Reci	pient Committee
	paign Statement
	er Page



ORIGINAL **FORM** (Government Code Sections 84200-84216.5) Date of election if applicable: Statement dovers (Month, Day, Year) For Official Use Only SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Recall Controlled Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) X General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1321812 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER LABORERS LOCAL 300 ISSUES COMMITTEE LUIS ROBLES MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE LOS ANGELES CA (213) 385-3550 90006 NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE AREA CODE/PHONE LOS ANGELES CA 90006 (213)385-3550 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS (213)386-5583 / williams@rac-law.com 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the ttached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true: Executed on By _ Signature of Treasurer or Assistant Treasurer Executed on By. consible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent Date

FPPC Form 460 (Jan/2016)

COVER PAGE

CALIFORNIA

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	AGE-PART2
CALIFORNIA FORM	460
Page2 o	of <u>11</u>

Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure Committe	е	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		<u> </u>	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	ITY STATE ZIP		Identify the controlling offi	ceholder, candidate, or s	state measure p	proponent, if any.
· · · · · · · · · · · · · · · · · · ·			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT		
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your cal	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER				<u> </u>	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	lidate/Officeholder C	ommittee List is primarily form	st names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
CITY . STATE ZIP (CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS (NO P.O. E	OX)					
CITY STATE ZIP (CODE AREA CODE/PHONE		Attac	ch continuation sheets if	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded

SUMMARY PAGE Statement covers period **CALIFORNIA FORM** 10/23/2022 from _ 12/31/2022 Page ___3 __ of ___11___ through _ I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER LABORERS LOCAL 300 ISSUES COMMITTEE 1321812

Contributions Received	(FR	COlumn A TOTAL THIS PERIOD OMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$ _	20,316.16	\$	77,669.24	
2. Loans Received Schedule B, Line 3	_	0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	20,316.16	\$	77,669.24	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	_	0.00		0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ _	20,316.16	\$	77,669.24	Made \$ \$
Expenditures Made	-				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$_	25,792.70	\$	62,316.30	Candidates
7. Loans Made Schedule H, Line 3				0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$_	25,792.70	\$	62,316.30	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		The second secon		1,575.90	Date of Election Total to Date
10. Nonmonetary Adjustment	_	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$_	27,275.90	\$	63,892.20	/\$
Current Cash Statement	·		-	gradian in the	/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	. \$ _	152,873.60	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	_	20,316.16		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	_	0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	_	25,792.70		oort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$_	147,397.06	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.			pe	btracted from previous riod amounts. If this is e first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _	0.00	for	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse	\$_	0.00		••	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$_	1,575.90	1		
			I		FPPC Advice: advice@fppc.ca.gov (866/278

Schedule A Monetary (A Contributions Received		s may be rounded whole dollars.	Statement cove			SCHEDULE FORNIA 460 DRM
SEE INSTRUCTIO	NS ON REVERSE			through _12/31/20	022	Page _	4 of11
NAME OF FILER		-				I.D. NU	MBER
LABORERS LOC	AL 300 ISSUES COMMITTEE					13218	12
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
12/14/2022	CONSTRUCTION LABORERS DUES/VACATION TRUST COVINA, CA 91724 AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LIUNA LOCAL 300, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.	□IND □COM 図OTH □PTY □SCC		8.15	. 77,6	69.24	,
12/14/2022	CONSTRUCTION LABORERS DUES/VACATION TRUST COVINA, CA 91724 AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LIUNA LOCAL 300, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.	□IND □COM ☑OTH □PTY □SCC		20,308.01	77,6	69.24	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC	,				
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	20,316.16			
Schedule A	A Summary				*Con	tributor C	odes

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$

20,316.16

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

3. Total monetary contributions received this period.

IND - Individual

COM-Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

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

Amounts may be rounded to whole dollars.

SCHEDULE D Statement covers period **CALIFORNIA FORM** 10/23/2022 from Page ___ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LABORERS LOCAL 300 ISSUES COMMITTEE						12
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)
10/27/2022	California Trust for Public Land Action Fund X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Earmarked Contribution in Support of Measure SP (Parks & Recreation Parcel Tax Measure) - City of Los Angeles	10,000.00	10,000.00	
10/27/2022	Palmdale School District Measure PRM School Bond Measure Measure: PRM City of Palmdale			5,000.00	5,000.00	
11/04/2022		Monetary Contribution Nonmonetary Contribution Independent Expenditure		5,000.00	5,000.00	
			SUBTOTAL \$	20,000.00		Ericania.

S	che	dul	e D	Sum	nmary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$ 25,000.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$ 0.00

Schedule D (Continuation Sheet) SCHEDULE D (CONT.) **Summary of Expenditures** Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. **Supporting/Opposing Other FORM** 10/23/2022 **Candidates, Measures and Committees** through 12/31/2022 Page __6 of___11_ NAME OF FILER I.D. NUMBER LABORERS LOCAL 300 ISSUES COMMITTEE 1321812 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE AMOUNT THIS TYPE OF PAYMENT CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN, 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 10/27/2022 Facilities & Job Training Bond Measure 5,000.00 25,000.00 X Monetary Measure: LA County of Los Angeles CCD Contribution □ Nonmonetary Contribution Independent Expenditure Oppose Contribution □ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support Oppose Contribution Nonmonetary Contribution Independent Expenditure Support Oppose Contribution □ Nonmonetary. Contribution ☐ Independent Expenditure ☐ Support Oppose SUBTOTAL \$ 5,000.00

							SCHEDULE E
Schedule E Payments Made	Amounts may be rounded			State	ment covers p	CALIFO	
ayments Made	to whole d	to whole dollars.			10/23/20	FOF	RIM - I O O
				through	h12/31/202	22 Page 7	7 of11
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				tinougi		I.D. NUM	
VAINE OF FILER						. 1.0. NOW	IBER
LABORERS LOCAL 300 ISSUES COMMITTEE						132181	2
CODES: If one of the following codes accurately d	escribes the payment, yo	ou may er	ter the code. Oth	erwise, des	cribe the payr	ment.	
MP campaign paraphernalia/misc.	MBR member.com				dio airtime and p		
CNS campaign consultants	MTG meetings and		ces		turned contribution		
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expen				mpaign workers'	salaries and production costs	
Fil. candidate filing/ballot fees	PHO phone banks					dging, and meals	•
-ND fundraising events	POL polling and s	survey resea	arch	TRS sta	aff/spouse travel,	lodging, and meals	
ND independent expenditure supporting/opposing others (exp						ommittees of the san	ne candidate/sponsor
LEG legal defense LT campaign literature and mailings	PRO professional PRT print ads	services (le	egal, accounting)		ter registration	logy costs (internet, e	-mail)
our paign no atao ana mainigo	- Tra print ads			. ***	cimation technol	logy costs (interrior, c	
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTERILD. NUMBER)		CODE	,	DESCRIPTION OF	DAVMENT		AMOUNT PAID
		CODE		DESCRIPTION OF	PATWENT		AWOUNTFAID
California Trust for Public Land Action Fund (ID	‡ 1238760)	CTB	Earmarked Cont			leasure \$P	10,000.00
San Francisco, CA 94104			Angeles	ation Parce.	I Tax Measure) - CITY OF LOS	
•							,
Comm. for Yes on Palmdale School Dist. Measure PR	RM (ID# 1455437)	CTB					5,000.00
Palmdale, CA 93551							•
·						1	
Los Angeles Democratic Party - Issues & Advocacy	Committee (ID# 744554)	CTB		•			5,000.00
Los Angeles, CA 90017							
* Payments that are contributions or independent expen	ditures must also be summ	arized on	Schedule D.			SUBTOTAL\$	20,000.0
Schedule E Summary	.*						
Itemized payments made this period. (Include all Section 2)	chadula E subtotals \	•					25,792.70
Internized payments made this period, (include all 5) Uniternized payments made this period of under \$1							
2. Unitemized payments made this period of under \$1	00	•••••				\$	0.00
Total interest paid this period on loans. (Enter amount	unt from Schedule B. Part	1. Columi	ı (e).)			\$	0.00

FPPC Form 460 (Jan/2016)

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Schedule E

SCHEDULE E	(CONT.)

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from10/23/2022	FORM 400
SEE INSTRUCTIONS ON REVERSE		through12/31/2022	Page 8 of 11
NAME OF FILER			I.D. NUMBER
LABORERS LOCAL 300 ISSUES COMMITTEE			1321812
CODES: If one of the following codes accura	stely describes the payment you may enter the code Ot	henvise describe the navment	

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 petition circulating CVC civic donations PET TEL. t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* POS LEG legal defense PRO professional services (legal, accounting) VOT voter registration ш campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
REICH, ADELL & CVITAN	PRO	T	A	92.70
Los Angeles, CA 90010				
UNITED BUSINESS BANK	OFC	+		25.00
Long Beach, CA 90806				
UNITED BUSINESS BANK	OFC	+		25.00
Long Beach, CA 90806				
UNITED BUSINESS BANK	OFC	+		25.00
Long Beach, CA 90806				
YBARRA & ASSOCIATES, PROFESSIONAL ACCOUNTANCY CORPORATION	PRO	\top		625.00
Rancho Cucamonga, CA 91730				
	<u> </u>			

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

SUBTOTAL \$

792.70

Schedule E

SCHEDULE E (C	ONT.)
---------------	-------

(Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER LABORERS LOCAL 300 ISSUES COMMITTEE	Amounts may be to whole do			from10/23/202 through12/31/202	FOR	9 of 11 ER
CODES: If one of the following codes accurately descricted campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey researd very and mes	\$	RAD radio airtime and returned contribution SAL campaign worke TEL t.v. or cable airtin TRC candidate travel, TRS staff/spouse trav	I production costs utions ers' salaries me and production costs lodging, and meals rel, lodging, and meals n committees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Yes on Measure LA 2022 (ID# 1452899) Long Beach, CA 90814		СТВ				5,000.00
				,		
· · · · · · · · · · · · · · · · · · ·						
* Payments that are contributions or independent expenditures must	also be summarized on	Schedule D			SUBTOTAL	5,000 0

Schedule	F	
Accrued	Expenses (Unpaid	Bills)

Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

phone banks

PET

РНО

POL

POS

MTG meetings and appearances

polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

State	ment covers period	CALIFORNIA	160	
from	10/23/2022	FORM	TU	
through	12/31/2022	Page 10	of1	
		LD. NUMBER		

1321812

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CMP

CNS

CTB

FND

IND.

LEG

LABORERS LOCAL 300 ISSUES COMMITTEE

contribution (explain nonmonetary)*

independent expenditure supporting/opposing others (explain)*

campaign paraphernalia/misc.

candidate filing/ballot fees

campaign consultants

fundraising events

legal defense

CVC civic donations

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

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

LIT campaign literature and mailings	PRT print ads		WEB information technology costs (internet, e-mail)			
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	
REICH, ADELL & CVITAN Los Angeles, CA 90010	PRO	92.70	0.00	92.70	0.00	
REICH, ADELL & CVITAN Los Angeles, CA 90010	PRO	0.00	1,390.50	0.00	1,390.50	
REICH. ADELL & CVITAN Los Angeles, CA 90010	PRO	0.00	92.70	0.00	92.70	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 92.70	1,483.20	92.70	1,483.20	

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$ 1,483.2/
May be a negative number

SCHEDULE F (CONT.)

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

Amounts may be rounded to whole dollars.

 Statement covers period from ____10/23/2022
 CALIFORNIA FORM
 460

 through ___12/31/2022
 Page ___11 ___ of ___11 ___

 I.D. NUMBER

1321812

NAME OF FILER

LABORERS LOCAL 300 ISSUES COMMITTEE

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

print ads

PHO

POL

POS

PRT

CMP campaign paraphernalia/misc. MBR member consultants MTG meeting contribution (explain nonmonetary)* OFC office contributions PET petition

FIL candidate filing/ballot fees
FND fundraising events
FND independent expenditure supporting/opposing others (explain)*

IND independent expenditure supporting/opposing others (explain)* LEG legal defense

LIT campaign literature and mailings

MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions

office expenses SAL campaign workers' salaries

petition circulating TEL t.v. or cable airtime and production costs phone banks TRC candidate travel, lodging, and meals taff(spouse travel, lodging, and meals).

polling and survey research TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services TSF transfer between committees of the sa

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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
REICH. ADELL & CVITAN	PRO	0.00	92.70	0.00	92.70
Los Angeles, CA 90010					
				·	
	SUBTOTALS	\$ 0.00	\$ 92.70	\$ 0.00	\$ 92.70

professional services (legal, accounting)