

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

1/25/2021 (1) S121

COVER PAGE

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2021 JAN 27 PM 1:40
CAMPAIGN FINANCE

CALIFORNIA FORM 460
Page 1 of 17
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GOSLOA

Statement covers period
from 7/1/2020
through 12/31/2020

Date of election if applicable:
(Month, Day, Year)

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 1279318

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

LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014,
IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
EL MONTE	CA	91731	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
JSAMOLIN@LOCAL1014.ORG

Treasurer(s)

NAME OF TREASURER

JOHN SMOLIN

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
EL MONTE	CA	91731	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, the information furnished herein, including the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/25/2021 _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

SS

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>17</u>
	I.D. NUMBER 1279318

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$157,022.25	\$303,306.75
2. Loans Received Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$157,022.25	\$303,306.75
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$157,022.25	\$303,306.75

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	Column B
6. Payments Made Schedule E, Line 4	\$63,675.75	\$359,224.05
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$63,675.75	\$359,224.05
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$63,675.75	\$359,224.05

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$847,858.41
13. Cash Receipts Column A, Line 3 above	\$157,022.25
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00
15. Cash Payments Column A, Line 8 above	\$63,675.75
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$941,204.91

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

To calculate Column B, add amounts in Column A to the corresponding amount 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).

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

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

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1279318	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/13/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731 Memo Reference: 1	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,352.25	\$303,306.75	
8/31/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731 Memo Reference: 2	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,509.00	\$303,306.75	
9/9/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731 Memo Reference: 3	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$26,317.50	\$303,306.75	
10/5/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731 Memo Reference: 4	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$26,185.50	\$303,306.75	
11/2/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731 Memo Reference: 5	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$26,507.25	\$303,306.75	
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$157,022.25
2. Amount received this period - unitemized monetary contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$157,022.25

*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 A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u>	CALIFORNIA FORM 460
through <u>12/31/2020</u>	
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NAME OF FILER L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES	I.D. NUMBER 1279318
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/9/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731 Memo Reference: 6	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$27,150.75	\$303,306.75	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

*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 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES

I.D. NUMBER
1279318

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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID		%		CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN				RATE
					DATE DUE		DATE INCURRED	
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID		%		CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN				RATE
					DATE DUE		DATE INCURRED	
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID		%		CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN				RATE
					DATE DUE		DATE INCURRED	
		SUBTOTAL \$		\$	\$	\$	\$	

(Enter (a) on
Schedule E, Line 3)

Schedule B Summary

- | | |
|---|--|
| 1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) | \$0.00 |
| 2. Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.) | \$0.00 |
| 3. Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page, Column A, Line 2. | NET \$0.00
(May be a negative number) |

***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

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

** If required.

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$**

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$0.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$0.00

*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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES

DATE	NAME OF CANDIDATE, 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)
10/28/2020	CITIZENS FOR A RETURN TO A SAFE, STABLE AND NORMAL CALIFORNIA	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,500.00	\$4,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/20/2020	HERB WESSON Office Description: SUPERVISORJurisdiction: County LOS ANGELES, DISTRICT 2	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Memo Reference: 7 MAILERS	\$56,664.75	\$56,664.75	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$61,164.75
- 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.) \$61,164.75

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
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NAME OF FILER
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES

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
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
LIT 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
CITIZENS FOR A RETURN TO A SAFE, STABLE AND NORMAL CALIFORNIA IRVINE, CA 92618 COMMITTEE ID: 1428902	CTB	EARMARKED FOR INDEPENDENT EXPENDITURE(S) TO SUPPORT ROBERT TORRES FOR POMONA CITY COUNCIL, DISTRICT 6 ON NOVEMBER 3, 2020.	\$4,500.00
FIREFIGHTERS PRINT & DESIGN SACRAMENTO, CA 95833	IND	DESIGN & PRINT FOR MAILERS SUPPORTING LOS ANGELES COUNTY CANDIDATE HERB WESSON (SEE SCHEDULE D)	\$54,164.75
POLOMA PUBLIC AFFAIRS SUNLAND, CA 91040	IND	CONSULTING FOR MAILERS SUPPORTING LOS ANGELES COUNTY CANDIDATE HERB WESSON (SEE SCHEDULE D)	\$2,500.00

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payment made this period. (Include all Schedule E subtotals.)	\$63,625.75
2. Unitemized payments made this period of under \$100	\$50.00
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.)	\$63,675.75

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
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NAME OF FILER
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES

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
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
LIT	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
YBARRA & GILLESPIE CPAS LLP RANCHO CUCAMONGA, CA 91730	PRO		\$2,200.00
REICH, ADELL & CVITAN LOS ANGELES, CA 90010	PRO		\$261.00

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

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
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NAME OF FILER
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES

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
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
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 CLOSING OF THIS PERIOD
SUBTOTAL \$			\$	\$	\$

Schedule F Summary

1. 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	<u>\$0.00</u>
2. 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	<u>\$0.00</u>
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	<u>\$0.00</u> <small>(May be a negative number)</small>

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>17</u>
	I.D. NUMBER 1279318

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES

NAME OF AGENT OR INDEPENDENT CONTRACTOR

See below for name of agent or independent contractor.

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AGENT/INDEPENDENT CONTRACTOR: FIREFIGHTERS PRINT & DESIGN PAYEE OR CREDITOR: USPS SACRAMENTO, CA 95834	POS	POSTAGE FOR MAILERS SUPPORTING LOS ANGELES COUNTY CANDIDATE HERB WESSON (SEE SCHEDULE D)	\$33,789.32

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 H Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>17</u>
I.D. NUMBER 1279318	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES

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 OR FORGIVENESS THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
				<input type="checkbox"/> PAID					
				<input type="checkbox"/> FORGIVEN			RATE %		
				<input type="checkbox"/> PAID					
				<input type="checkbox"/> FORGIVEN			RATE %		
		SUBTOTAL		\$	\$	\$	\$		

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period \$0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$0.00
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)NET \$0.00
Enter the net here and on the Summary Page, Column A, Line 7.
(May be a negative number)

** If required.

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>14</u> of <u>17</u>
I.D. NUMBER 1279318	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period.	\$0.00
2. Unitemized increases to cash of under \$100 this period.	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	\$0.00
TOTAL	\$0.00

Memo Reference: 1

AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.

Memo Reference: 2

AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.

Memo Reference: 3

AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.

Memo Reference: 4

AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.

Memo Reference: 5

AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.

Memo Reference: 6

AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.

Memo Reference: 7

earmarked for independent expenditure(s) to support Robert Torres for Pomona City Council, District 6 on November 3, 2020.
