

7/30/21 (FE)

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

CALIFORNIA FORM **460**

Page 1 of 15

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RECEIVED BY LOS ANGELES COUNTY CAMPAIGN FINANCE
2021 AUG -2 AM 11:26

Statement covers period
from 01/01/2021
through 06/30/2021

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
1427288

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN RAFAEL</u>	<u>CA</u>	<u>94901</u>	<u>(415) 389-6800</u>

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
FORM410@NMGVLAW.COM

Treasurer(s)

NAME OF TREASURER
DARRYL LUCIEN

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN RAFAEL</u>	<u>CA</u>	<u>94901</u>	<u>(415) 389-6800</u>

NAME OF ASSISTANT TREASURER, IF ANY
JASON D. KAUNE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN RAFAEL</u>	<u>CA</u>	<u>94901</u>	<u>(415) 389-6800</u>

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 the information contained herein and in 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 07/31/2021
Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on _____
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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES 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?

YES 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

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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2021</u>	CALIFORNIA FORM 460
through <u>06/30/2021</u>	
Page <u>3</u> of <u>15</u>	I.D. NUMBER <u>1427288</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>3,631.46</u>	<u>3,631.46</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>3,631.46</u>	\$ <u>3,631.46</u>

**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 <i>Schedule E, Line 4</i>	\$ <u>32,991.62</u>	\$ <u>32,991.62</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>32,991.62</u>	\$ <u>32,991.62</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>3,631.46</u>	<u>3,631.46</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>36,623.08</u>	\$ <u>36,623.08</u>

**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 <i>Previous Summary Page, Line 16</i>	\$ <u>32,991.62</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>32,991.62</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>0.00</u>

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0.00</u>

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

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

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>15</u>	I.D. NUMBER 1427288

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE

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)
01/31/2021	LUCIEN PARTNERS SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PAYMENT OF PAC ADMINISTRATIVE SERVICES	1,008.50	3,631.46	
02/28/2021	LUCIEN PARTNERS SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PAYMENT OF PAC ADMINISTRATIVE SERVICES	2,622.96	3,631.46	
		<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 \$ 3,631.46

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	3,631.46
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 \$	3,631.46

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

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2021	
through	06/30/2021	Page <u>5</u> of <u>15</u>
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER
NAME OF FILER		1427288

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE

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)
02/16/2021	CURREN PRICE, JR. City Council Member CITY OF LOS ANGELES District 09	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		800.00	800.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/16/2021	CURREN PRICE, JR. City Council Member CITY OF LOS ANGELES District 09	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		800.00	800.00	P2022 \$800.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/16/2021	KATHRYN BARGER County Supervisor LOS ANGELES COUNTY District 05	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,500.00	1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				3,100.00		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 26,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 26,000.00

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2021	
through	06/30/2021	Page <u>6</u> of <u>15</u>

NAME OF FILER BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE	I.D. NUMBER 1427288
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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)
02/16/2021	KATHRYN BARGER County Supervisor LOS ANGELES COUNTY District 05	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	DEBT RETIREMENT	1,500.00	1,500.00	P2020 \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/16/2021	MARK RIDLEY-THOMAS City Council Member CITY OF LOS ANGELES District 10	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	DEBT RETIREMENT	800.00	800.00	P2020 \$800.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/16/2021	MARK RIDLEY-THOMAS City Council Member CITY OF LOS ANGELES District 10	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	DEBT RETIREMENT	800.00	800.00	G2020 \$800.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/16/2021	MARK RIDLEY-THOMAS City Council Member CITY OF LOS ANGELES District 10	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		800.00	800.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				3,900.00		

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2021	
through	06/30/2021	Page <u>7</u> of <u>15</u>

NAME OF FILER BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE	I.D. NUMBER 1427288
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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)
02/16/2021	KATHRYN BARGER County Supervisor LOS ANGELES COUNTY District 05	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,500.00	1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/17/2021	REX RICHARDSON City Council Member CITY OF LONG BEACH District 09	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		400.00	400.00	P2022 \$400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/24/2021	GIL CEDILLO City Council Member CITY OF LOS ANGELES District 01	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		800.00	800.00	P2022 \$800.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/24/2021	JOHN EBENSTEIN City Council Member CITY OF LOS ANGELES District 05	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		800.00	800.00	P2022 \$800.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				3,500.00		

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2021	
through	06/30/2021	Page <u>8</u> of <u>15</u>

NAME OF FILER BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE	I.D. NUMBER 1427288
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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)
02/24/2021	KATRINA FOLEY County Supervisor ORANGE COUNTY District 02	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,000.00	1,000.00	S2021 \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
03/04/2021	JONATHAN RYAN HERNANDEZ City Council Member CITY OF SANTA ANA District 05	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	DEBT RETIREMENT	1,000.00	1,000.00	G2020 \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
03/04/2021	EMMA SHARIF Mayor CITY OF COMPTON	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,500.00	1,500.00	P2021 \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
03/22/2021	DAVID VELA Board of Education LOS ANGELES COMMUNITY COLLEGE DISTRICT	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		5,000.00	5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				8,500.00		

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2021	
through	06/30/2021	Page <u>9</u> of <u>15</u>
NAME OF FILER		I.D. NUMBER
BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE		1427288

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)
03/23/2021	ERIK MILLER Board of Education LONG BEACH USD District 02	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,000.00	1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
04/02/2021	DARRELL STEINBERG Mayor CITY OF SACRAMENTO	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		2,500.00	2,500.00	P2024 \$2,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
04/29/2021	JESSICA ANCONA Mayor CITY OF EL MONTE	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		2,000.00	2,000.00	P2022 \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
06/22/2021	RICHARD BLOOM County Supervisor LOS ANGELES COUNTY District 03	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,500.00	1,500.00	P2022 \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				7,000.00		

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2021	
through	06/30/2021	Page <u>10</u> of <u>15</u>
NAME OF FILER		I.D. NUMBER
BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE		1427288

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE

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
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
OLSON REMCHO, LLP SACRAMENTO, CA 95814	PRO		230.00
COUNCILMEMBER CURREN PRICE JR. OFFICEHOLDER ACCOUNT 2013 (ID# 1359453) LOS ANGELES, CA 90017	CTB		800.00
CURREN PRICE, JR. FOR CITY COUNCIL 2022 (ID# 1432433) LOS ANGELES, CA 90017	CTB		800.00

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

SUBTOTAL \$ 1,830.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	32,991.62
2. Unitemized 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
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>32,991.62</u>

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>15</u>
	I.D. NUMBER 1427288

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE

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
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
KATHRYN BARGER FOR SUPERVISOR 2016 ATTORNEY'S FEES FUND (ID# 1383622) LOS ANGELES, CA 90017	CTB			1,500.00
KATHRYN BARGER FOR SUPERVISOR 2020 (ID# 1414462) LOS ANGELES, CA 90017	CTB		DEBT RETIREMENT	1,500.00
MARK RIDLEY-THOMAS FOR CITY COUNCIL 2020 (ID# 1415234) LOS ANGELES, CA 90017	CTB		DEBT RETIREMENT	800.00
MARK RIDLEY-THOMAS FOR CITY COUNCIL 2020 - GENERAL (ID# 1426182) LOS ANGELES, CA 90017	CTB		DEBT RETIREMENT	800.00
MARK RIDLEY-THOMAS FOR CITY COUNCIL 2020 OFFICEHOLDER (ID# 1415234) LOS ANGELES, CA 90017	CTB			800.00

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

SUBTOTAL \$ 5,400.00

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2021	
through	06/30/2021	Page 12 of 15
NAME OF FILER		I.D. NUMBER
BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE		1427288

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

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
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
SUPERVISOR KATHRYN BARGER OFFICEHOLDER ACCOUNT 2016 (ID# 1393192) LOS ANGELES, CA 90017	CTB			1,500.00
REX RICHARDSON FOR CITY COUNCIL 2022 (ID# 1435795) LONG BEACH, CA 90802	CTB			400.00
CEDILLO FOR CITY COUNCIL 2022 (ID# 1433921) LOS ANGELES, CA 90017	CTB			800.00
JEFF EBENSTEIN FOR CITY COUNCIL 2022 (ID# 1432388) LONG BEACH, CA 90802	CTB			800.00
KATRINA FOLEY FOR SUPERVISOR 2021 (ID# 1435506) COSTA MESA, CA 92626	CTB			1,000.00

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

SUBTOTAL \$ 4,500.00

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>15</u>
	I.D. NUMBER 1427288

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE

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

OMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHD 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
JONATHAN RYAN HERNANDEZ FOR SANTA ANA CITY COUNCIL 2020 (ID# 1426186) FULLERTON, CA 92835	CTB		DEBT RETIREMENT	1,000.00
SHARIF FOR MAYOR 2021 (ID# 1435931) INGLEWOOD, CA 90301	CTB			1,500.00
OLSON REMCHO, LLP SACRAMENTO, CA 95814	PRO			1,364.28
DAVID VELA FOR COLLEGE BOARD 2020 - OFFICEHOLDER ACCOUNT (ID# 1382652) LONG BEACH, CA 90802	CTB			5,000.00
ERIK MILLER FOR SCHOOL BOARD 2020 - OFFICEHOLDER ACCOUNT (ID# 1416452) LONG BEACH, CA 90802	CTB			1,000.00

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

SUBTOTAL \$ 9,864.28

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2021	
through	06/30/2021	Page 14 of 15
NAME OF FILER		I.D. NUMBER
BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE		1427288

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

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
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
STEINBERG FOR SACRAMENTO MAYOR 2024 (ID# 1426136) SACRAMENTO, CA 95815	CTB		2,500.00
ANCONA FOR MAYOR 2022 (ID# 1429063) COVINA, CA 91722	CTB		2,000.00
UPLIFT COMMUNITY FUND SAN JOSE, CA 95127	CVC		2,000.00
OLSON REMCHO, LLP SACRAMENTO, CA 95814	PRO		113.00
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP SACRAMENTO, CA 95814	PRO		625.00

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

SUBTOTAL \$ 7,238.00

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2021	
through	06/30/2021	Page 15 of 15
NAME OF FILER		I.D. NUMBER
BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE		1427288

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

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
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
BLOOM FOR SUPERVISOR 2022 (ID# 1436843) LONG BEACH, CA 90802	CTB		1,500.00
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP SACRAMENTO, CA 95814	PRO		1,498.10
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP SACRAMENTO, CA 95814	PRO		676.01
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP SACRAMENTO, CA 95814	PRO		485.23

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

SUBTOTAL \$ 4,159.34

7/30/21 (2)

Statement of Organization Recipient Committee

Statement Type

Initial
Not yet qualified
Date qualification threshold met

Amendment
Date qualification threshold met
06 / 17 / 2020

Termination - See Part 6
Date of termination
06 / 30 / 2021

RECEIVED BY LOS ANGELES COUNTY CAMPAIGN FINANCE
2021 AUG -2 AM 11:25

CALIFORNIA FORM 410 For Official Use Only

1. Committee Information I.D. Number (if applicable) 1427288

NAME OF COMMITTEE: BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE
STREET ADDRESS (NO P.O. BOX)
CITY: SAN RAFAEL STATE: CA ZIP CODE: 94901 AREA CODE/PHONE: (415) 389-6800
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): FORM410@NMGOVLAW.COM
COUNTY OF DOMICILE: MARIN JURISDICTION WHERE COMMITTEE IS ACTIVE: LOS ANGELES COUNTY

2. Treasurer and Other Principal Officers

NAME OF TREASURER: DARRYL LUCIEN
STREET ADDRESS (NO P.O. BOX)
CITY: SAN RAFAEL STATE: CA ZIP CODE: 94901 AREA CODE/PHONE: (415) 389-6800
NAME OF ASSISTANT TREASURER, IF ANY: JASON D. KAUNE
STREET ADDRESS (NO P.O. BOX)
CITY: SAN RAFAEL STATE: CA ZIP CODE: 94901 AREA CODE/PHONE: (415) 389-6800
NAME OF PRINCIPAL OFFICER(S): DARRYL LUCIEN, TREASURER
STREET ADDRESS (NO P.O. BOX)
CITY: SAN RAFAEL STATE: CA ZIP CODE: 94901 AREA CODE/PHONE: (415) 389-6800

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/31/2021 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on [Date] By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [Date] By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [Date] By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE	I.D. NUMBER 1427288
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF MARIN	AREA CODE/PHONE (415) 927-8905	BANK ACCOUNT NUMBER 01763722	
ADDRESS CORTE MADERA	CITY CORTE MADERA	STATE CA	ZIP CODE 94925

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		(list political party below)
			Nonpartisan	Partisan	

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
BLACK BUSINESS DEVELOPMENT POLITICAL ACTION COMMITTEE

I.D. NUMBER
1427288

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

TO SUPPORT OR OPPOSE LOCAL CANDIDATES

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing this verification, the treasurer, assistant treasurer and/or candidate, officer/holder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.