1/28/22 UPS 2021-3

# Récipient Committee

Type or print in ink.

Date Stamp

| Campaign Statement Cover Page (Government Code Sections 84200-84216.5) |   |         |                         |   |  | FORM 46U          |                       |  |
|--|---|---------|-------------------------|---|--|-------------------|-----------------------|--|
| SEE INSTRUCTIONS ON REVERSE  |   | from    | Statement covers period | Date of election if applicable:<br>(Month, Day, Year)   | LOS ANG<br>2022 JAN  | 5                 | For Official Use Only |  |
|  |   | thro    | ugh 12/31/2021          |   | CAMPA  | IGN FIR           | ANCE                  |  |
| 1.   | Type of Recipient Committee: A  | II Comm | ittees – Complete       | Parts 1, 2, 3, and 4.                                   | 2. Type of Statement:  |                   |                       |  |
|  | ☐ Officeholder, Candidate Controlled Com ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) |         | Commit O Cont           | trolled   | ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Term | nination)         | Supplement            | atement<br>I-Year Report<br>Ial Preelection<br>Attach Form 495 |
|  | ■ General Purpose Committee ■ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee     |         | Officeho                | y Formed Candidate/<br>older Committee<br>plete Part 7) | Amendment (Explain belo  | w)                |                       |  |
| 3.   | Committee Information   |         | 1.D. NUM<br>13218       |   | Treasurer(s)   |                   |                       |  |
|  | COMMITTEE NAME (OR CANDIDATE'S NAME IF  | NO CO   |                         | .12   | NAME OF TREASURER  |                   |                       | 100  |
|  | LABORERS LOCAL 300 ISSUES COMMITTEE   |         |                         |   | LUIS ROBLES  |                   |                       |  |
|  | EABORERS EGGAE 300 1000EG GOMMITTEE   |         |                         |   | MAILING ADDRESS  |                   |                       |  |
|  | STREET ADDRESS (NO P.O. BOX)  |         |                         | -   | CITY   | STATE ZI          | P CODE                | AREA CODE/PHONE  |
|  |   |         |                         |   | LOS ANGELES  | CA 90             | 0006                  | 213-385-3550   |
|  | CITY  | STATE   | ZIP CODE                | AREA CODE/PHONE   | NAME OF ASSISTANT TREASURER  | R, IF ANY         |                       |  |
|  | LOS ANGELES   | CA      | 90006                   | 213-385-3550  |  |                   |                       |  |
|  | MAILING ADDRESS (IF DIFFERENT) NO. AND  | STREET  | OR P.O. BOX             |   | MAILING ADDRESS  |                   |                       |  |
|  | CITY  | STATE   | ZIP CODE                | AREA CODE/PHONE   | CITY   | STATE ZI          | P CODE                | AREA CODE/PHONE  |
|  | OPTIONAL: FAX / E-MAIL ADDRESS 213-386-5583 / williams@rac-law.   | com     |                         |   | OPTIONAL: FAX / E-MAIL ADDRES  | S                 |                       | 50.00 0 m v  |
| _  | Verification  | COIII   |                         |   |  |                   | -                     |  |
|  | I have used all reasonable diligence in prepa<br>under penalty of perjury under the laws of the               |         |                         |   |  |                   | s is tr               | ue and complete. I certify                                     |
|  | Executed on 01/28/2022  |         |                         | ŧ   |  |                   | _                     |  |
|  | Executed on01/28/2022   |         | _                       | ı   |  |                   | _                     |  |
|  | Executed onDate   |         |                         | L-y-  | Signature of Controlling Officeholder, Candidate, State  | Measure Proponent |                       |  |
|  | Executed on   |         |                         | Ву  | Signature of Controlling Officeholder, Candidate, State  | Measure Proponent |                       |  |

# Recipient Committee Campaign Statement Cover Page — Part 2

|        | COVE | R PAGE - PART     |
|--------|------|-------------------|
| CALIF  | ORN  | <sup>IA</sup> 460 |
| Page _ | 2    | of8               |

| Officeholder or Candidate Controlled Com   | mittee                             | 6. | Primarily Formed Ball                              | lot Measure     | Committee             |                       |  |
|--|------------------------------------|----|--|-----------------|-----------------------|-----------------------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE  |                                    |    | NAME OF BALLOT MEASURE                             |                 |                       |                       |  |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR  | RICT NUMBER IF APPLICABLE)         |    | BALLOT NO. OR LETTER                               | JURISDICTI      | ON                    | SUPPORT OPPOSE        |  |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  | CITY STATE ZIP                     |    | Identify the controlling of                        | fficeholder, ca | ndidate, or state mea | sure proponent, if ar |  |
|  |                                    |    | NAME OF OFFICEHOLDER, CA                           | NDIDATE, OR PI  | ROPONENT              |                       |  |
| Related Committees Not Included in this S<br>not included in this statement that are controlled by you<br>contributions or make expenditures on behalf of your c | or are primarily formed to receive |    | OFFICE SOUGHT OR HELD                              |                 | DISTRIC               | T NO. IF ANY          |  |
| COMMITTEE NAME   | I.D. NUMBER                        |    |  |                 |                       |                       |  |
| NAME OF TREASURER  | CONTROLLED COMMITTEE?              | 7. | Primarily Formed Car officeholder(s) or candidate( |                 |                       |                       |  |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  | вох)                               |    | NAME OF OFFICEHOLDER OR                            | CANDIDATE       | OFFICE SOUGHT OR H    | SUPPORT OPPOSE        |  |
| CITY STATE ZIP   | CODE AREA CODE/PHONE               |    | NAME OF OFFICEHOLDER OR                            | CANDIDATE       | OFFICE SOUGHT OR H    | SUPPORT OPPOSE        |  |
| COMMITTEE NAME   | I.D. NUMBER                        |    | NAME OF OFFICEHOLDER OR                            | CANDIDATE       | OFFICE SOUGHT OR H    | HELD SUPPORT          |  |
| NAME OF TREASURER  | CONTROLLED COMMITTEE?  YES NO      |    | NAME OF OFFICEHOLDER OR                            | CANDIDATE       | OFFICE SOUGHT OR H    | HELD SUPPORT          |  |
| COMMITTEE ADDRESS (NO P.O.   | BOX)                               |    |  |                 |                       |                       |  |
| CITY STATE ZIP   | CODE AREA CODE/PHONE               |    | Atta   | ach continuati  | on sheets if necessar | у                     |  |

## **Campaign Disclosure Statement** Su

| CI | 15.41 | MAI | VI   | PAG |   |
|----|-------|-----|------|-----|---|
| 3  | JIVI  | MM  | X1 I | MO  | _ |

| Summary Page                        | Amounts may be rounded<br>to whole dollars. | Statement covers period | CALIFORNIA 460 |
|-------------------------------------|---|-------------------------|----------------|
|                                     |   | from10/17/2021          | FORM TOU       |
| SEE INSTRUCTIONS ON REVERSE         |   | through12/31/2021       | Page3 of8      |
| NAME OF FILER                       |   | *                       | I.D. NUMBER    |
| LABORERS LOCAL 300 ISSUES COMMITTEE |   |                         | 1321812        |

| Contributions Received  | (  | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) |  | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE       | Calendar Year Summary for Candidates<br>Running in Both the State Primary and   |  |
|---|----|--|--|--|---|--|
| Monetary Contributions Schedule A, Line 3                             | \$ | 19,964.32  | \$   | 79,442.09  | General Elections   |  |
| 2. Loans Received   |    | 0.00   |  | 0.00   | 1/1 through 6/30 7/1 to Date  |  |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2                        | \$ | 19,964.32  | \$   | 79,442.09  | 20. Contributions Received \$ \$  |  |
| 4. Nonmonetary Contributions Schedule C, Line 3                       |    | 0.00   |  | 0.00   | 21 Expenditures   |  |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4                       | \$ | 19,964.32  | \$   | 79,442.09  | Made \$ \$  |  |
| Expenditures Made   |    |  |  |  | Expenditure Limit Summary for State   |  |
| 6. Payments Made Schedule E, Line 4                                   | \$ | 1,965.00   | \$   | 84,964.00  | Candidates  |  |
| 7. Loans Made Schedule H, Line 3                                      |    | 0.00   |  | 0.00   | 22. Cumulative Expenditures Made*   |  |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7                             | \$ | 1,965.00   | \$   | 84,964.00  | (If Subject to Voluntary Expenditure Limit)                                     |  |
| 9. Accrued Expenses (Unpaid Bills)                                    |    | -150.00  |  | 330.00   | Date of Election Total to Date  |  |
| 10. Nonmonetary Adjustment  |    | 0.00   |  | 0.00   | (mm/dd/yy)  |  |
| 11. TOTAL EXPENDITURES MADE   | \$ | 1,815.00   | \$   | 85,294.00  | /\$   |  |
| Current Cash Statement  |    |  | Г  |  | s   |  |
| 12. Beginning Cash Balance Previous Summary Page, Line 16             | \$ | 114,044.80   | То   | calculate Column B, add                          |   |  |
| 13. Cash Receipts Column A, Line 3 above                              |    | 19,964.32  | amounts in Column A to the corresponding amounts   |  |   |  |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4                |    | 0.00   | fro  | om Column B of your last                         | *Amounts in this section may be different from amounts<br>reported in Column B. |  |
| 15. Cash Payments Column A, Line 8 above                              |    | 1,965.00   |  | port. Some amounts in<br>olumn A may be negative |   |  |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ | 132,044.12   | figures that should be<br>subtracted from previous |  |   |  |
| If this is a termination statement, Line 16 must be zero.             |    |  | pe   | eriod amounts. If this is                        |   |  |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Par                          |    | 0.00   | for  | r this calendar year, only                       | ¥   |  |
| Cash Equivalents and Outstanding Debts                                |    |  |  | om Lines 2, 7, and 9 (if                         |   |  |
| 18. Cash Equivalents See instructions on reverse                      | \$ | 0.00   |  |  |   |  |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above           | \$ | 330.00   |  |  |   |  |
|   |    |  | 1  |  | FPPC Form 460 (Ja<br>FPPC Advice: advice@fppc.ca.gov (866/2)                    |  |

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

|   |   | whole dollars.  | from10/17/20                      | FORM 460   |                        |
|---|---|---|-----------------------------------|--|------------------------|
| EE INSTRUCTIONS ON REVERSE  |   |   | through12/31/20                   | 021  | Page of8               |
| AME OF FILER ABORERS LOCAL 300 ISSUES COMMITTEE   |   |   |                                   |  | I.D. NUMBER<br>1321812 |
| DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | OR CONTRIBUTOR CODE *                   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DA<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31 | AR TO DATE             |
| 2/03/2021 CONSTRUCTION LABORERS DUES/VACATION TRUST  COVINA, CA 91724 AS COLLECTION AGENT/CONDUIT FOR MEMBERS OF LIUNA LOCAL 300, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE. | □IND □COM ⊠OTH □PTY □SCC                |   | 19,964.32                         | 79,442   | 2.09                   |
|   | IND<br>  COM<br>  OTH<br>  PTY<br>  SCC |   |                                   |  |                        |
|   | □IND □COM □OTH □PTY □SCC                |   |                                   |  |                        |
|   | IND<br>  COM<br>  OTH<br>  PTY<br>  SCC |   |                                   |  |                        |
|   | IND<br>  COM<br>  OTH<br>  PTY<br>  SCC |   |                                   |  |                        |
|   |   | SUBTOTAL  | .\$ 19,964.32                     |  |                        |

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

 IND-Individual

COM – Recipient Committee (other than PTY or SCC)

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

### Schedule E Payments Made

Amounts may be rounded to whole dollars.

| Staten  | nent covers period | CALIFORNIA 160  |
|---------|--------------------|-----------------|
| from    | 10/17/2021         | FORM 400        |
| through | 12/31/2021         | Page _5 _ of _8 |
|         |                    | I.D. NUMBER     |
|         |                    | 1301010         |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

LABORERS LOCAL 300 ISSUES COMMITTEE

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

| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
|-----|---|-----|---|-----|---|
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| СТВ | 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                   |
| ND  | 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)           |

| CODE OR DESCRIPTION OF PAYE | MENT AMOUNT PAID |
|-----------------------------|------------------|
| PRO                         | 360.00           |
|                             |                  |
| PRO                         | 60.00            |
| PDO .                       | 60.00            |
| PRO                         | 60.00            |
|                             | PRO              |

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

> > www.fppc.ca.gov

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

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

| SCHEDULE E (CONT.) |
|--------------------|
|--------------------|

NAME OF FILER

LABORERS LOCAL 300 ISSUES COMMITTEE

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

CMP campaign paraphemalia/misc.

CNS campaign consultants

MBR member communications meetings and appearances

MBR member communications meetings and appearances

RAD radio airtime and production costs returned contributions

CNS campaign consultants

MIG meetings and appearances

OFC office expenses

OFC civic donations

PET petition circulating

TEL t.v. or cable airtime and production costs

FIL candidate filing/ballot fees
FND fundraising events
FND independent expenditure supporting/opposing others (explain)\*
FND independent expenditure supporting/opposing others (explain)\*
FND independent expenditure supporting/opposing others (explain)\*
FND phone banks
FNS staff/spouse travel, lodging, and meals
FNS staff/spouse travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TRS 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 VEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAY | MENT AMOUNT PAID |
|---|----------------------------|------------------|
| REICH, ADELL & CVITAN   | PRO                        | 660.0            |
| Los Angeles, CA 90010   |                            |                  |
| YBARRA & ASSOCIATES, PROFESSIONAL ACCOUNTANCY CORPORATION           | PRO .                      | 750.0            |
| Rancho Cucamonga, CA 91730  |                            |                  |
| ·   |                            |                  |
|   |                            |                  |
|   |                            |                  |
|   |                            |                  |
|   |                            |                  |
|   |                            |                  |

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1,410.00

#### Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 10/17/2021 from\_ through\_ 12/31/2021 Page 7 I.D. NUMBER

1321812

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LABORERS LOCAL 300 ISSUES COMMITTEE

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

CMP campaign paraphernalia/misc. MBR member communications 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 candidate travel, lodging, and meals FIL candidate filing/ballot fees phone banks

staff/spouse travel, lodging, and meals FND fundraising events polling and survey research ND independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

legal defense professional services (legal, accounting) voter registration LEG VOT

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

| Di Campaign incratore and mailings                                      | Titi print dos                 | THE INCIDITION CONTROL (METHOL, CHICA)           |                                       |  |  |
|---|--------------------------------|--|---------------------------------------|--|--|
| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
| REICH, ADELL & CVITAN Los Angeles, CA 90010                             | PRO                            | 60.00  | 0.00                                  | 60.00  | 0.00   |
| REICH, ADELL & CVITAN Los Angeles, CA 90010                             | PRO                            | 60.00  | 0.00                                  | 60.00  | 0.00   |
| REICH, ADELL & CVITAN Los Angeles, CA 90010                             | PRO                            | 360.00   | 0.00                                  | 360.00   | 0.00   |
| * Payments that are contributions or independent expenditures must also | so be SUBTOTALS:               | \$ 480.00\$                                      | 0.00\$                                | 480.00\$                                       | 0.00   |

summarized on Schedule D.

#### 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 \$ \_\_\_\_\_
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 480.00
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

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

Amounts may be rounded to whole dollars.

I.D. NUMBER

1321812

NAME OF FILER

LABORERS LOCAL 300 ISSUES COMMITTEE

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

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services transfer between committees of the same candidate/sponsor POS TSF ND LEG legal defense professional services (legal, accounting) VOT voter registration print ads campaign literature and mailings PRT WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|--|---------------------------------------|--|---|
| REICH, ADELL & CVITAN Los Angeles, CA 90010                            | PRO                            | 0.00   | 330.00                                | 0.00   | 330.0   |
|  |                                |  |                                       |  |   |
|  |                                |  |                                       |  |   |
|  |                                |  |                                       |  |   |
|  | SUBTOTALS                      | \$ 0.00\$  | 330.00\$                              | 0.00   | 330.00  |