Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in inl	k	LUS ANGELES	CALIFORNIA 460 FORM 17
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)	0001 2002	3. Encofficial Use Only
O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee O Sponsored ☐ Proposed ☐ Small Contributor Committee	rimarily Formed Ballot Measure Committee Controlled Sponsored Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te	Quarterly Special C Supplementation)	, ,
		Treasurer(s) NAME OF TREASURER Margaret Finnstrom MAILING ADDRESS CITY Valencia NAME OF ASSISTANT TREASUR	STATE ZIP CODE CA 91354 RER, IF ANY	AREA CODE/PHONE 818-584-4013
CITY STATE ZIP COLOPTIONAL: FAX / E-MAIL ADDRESS		MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	BySignature of Control	edge the information contained her	ponent or Responsible Officer of Sponsor	true and complete. I certify

CALIFORNIA 460

age	2	of	17	
aye		of _		

Recipient Committee Campaign Statement Cover Page — Part 2

	Committee	O. 1 11111	arily Formed Ballo	t Measure Con	nmittee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME	OF BALLOT MEASURE			•
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	D DISTRICT NUMBER IF APPLICABLE)	BALLO	T NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	EET) CITY STATE ZIP	ldenti	fy the controlling offi	ceholder, candida	ite, or state measure	e proponent, if a
		NAME	OF OFFICEHOLDER, CAN	DIDATE, OR PROPON	NENT	
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of	d by you or are primarily formed to receive	OFFICE	E SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER			<u>. </u>	_, l	·
	CONTROLLED COMMITTEE?	7. Prim	arily Formed Cand	lidate/Officeho	Ider Committee	List names of
NAME OF TREASURER	YES NO	office	holder(s) or candidate(s)	for which this con	nmittee is primarily fo	rmed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME	OF OFFICEHOLDER OR C	ANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME	OF OFFICEHOLDER OR C	ANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
				`		
COMMITTEE NAME	I.D. NUMBER	NAME	OF OFFICEHOLDER OR C	ANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT
	CONTROLLED COMMITTEE?		OF OFFICEHOLDER OR C		FICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (CONTROLLED COMMITTEE?					U SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE Statement covers period **CALIFORNIA** 01/01/2024 **FORM** from of: 17 06/30/2024 through _ 1.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1398000 Feel the Bern Democratic Club, Los Angeles **Calendar Year Summary for Candidates** Column A Column B **Contributions Received** TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 491 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0 0 2. Loans Received Schedule B, Line 3 20. Contributions 491 491 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 491 491 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Expenditures Made **Expenditure Limit Summary for State** 767 767 6. Payments Made Schedule E, Line 4 \$ **Candidates** 0 0 22. Cumulative Expenditures Made* 767 767 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) . 0 10. Nonmonetary Adjustment Schedule C, Line 3 767 767 **Current Cash Statement** 4096 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _ To calculate Column B, add 491 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 767 15. Cash Payments Column A, Line 8 above Column A may be negative 3820 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ___ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ _ FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ __

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule / Monetary (A Contributions Received	Amount	e or print in ink. ts may be rounded whole dollars.	unded Statement covers period			CALIFORNIA 460		
SEE INSTRUCTION	INS ON REVERSE			through06/3	/30/2024	Page	4 of17		
NAME OF FILER Feel the Be	ern Democratic Club, Los Angeles		·	-		1.D. NO 13980	IUMBER 3000		
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) 200.00 200.00		PER ELECTION TO DATE (IF REQUIRED)			
03/13/2024	Orinio Opinaldo Los Angeles, CA, 90018	☑IND □COM □OTH □PTY □SCC	Retired Teacher			.00			
		□IND □COM □OTH □PTY □SCC				-			
	. ·	□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
			SUBTOTALS	\$		`			
Amount red (Include all	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contributions			200.00	IND- COM OTH	(other	ual ilent Committee r than PTY or SCC) r (e.g., business entity)		

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

491.00

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.	.)
--------------	-------	----

CALIFORNIA 400

Statement covers period

·	to whole dollars.				/2024	FORM 460	
				through06/3	0/2024		
NAME OF FILER						I.D. NUN	
Feel the B	ern 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 TO CALENDAR Y (JAN. 1 - DEC	EAR	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	1				
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 0			

*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

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1 Loans Received		ounts may be ro to whole dollar	unded		Statement cov	CALIFORN FORM	¹⁴ 460	
SEE INSTRUCTIONS ON REVERSE					through	30/2024	Page 6	of17
NAME OF FILER							I.D. NUMBER	
Feel the Bern Democratic Club, Los Ange	eles						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 PAII OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID \$ FORGIVEN	s	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**
†□IND □COM □OTH □PTY □SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				\$ FORGIVEN	- \$	RATE	\$	CALENDAR YEAR \$ PER ELECTION **
† IND COM OTH PTY SCC		\$	5	\$	DATE DUE	\$	DATE INCURRED	CALENDAR YEAR
				\$ \$ forgiven	s		\$	\$PER ELECTION **
†□IND □COM □OTH □PTY □SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0 \$	\$ (0 \$ 0	\$ 0		
Schedule B Summary					-	(Enter (e) on Schedule E, Line 3)	-	
Loans received this period				\$	0			
(Total Column (b) plus unitemized loans 2. Loans paid or forgiven this period	of less than \$100.)				0	IN	contributor Codes D – Individual	mmittoo
(Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)			¥ —		O ¹	ΓH – Òther (e.g., Ύ – Political Party	PTY or SCC) business entity)
Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.) Page, Column A, Line 2.			NET \$	May be a negative number)	so	CC - Small Contrib	outor Committee
*Amounts forgiven or paid by another party also r ** If required.	nust be reported on Schedule A.				FPPC	Toll-Free Helplii		460 (January/05) C (866/275-3772)

SCHEDULE B - PART 1

Schedule B – Part 2		Type or print in ink.	1				HEDULE B - PART
Loan Guarantors		Amounts may be rounded to whole dollars.			ent covers period 01/01/2024	CALIFOR FORM	NIA 460
SEE INSTRUCTIONS ON REVERSE				through .	06/30/2024	Page7	of17
NAME OF FILER						1.D. NUMBER	?
Feel the Bern Democratic Club, Los Angele	es					1398000	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER			CALENDAR YEAR	
	□OTH □PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc					\$	
	□IND		LENDER			CALENDAR YEAR	
	□COM □OTH □PTY		DATE	- 		PER ELECTION (IF REQUIRED)	
	□scc					\$	
	□IND □COM		LENDER			CALENDAR YEAR	
	□ОТН □РТҮ		DATE			PER ELECTION (IF REQUIRED)	
	□scc					\$	
	□IND		LENDER			CALENDAR YEAR	
	□COM □OTH □PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc					, s	

Enter on Summary Page, Line 17 only.

0

SUBTOTAL \$

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from 01/01/2024 CALIFORNIA 460

through 06/30/2024 Page 8 of 17

I.D. NUMBER 1398000

NAME OF FILER

Feel the Bern Democratic Club. Los Angeles

1 001 1110 2	50111 pointed and ciab, 2007 ingeloc						
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)
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
·		□IND □COM □OTH □PTY □SCC				,	
		□IND □COM □OTH □PTY □SCC					
Attach add	ditional information on appropriately labe	ed continuat	ion sheets.	SUBTOTAL \$	0		

2. Amount received this period – uniternized nonmonetary contributions of less than \$100\$

 *Contributor Codes

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

0

PTY - Political Party

Supporting Candidate SEE INSTRUCTION NAME OF FILER	of Expenditures ag/Opposing Other es, Measures and Committees ons on Reverse ern Democratic Club, Los Angeles	Type or print i Amounts may be to whole dol	rounded	Statement covers 01/01/2 through06/30	/2024 P	ALIFORNIA FORM 460 age 9 of 17 D. NUMBER 398000
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 CALENDAR YE (JAN. 1 - DEC. 3	AR TO DATE
	Support D Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	,			
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary. Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL S	0		
1. Itemized o	D Summary contributions and independent expenditures made of contributions and independent expenditures in		·			

Schedule D (Continuation Sheet) Type or print in ink. SCHEDULE D (CONT.) Amounts may be rounded **Summary of Expenditures** Statement covers period CALIFORNIA to whole dollars. **Supporting/Opposing Other** 01/01/2024 **FORM** from Candidates, Measures and Committees 06/30/2024 through. NAME OF FILER I.D. NUMBER Feel the Bern Democratic Club, Los Angeles 1398000 **CUMULATIVE TO DATE** PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION TYPE OF PAYMENT AMOUNT THIS DATE · CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution Nonmonetary Contribution ☐ Independent Expenditure ☐ Oppose ☐ Support Contribution Nonmonetary Contribution ☐ Independent Expenditure ☐ Support □ Oppose ☐ Monetary Contribution □ Nonmonetary Contribution ☐ Independent Expenditure ☐ Oppose ☐ Support Contribution □ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support Oppose

SUBTOTAL \$

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

0

Amounts may be rounded		ement covers period 01/01/2024	CALIF	744 61 1			
SEE INSTRUCTIONS ON REVERSE					through06/30/2024		11 of 17
Feel the Bern Democratic Club, Los Angeles						1.D. NUI 139800	
CODES: If one of the following codes accurately describes 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)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearances uses lating survey research	ı senger services	RAD RED IN SAL COTEL to TRC COTES STAF to VOT V	scribe the payment. adio airtime and productive turned contributions ampaign workers' salaries. v. or cable airtime and productive travel, lodging, and taff/spouse travel, lodging ansfer between committed to the registration technology control.	es roduction cost and meals g, and meals ees of the sar	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR		DESCRIPTION O	OF PAYMENT		AMOUNT PAID
,						í	
* Payments that are contributions or independent expenditures m	nust also be summ	arized on Sch	nedule D.			SUBTOTAL\$	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	
2. Unitemized payments made this period of under \$100						\$	767
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column (e).)			\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Er	nter here and on t	ne Summary	Page, Colum	n A, Line 6.)	Т	OTAL \$_	767

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink. Amounts may be rounded SCHEDULE E (CONT.)

Statement covers period CALIFORNIA to whole dollars. 01/01/2024 **FORM** from 06/30/2024 17 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Feel the Bern Democratic Club, Los Angeles 1398000 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. 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 candidate travel, lodging, and meals POL staff/spouse travel, lodging, and meals FND fundraising events polling and survey research TRS transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT WEB information technology costs (internet, e-mail) print ads NAME AND ADDRESS OF PAYEE OR AMOUNT PAID CODE DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 0

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

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

Statement covers period from 01/01/2024	california 460
through06/30/2024	Page13 17
	I.D. NUMBER

			through06/3	0/2024 Page	13 of17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUN	
Feel the Bern Democratic Club, Los Angeles				13980	
					-
CODES: If one of the following codes accurately described 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)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services (PRT print ads	ns nces earch messenger services	RAD radio airtime ai returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registrati	nd production costs buttons kers' salaries time and production cost el, lodging, and meals avel, lodging, and meals en committees of the sa	me candidate/sponsor
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
,					
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	SUBTOTALS	0 \$	0 \$	0 \$;
Schedule F Summary					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized as accrued expenses of \$100 or more.)			INCU	RRED TOTALS \$ _	0
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p				.PAID TOTALS \$_	0
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	l		NET \$	O
					Eorm 460 / Ionuon/05)

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2024	SCHEDULE F (COL CALIFORNIA FORM 460		
,		through06/30/2024	Page 14 of 17		
NAME OF FILER			I.D. NUMBER		
Feel the Bern Democratic Club, Los Angeles			1398000		
CODES: If one of the following codes accurately des	scribes the payment, you may enter the co	ode. Otherwise, describe the payment	•		
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production of	costs		
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and appearances OFC office expenses	RFD returned contributions SAL campaign workers' salaries			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and produ	uction costs		

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)

POL polling and survey research

POS postage, delivery and messenger services

phone banks

PHO

independent expenditure supporting/opposing others (explain)*

FIL candidate filing/ballot fees

FND fundraising events

IND

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	\$ 0	\$ 0	\$ 0	\$ 0

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

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

Schedule G	Tvi	pe or print in ink.			_	SCHEDULE
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amou	nts may be rounded whole dollars.	fro	Statement covers period m01/01/2024	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE			thr	ough06/30/2024	Page 1	5 of 17
NAME OF FILER			- -		I.D. NUMBE	:R
Feel the Bern Democratic Club, Los Angeles					1398000)
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees FND fundraising events	MBR member co MTG meetings a OFC office exp PET petition circ PHO phone ban	ommunications and appearances enses culating	. Otherwis RAD RFD SAL TEL TRC TRS	• •	costs uction costs meals	
IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT. campaign literature and mailings		elivery and messenger services al services (legal, accounting)	TSF VOT WEB	transfer between committees voter registration	of the same	·
* Payments that are contributions or independent expenditures must als	o be summarized o	n Schedule D.				
NAME AND ADDRESS OF PAYEE OR CREDITOR		CODE OB	DESCRIPTIO	NI OE DAVMENT		AMOUNT DAID

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OF	DESCRIPTION OF PA	YMENT	AMOUNT PAID
				-
·				
		,		
		,		
ch additional information on appropriately labeled continuation si	heets.		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
Schedule H Loans Made to Others* Type or pri Amounts may to whole			y be rounded		Statement covers period 01/01/2024 from		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through06/	30/2024	Page 16	of17
NAME OF FILER							I.D. NUMBER	
Feel the Bern Democratic Club, Los Ang	eles						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 CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				_		04		
	•			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 candid must also be summarized on Schedule D. Loans also be reported on Schedule E.		SUBTOTALS	\$	\$	\$	· \$		S S S S S
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	of less than \$100.)				\$. 0	- [**If Required
Payments received on loans (Total Column (c) plus unitemized paym					\$. 0	-	
3. Net change this period. (Subtract Line (Enter the net here and on the Summar			•		NET \$	O y be a negative number)	-	

Schedule I		Type or print in ink.			SCHEDUL SCHEDUL		
Miscellaneous Increases to Cash		Amounts may be rounded State to whole dollars.			t covers period	CALIFORNIA 460	
				from	1/01/2024	FORM 400	
SEE INSTRUCTIONS ON REVER	SE.	through			06/30/2024	Page of	
NAME OF FILER	JE					I.D. NUMBER	
Feel the Bern Democra	atic Club, Los Angeles					1398000	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF REC	EIPT	AMOUNT OF INCREASE TO CASH	
						<u> </u>	
	•						
					·		
Attach additional inform	nation on appropriately labeled continuation sheets.	-			SUBTOTAL	\$ 0	
Schedule I Summa	ry						
•	o cash this period			\$		<u>)</u>	
2. Unitemized increase	s to cash of under \$100 this period			\$		<u>)</u>	
	eceived this period on loans made to others. (Sched			\$			
	increases to cash this period. (Add Lines 1, 2, and e 14.)			TOTAL S	()	
Summary Fage, Lift	G 17./			IOIAL 9		FPPC Form 460 (January/05)	
				FF	PC Toll-Free Helplin	e: 866/ASK-FPPC (866/275-3772)	