Recipient Committee Campaign Statement			Date Stamp	COVER PAGE CALIFORNIA 460
Cover Page	Statement covers period from 07/01/2022 through 12/31/2022	Date of election if applicable: (Month, Day, Year)	CAMPAIGH F DISCLOSURE	Page 1 of 17
State Candidate Election Committee ○ Recall (Also Complete Part 5) General Purpose Committee ○ Sponsored ○ Small Contributor Committee		2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain belo	☐ Quar ☐ Spec	rterly Statement cial Odd-Year Report
Committee information	398000	Treasurer(s) NAME OF TREASURER Margaret Finnstrom MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO Los Angeles CA 9007 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	1 818-972-9927	CITY Valencia NAME OF ASSISTANT TREASURER MAILING ADDRESS	STATE ZIP CO CA 913: R, IF ANY	
OPTIONAL: FAX / E-MAIL ADDRESS feelthebernla@gmail.com	DE AREA CODE/PHONE	OPTIONAL: FAX/E-MAIL ADDRESS mfinnstrom@hotmail.com	STATE ZIP CO	ODE AREA CODE/PHONE
Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on Date Date	California that the foregoing is true and By _	knowledge the information contained he correct.	reasurer	_
Executed on	By	Signature of Controlling Officeholder, Candidate, Sta	te Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIFORN FORM	^{IIA} 460					
T OIKIN						
Page _2	_ of _17					

ntrolled Commi	ttee		6.	Primarily Formed Ballo	t Measure (Committee		
ATE				NAME OF BALLOT MEASURE				
OCATION AND DISTR	ICT NUMBER II	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE
O. AND STREET) CI	ΤΥ	STATE ZIP		Identify the controlling office	holder, candi	date, or state	measure propo	onent, if any.
<u> </u>	 			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR P	ROPONENT		
controlled by you or a	are primarily fo			OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
	I.D. NUMBER		7.	Primarily Formed Cand	lidate/Offic	eholder Co	mmittee <i>Lis</i> i	t names of
				officeholder(s) or candidate(s)	for which this	committee is p	primarily formed	l.
ADDRESS (NO P.O. B]	Пис		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
STATE ZIP CO	ODE A	REA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	ICHT OR HELD	
					OMIDIDATE	0.7102 000	IGHT OR HELD	SUPPORT OPPOSE
	I.D. NUMBER			NAME OF OFFICEHOLDER OR			IGHT OR HELD	1-
	OCATION AND DISTR IO. AND STREET) CI uded in this State controlled by you or a behalf of your candi	OCATION AND DISTRICT NUMBER II IO. AND STREET) CITY Uded in this Statement: List controlled by you or are primarily for behalf of your candidacy. I.D. NUMBER	OCATION AND DISTRICT NUMBER IF APPLICABLE) IO. AND STREET) CITY STATE ZIP uded in this Statement: List any committees controlled by you or are primarily formed to receive a behalf of your candidacy. I.D. NUMBER	OCATION AND DISTRICT NUMBER IF APPLICABLE) IO. AND STREET) CITY STATE ZIP Luded in this Statement: List any committees controlled by you or are primarily formed to receive to behalf of your candidacy. I.D. NUMBER	DOCATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER Identify the controlling office NAME OF OFFICEHOLDER, CAI uded in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy. I.D. NUMBER	DOCATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER JURISDICTION IO. AND STREET) CITY STATE ZIP Identify the controlling officeholder, candid NAME OF OFFICEHOLDER, CANDIDATE, OR P Uded in this Statement: List any committees controlled by you or are primarily formed to receive to behalf of your candidacy. I.D. NUMBER	DOCATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER JURISDICTION Identify the controlling officeholder, candidate, or state NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD T.D. NUMBER OFFICE SOUGHT OR HELD T. Primarily Formed Candidate/Officeholder Co officeholder(s) or candidate(s) for which this committee is primarily for the controlled of the controlled of the controlling officeholder of the controlling officeholder, candidate, or state NAME OF OFFICE SOUGHT OR HELD 7. Primarily Formed Candidate/Officeholder Co officeholder(s) or candidate(s) for which this committee is primarily formed to receive of the controlling officeholder of the controlling officeholder, candidate, or state NAME OF OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	DOCATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER JURISDICTION IDENTIFY IDENTIFY JURISDICTION IDENTIFY Identify the controlling officeholder, candidate, or state measure proportion of the controlled proportion of the controlled by you or are primarily formed to receive to behalf of your candidacy. I.D. NUMBER T. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed to receive officeholder(s) or candidate(s) for which this committee is primarily formed to receive officeholder(s) or candidate(s) for which this committee is primarily formed to receive officeholder(s) or candidate(s) for which this committee is primarily formed to receive officeholder(s) or candidate(s) for which this committee is primarily formed to receive officeholder(s) or candidate(s) for which this committee is primarily formed to receive officeholder(s) or candidate(s) for which this committee is primarily formed to receive officeholder(s) or candidate(s) for which this committee is primarily formed to receive officeholder(s) or candidate(s) for which this committee is primarily formed to receive officeholder(s) or candidate(s) for which this committee is primarily formed to receive officeholder(s) or candidate(s) for which this committee is primarily formed to receive of the controlled to the controlled t

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2022	california 460
through	Page _3 of
	I.D. NUMBER
	1398000

NAME OF FILER Feel the Bern Democratic Club, Los Angeles			1.D. NUMBER 1398000
Contributions Received 1. Monetary Contributions	**Column A	**Equation	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 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 17. LOAN GUARANTEES RECEIVED 18. Cash Equivalents 19. Outstanding Debts 19. Outstanding Debts 19. Outstanding Debts 20. Schedule E, Line 4 21. Schedule E, Line 4 22. Schedule I, Line 4 23. Schedule I, Line 4 24. Schedule I, Line 8 above 25. Schedule B, Part 2 26. Cash Equivalents and Outstanding Debts 26. Outstanding Debts 27. Outstanding Debts 28. Cash Equivalents 28. Schedule B, Part 2	\$\frac{1008}{0}\$ \$\frac{1008}{0}\$ \$\frac{0}{0}\$ \$\frac{3522}{755}\$ \$\frac{0}{1008}\$ \$\frac{3269}{0}\$ \$\$\$ \$\frac{0}{0}\$ \$\$\$ \$\frac{0}{0}\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$	\$ 2911 0 2911 0 0 \$ 2911 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).	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)
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 A		Amoun	ts may be rounded				SCHEDULE A
	Contributions Received	to	whole dollars.	Statement cov		CAL	FORNIA 460
_				from <u>07/01/2022</u>		F	ORM TOO
SEE INSTRUCTION	S ON REVERSE			through 12/31/20)22	Page	e 4 of 17
NAME OF FILER					k.		JMBER
Feel the Bern D	Democratic Club, Los Angeles					13980	00
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE T		PER ELECTION TO DATE
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	(JAN. 1 - DEC	31)	(IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
	,	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	٠				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL S	\$ 0			
(Include all S	Summary ived this period – itemized monetary contribution ichedule A subtotals.)		\$\frac{0}{\$100}\$	5	IND COM OTH PTY	(other – Other – Politic	ual ient Committee than PTY or SCC) (e.g., business entity)
3. Total moneta (Add Lines 1	ary contributions received this period. and 2. Enter here and on the Summary Page, C	Column A, Line 1	.) TOTAL \$ ⁷⁵	<u>5</u>	<u> </u>	FPF	PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772) www.fppc.ca.gov

	A (Continuation Sheet) Contributions Received	Amounts may to whole o	be rounded dollars.	Statement covers period from $\frac{07/01/2022}{\text{through}}$		SCHEDULE A (CALIFORNIA FORM Page 5 of 17	
NAME OF FILER		_				I.D. NU	IMBER
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 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

- -- ---

*Contributor Codes

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 B – Part 1	Am	ounts may be ro to whole dollars		Г	Statement cov	ers period		DULE B - PARI 1
Loans Received		to whole dollar.	.		from <u>07/01/2022</u>	-	FORM	MA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through 12/31/2	022	Page 6	of_17
Feel 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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
				\$	\$	RATE	\$	\$PER ELECTION**
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY SCC		\$	\$	PAID S PORGIVEN PAID S PAID FORGIVEN S SOURCE S SOURCE PAID	\$ DATE DUE		\$ DATE INCURRED \$	CALENDAR YEAR PER ELECTION** CALENDAR YEAR PER ELECTION**
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
	S	SUBTOTALS \$	\$;	\$	\$		
Schedule B Summary 1. Loans received this period				\$ 0		(Enter (e) on Sche	edule E, Line 3)	
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha 3. Net change this period. (Subtract Line Enter the net here and on the Summar	00 paid or forgiven.) t are also itemized on Sche e 2 from Line 1.)	dule A.)		NET \$	ay be a negative number)	(tContributor Codes ND – Individual COM – Recipient C (other than OTH – Other (e.g., PTY – Political Par SCC Small Contr	Committee PTY or SCC) business entity) ty

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

** If required.

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

SCHEDULE B - PART 1

Schedule B – Part 2 ∟oan Guarantors		Amounts may be rounded to whole dollars.		State	ement covers period 7/01/2022	CALIFOR FORM					
SEE INSTRUCTIONS ON REVERSE				through	12/31/2022	Page	of				
NAME OF FILER Feel the Bern Democratic Club, Los Angeles				•		1.D. NUMBER 1398000	₹				
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		LENDER			CALENDAR YEAR					
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)					
	□ IND		LENDER			CALENDAR YEAR					
•	□OTH □PTY □SCC	□PTY	□PTY	□PTY	□PTY		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)					
			SUB	TOTAL.	\$ 0	Enter on Summary Page, Line 17 only.					

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.			Statement covers period			CALIFORNIA 460		
	,				from_0	7/01/2022		FOR	²⁰⁰ 460		
	ONS ON REVERSE				througi	12/31/2022		Page 8	of		
NAME OF FILER Feel the Bern	Democratic Club, Los Angeles							I.D. NUME 1398000			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION O GOODS OR SERVIO		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR 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 additi	ional information on appropriately labeled	continuation .	sheets.	SUBTOT	TAL \$ 0		1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00				
Amount re (Include al Amount re	C Summary ceived this period – itemized nonmonetar l Schedule C subtotals.) ceived this period – unitemized nonmone	tary contributi			\$,	IND- COM OTH PTY	(other that – Other (e.g., – Political F	t Committee an PTY or SCC) g., business entity)		
	nonetary contributions received this periods 1 and 2. Enter here and on the Summan		nn A. Lines 4 and 10)	IATOT	\$ 0						

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		pposing Other			rs period	CALIFORNIA 460		
	TIONS ON REVERSE			through 12/31/202	22	Page	of <u>17</u>	
NAME OF FILER			-1			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	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	Support Dppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTAL \$	5 0				
Schedule	D Summary							
	contributions and independent expenditures made	e this period. (Include	all Schedule D subtotals.)			\$ _0)	
	ed contributions and independent expenditures m					\$ 6	93.00	

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period CALIFORNIA from ______07/01/2022 **Supporting/Opposing Other FORM** Candidates, Measures and Committees through 12/31/2022 NAME OF FILER I.D. NUMBER Feel the Bern Democratic Club, Los Angeles 1398000 CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR PER ELECTION DESCRIPTION AMOUNT THIS DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT CALENDAR YEAR TO DATE **PERIOD** (IF REQUIRED) OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary Contribution Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure Contribution □ Nonmonetary Contribution Independent ■ Support Oppose Expenditure Monetary Contribution Nonmonetary Contribution ☐ Independent ☐ Support □ Oppose Expenditure Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support □ Oppose Expenditure

SUBTOTAL \$ 0

			SCHEDULE
Schedule E Amounts may be to whole do	Statement covers period	CALIFORNIA 460	
Payments Made		from 07/01/2022	FORM TOO
SEE INSTRUCTIONS ON REVERSE		through 12/31/2022	Page of
NAME OF FILER			I.D. NUMBER
Feel the Bern Democratic Club, Los Angeles			1398000
IND independent expenditure supporting/opposing others (explain)* POS postage, deliv	munications appearances es	wise, describe the payment. RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of candidate travel, lodging, and staff/spouse tra	iction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESC	RIPTION OF PAYMENT	AMOUNT PAID
LACDP Renewal	OFC Renewal Fees		100.00
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.	SUE	STOTAL \$ 100.00
Schedule E Summary			
Itemized payments made this period. (Include all Schedule E subtotals.)			\$
Unitemized payments made this period of under \$100			\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Par	t 1, Column (e).)		\$ _0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	the Summary Page, Column A	, Line 6.) T O 1	TAL \$ _315.00

	•			
Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do		Statement covers pe 07/01/2022 from through 12/31/2022	FORM 460
SEE INSTRUCTIONS ON REVERSE			through _12/31/2022	Page of
NAME OF FILER Feel the Bern Democratic Club, Los Angeles			,	I.D. NUMBER 1398000
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and st POS postage, deliv	munications I appearances es ating	RAD radio airtime and p RFD returned contribution SAL campaign workers' TEL t.v. or cable airtime TRC candidate travel, lo TRS staff/spouse travel, TSF transfer between or VOT voter registration	roduction costs ons ' salaries e and production costs odging, and meals
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		,		

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

						20HEDULE F
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.			ers period	CALIFORNIA 460	
			through	022	Page	of
SEE INSTRUCTIONS ON REVERSE					rage	
NAME OF FILER					I.D. NUMBER	,
Feel the Bern Democratic Club, Los Angeles					1398000	
CODES: If one of the following codes accurately describe CMP CNS campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* cvc civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG LIT campaign literature and mailings	s the payment, you may MBR member communicatio MTG meetings and appearan 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 ai RFD returned contri SAL campaign wori TEL t.v. or cable air TRC candidate trav TRS staff/spouse tra	nd production co butions kers' salaries time and producel, lodging, and n avel, lodging, and en committees o	tion costs neals d meals f the 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 P THIS PERI (ALSO REPORT	OD 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 9	\$ 0	0 	\$ 0	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a	accrued expenses under	3100.)		RRED TOTA	\LS\$	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTA	LS \$	
3. Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	er the difference here and			N	NET \$	
						n 460 (Jan/2016))

Pahadula F	Amounts may be rounded	SCHEDULE F (
Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from 07/01/2022 through 12/31/2022	CALIFORNIA 460 FORM of 17			
NAME OF FILER			I.D. NUMBER			
Feel the Bern Democratic Club, Los Angeles CODES: If one of the following codes accurately describ	pes the payment, you may enter the code. Oth	nerwise, describe the payment.	1398000			
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 member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and staff/spouse travel, lodging, and	costs uction costs i meals			

PRO professional services (legal, accounting)

PRT print ads

VOT voter registration

WEB information technology costs (internet, e-mail)

LEG legal defense

campaign literature and mailings

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	\$ O	\$ 0	\$ 0	\$ 0

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

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2022	SCHEDULE G CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE		through 12/31/2022	Page of
NAME OF FILER Feel the Bern Democratic Club, Los Angeles NAME OF AGENT OR INDEPENDENT CONTRACTOR			1.D. NUMBER 1398000
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	s the payment, you may enter the code. Off MBR member communications meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and the staff/spouse travel, lodging, and the candidate travel.	costs uction costs I meals Ind meals of the same candidate/sponsor

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			·	
				1

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
Schedule H .oans Made to Others*		Amounts m to who	ay be rounded le dollars.		Statement cove	-	CALIFORM FORM	460
EE INSTRUCTIONS ON REVERSE					through	022	Page .16	of <u>17</u>
AME OF FILER				'	•		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	S BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	%	s	\$
				☐ FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
Loans that are contributions to another candidate calso be summarized on Schedule D. Loans forgiver eported on Schedule E.	n must also be	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0	The second of	
- · · · · · · · · · · · · · · · · · · ·						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					. 0			
Loans made this period (Total Column (b) plus unitemized loans Payments received on loans	s of less than \$100.)				0			**If Required
(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	•							

(May be a negative number)

Schedule I		Amounts may be rounded	SCH		
Miscellane	ous Increases to Cash	to whole dollars.	Statement covers period from 07/01/2022	california 460 form	
			through	Page 17 of 17	
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE			I.D. NUMBER	
	Democratic Club, Los Angeles			1398000	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
			<u>.</u>		
				,	
				_	
Attach additi	ional information on appropriately labeled continuation sheets.		SUBTOTAL	-\$ 0	
Schedule I	Summary				
1. Itemized inc	creases to cash this period		\$ <u>0</u>	_	
2. Unitemized	increases to cash of under \$100 this period		s 0	_	
	nterest received this period on loans made to others. (So				
				_	
	laneous increases to cash this period. (Add Lines 1, 2, a age, Line 14.)		TOTAL \$	FPPC Form 460 (Jan/2016))	
			FPPC Advice: adv	rice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	