rounded le dollars.	Statement co	vers period 11/2021	CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE					through02/	/19/2021	Page 12	_ of13
NAME OF FILER							I.D. NUMBER	
Doug Otto for LB Community College Tr	rustee 2016						1262851	
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 (FORGIVENES THIS PERIO	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
			·	•	\$	%	\$	s
				FORGIVEN		RATE		PER ELECTION**
		V		•	DATE DUE		DATE INCURRED	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
				PAID				CALENDAR YEAR
				s	s	%	\$	s
				FORGIVEN		RATE		PER ELECTION**
		\	•	,	DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate							W. Walley Co.	
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$ 0.00	\$ 0.0	0.00	\$ 0.00		
						(Enter (e) on Schedule I, Line 3)		
O ala aduda II Cumamama								
Schedule H Summary					•	0.00		
Loans made this period (Total Column (b) plus unitemized loan				***************************************	4	0.00	_ [**If Required
Payments received on loans (Total Column (c) plus unitemized payr	ments of less than \$100.)		·····		\$	0.00	-	
3. Net change this period. (Subtract Line (Enter the net here and on the Summa			•••••			0.00 ay be a negative number)		
(Line) the net here and on the Sulfillia	., . 490, 00.4111174, 4110 7.	,						

EE INSTRUCTION	ous Increases to Cash to whole	y be rounded e dollars.	Statement covers period from01/01/2021 through02/19/2021	CALIFORNIA 460 FORM 13 Page 13 of 13 I.D. NUMBER 1262851
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
RECEIVED	(II COMMITTEE, ALSO ENTER I.D., NOMBERY			INC. LEAGE TO STORY
Attach additi	tional information on appropriately labeled continuation sheets.		SUBTOTAL	\$ 0.00
2. Unitemized 3. Total of all i	increases to cash this period	ımn (e).)	\$\$	-) -
	Ilaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter her Page, Line 14.)		TOTAL \$0.00	

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

Statement of Organization Recipient Committee				RECEIVED LOS ANGELES	BY CA	FORM 410
Statement Type	☐ Initial	☐ Amendment	✓ Termination – See Part 5	2		For Official Use Only
	O Not yet qualified			2021 MAY 24 P	1 2: 20	041063
	O Date qualification threshold met	Date qualification threshold met	Date of termination	2021 MAY 24 PR CAMPAIGN FI 5/20 /21 (1)	HANCE	000955
	//		02 / 19 / 2021	5/20/21(1)		
1. Committee	e Information I.D. Numbe	er 1262851	2. Treasurer and	Other Principal Offi	cers	
NAME OF COMMITTEE	(ј аррикавње)		NAME OF TREASURER		~	
Doug Otto for L	B Community College Trustee 2	016	Mary Ellen Mitchell			
			STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O.	. BOX)		CITY	STATE	ZIP CODE	E AREA CODE/PHONE
			Long Beach	CA	90815	626-353-5765
CITY		ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	R, IF ANY		
Long Beach		802 562-491-1191				
FULL MAILING ADDRESS ((IF DIFFERENT) Long Beach, CA 90853A		STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIR			CITY	STATE	ZIP CODE	AREA CODE/PHONE
Doug@DougOtt						
COUNTY OF DOMICILE	JURISDICTION WHERE COM		NAME OF PRINCIPAL OFFICER(S)			
Los Angeles	Long Beach Com	munity College District 4				
			STREET ADDRESS (NO P.O. BOX)			
Attach additiona	ıl information on appropriately lo	beled continuation sheets.	CITY	STATE	ZIP CODE	E AREA CODE/PHONE
3. Verificatio	n					
	easonable diligence in preparing ry under the laws of the State of		,	tion contained herein is	true and con	nplete. I certify under
Executed on05/	15/2021 By					_
Executed on05/	15/2021 By			MEASURE PROPONENT		•
Executed on	DATE By			MEASURE PROPONENT		-
Executed on	DATE By		i	MEASURE PROPONENT		

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov