Recipient (	Committee
Campaign	Statement
<b>Cover Pag</b>	e

Executed on \_\_

Date

	10/27/22 8	COVER PAGE
ΑC	Date Stamp RECELVED BY 3 ANGELES COUNT	california 460
	22 OCT 28 AMII: 47	
—- Ć	AMPAIGN FINANCE	

				north and
	Statement covers period	Date of election if applicable 2	728 AMII.	Page of
	from 9/25/2022	(Month, Day, Year)	128 AMII:	4 / For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 10/22/2022	11/08/2022 CAMPA	IGN FINAN	CE
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Go Complete Part 6) rimarily Formed Candidate/ Officeholder Committee Go Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminatio Amendment (Explain below)	□ s	Quarterly Statement Special Odd-Year Report
3 Committee Information	NUMBER 452449	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	10011)	NAME OF TREASURER		
FRIENDS AND RESIDENTS IN SUPPORT OF		VISHAL DUDHEKER		
WISEBURN SCHOOLS - YES ON EE 2022		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY		P CODE AREA CODE/PHONE
dyles all oo	AREA GODENNIONE	MANHATTAN BEACH		90266 714-322-4113
CITY STATE ZIP COL		NAME OF ASSISTANT TREASURER, IF AN	Y	
MANHATTAN BEACH CA 90266 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZI	P CODE AREA CODE/PHONE
	·			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
VISHAL.DUDHEKER@GMAIL.COM		VISHAL.DUDHEKER@GMAIL.	COM	
4. Verification				
I have used all reasonable diligence in preparing and reviewin	-	nowledge the information contained herein a	nd in the attached	schedules is true and complete. 1
certify under penalty of perjury under the laws of the State of C	Jaimornia that the foregoing is			
Executed on Date	Ву		_	
Executed on 10-25-2022	By		_	
Date	Signa		FS	ponsor
Executed on	Ву			

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
california 460
Page of

Officeholder or Candidate Control	led Committee	6. Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	·	NAME OF BALLOT MEASURE			
		FRIENDS/RESIDENTS I	N SUPPORT	WISEBURN SCHOOLS	- YES ON EE 2022
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	ON AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTI	ION	Z SUPPORT
			LOS ANG		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP	Identify the controlling office	eholder, candi	date, or state measure pro	oonent, if any.
		NAME OF OFFICEHOLDER, C	ANDIDATE, OR F	PROPONENT	
Related Committees Not Included not included in this statement that are contro contributions or make expenditures on behal		OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER	<del> </del>			· · · · · · · · · · · · · · · · · · ·
	ļ				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Can officeholder(s) or candidate(s)	didate/Offic	enoider Committee L committee is primarily form	ist names of ed.
·	YES NO	NAME OF OFFICEHOLDER OF	OANDIDATE.	Torrior could be a	<del></del>
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)	NAME OF OFFICEROLDER OF	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STA	TE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HELD	
					☐ SUPPORT ☐ OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
					OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRE	YES NO			· ·	OPPOSE
COMMITTER ADDRESS STREET ADDRESS	E33 (NO F.O. BOX)				
CITY ST	TE ZIP CODE AREA CODE/PHONE	ΔΗ	ach continuatio	on sheets if necessary	
		Au	aon condinaeu	on oncess it necessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{7/1/2022}{}$	california 460
through 9/24/2022	Page of
	I.D. NUMBER
	1452449

SEE INSTRUCTIONS ON REVERSE NAME OF FILER FRIENDS AND RESIDENTS IN SUPPORT OF WISEBURN SCHOOLS - YES ON EE 2022

Contributions Received	\$A. (	COLUMN A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$ \$	15,750.00 0 15,750.00 0 15,750.00	\$ \$	40,541.00 0 40,541.00 0 40,541.00	20. Contributions Received \$\$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$	2,565.25 0 0 0 0 2,565.25	\$ \$	2,904.24 0 0 0 0 0 2,904.24	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	\$	24,791.00 15,750.00 40,541.00	add A t am of ; am be she pre this	calculate Column B, d amounts in Column of the corresponding counts from Column B your last report. Some counts in Column A may negative figures that build be subtracted from evious period amounts. If is is the first report being d for this calendar year,	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$	0	on	y carry over the amounts m Lines 2, 7, and 9 (if	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Monetary Contributions Received		to	whole dollars.	Statement cov from 9/25/2022	ers period	CALIFORNIA 460		
SEE INSTRUCTION	DNS ON REVERSE			through	22	Page	of	
NAME OF FILER FRIENDS AT	ND RESIDENTS IN SUPPORT OF WISEBURN SCHOO	OLS - YES ON EE	3 2022			I.D. NUMBER 1452449		
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	CALENDAR YEAR TO		PER ELECTION TO DATE (IF REQUIRED)	
9/28/2022	LPA, Inc. Irvine, CA 92617	☐IND ☐COM ØOTH ☐PTY ☐SCC		\$5,000	\$5,000			
10/4/2022	KYA Services Santa Ana, CA 92705	□IND □COM ØOTH □PTY		\$2,500	\$2,500			
10/4/2022	Standard Drywall Inc.	□SCC □IND □COM ØOTH		\$2,500	\$2,500			
	Corona, CA 92878	□PTY □SCC						
10/4/2022	RDM Electric Co.	□IND □COM ØOTH		\$1,000	\$1,000			
	Ontario, CA	□ PTY □ SCC						
10/13/2022	PlaceWorks	□IND □COM ØOTH		\$1,000	\$1,000			
	Santa Ana, CA 92707	□PTY □SCC						
			SUBTOTAL \$	12,000				
Schedule A Summary  1. Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)					IND - COM OTH PTY	(other Other ( Politica	al ent Committee than PTY or SCC) e.g., business entity)	
3. Total mone (Add Lines	etary contributions received this period. at and 2. Enter here and on the Summary Page, Co	olumn A, Line 1.	.)TOTAL \$	750 FF	PPC Advice: advic		C Form 460 (Jan/2016)) .ca.gov (866/275-3772)	

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from 9/25/2022	FORM 460
		through 10/22/2022	Page of
AME OF FILER			I.D. NUMBER
FRIENDS AND RESIDENT'S IN SUPPORT OF WISEBURN SCHOOL	LS - YES ON EE 2022		1452449

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTÓR 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)
10/20/2022	Studio W Architects	□ IND □ COM ☑ OTH		\$2,500	\$2,500	
	Newport Beach, CA 92663	□PTY □scc				
10/20/2022	King Consulting	□IND □COM ☑OTH		\$1,000	\$1,000	
	Sacramento, CA 95817	□PTY □scc				
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		DIND COM OTH PTY SCC				
			SUBTOTAL \$	3 500		*

\*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

chedule B – Part 1 oans Received	Am		Statement cov	ers period	SCHEDULE B-PART CALIFORNIA 460			
EE INSTRUCTIONS ON REVERSE AME OF FILER					through		Page	of
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	BALANCEAT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
		s	\$	\$ \$ forgiven	\$DATE DUE	% RATE	s	S PER ELECTION S
□ IND □ COM □ OTH □ PTY □ SCC				PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR  \$  PER ELECTION**
□IND □COM □OTH □PTY □SCC		\$	\$	\$ PAID \$ FORGIVEN	DATE DUE	\$	DATE INCURRED	\$ CALENDAR YEAR \$ PER ELECTION**
□IND □COM □OTH □PTY □SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	8
Schedule B Summary  Loans received this period  (Total Column (b) plus unitemized loan		SUBTOTALS \$			\$	\$ (Enter (e) on Scho	edule E, Line 3)	

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.)

Enter the net here and on the Summary Page, Column A, Line 2.

(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.

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SCHEDULE B - PART 2 Amounts may be rounded Schedule B - Part 2 Statement covers period CALIFORNIA to whole dollars. **Loan Guarantors FORM** from\_ Page. of\_ through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF AMOUNT BALANCE CONTRIBUTOR CUMULATIVE OCCUPATION AND EMPLOYER GUARANTEED LOAN OUTSTANDING CONTRIBUTOR CODE\* (IF SELF-EMPLOYED, ENTER TO DATE THIS PERIOD TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) LENDER CALENDAR YEAR □ COM □отн PER ELECTION (IF REQUIRED) DATE □ PTY SCC LENDER CALENDAR YEAR □ IND □ COM □ OTH PER ELECTION (IF REQUIRED) DATE ☐ PTY □scc CALENDAR YEAR LENDER □ COM Потн PER ELECTION (IF REQUIRED) DATE □ PTY scc CALENDAR YEAR LENDER □ COM □ OTH PER ELECTION (IF REQUIRED) DATE

☐ PTY ☐ SCC

Enter on

Summary Page, Line 17 only.

SUBTOTAL \$

Schedule C			Amounts may be rounded						SCHEDULE
Nonmonetary Contributions Received			to whole dollars.			Statement covers	period	CALIF FO	ORNIA 160
SEE INSTRUCTION	ONS ON REVERSE				thro	ough		Page	of
NAME OF FILER					I			I.D. NUM	BER
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 GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ĒLECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC			,				
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC		-					
Attach additi	ional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	3			
Amount re (Include al	C Summary ceived this period – itemized nonmonetar Il Schedule C subtotals.)	•					IND COM	other th I – Other (e. ' – Political I	nt Committee an PTY or SCC) g., business entity) Party
	nonetary contributions received this period						sco	S - Small Co	ontributor Committee

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

FPPC Form 460 (Jan/2016))

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

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

Amounts may be rounded to whole dollars.

| Statement covers period | CALIFORNIA 460 | FORM |

SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	Page of		
DATE	MEASURE NUMBER OR I	OFFICE, AND DISTRICT, OR LETTER AND JURISDICTION, DIMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. :	EAR TO DATE
	-	,	☐ Monetary Contribution ☐ Nonmonetary Contribution				
	☐ Support	☐ Oppose	Independent Expenditure  Monetary Contribution				
			Nonmonetary Contribution				
	Support	☐ Oppose	Independent Expenditure				
			Monetary Contribution				
			Nonmonetary Contribution				
	Support	☐ Oppose	☐ Independent Expenditure				
				SUBTOTAL	\$	The second secon	
	<u> </u>						

#### **Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$
2. Unitemized contributions and independent expenditures made this period of under \$100	\$

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

SUBTOTAL \$

Schedule E Payments Made	Amounts may b to whole do		I	Statement covers period	OALII	SCHEDULE FORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER FRIENDS AND RESIDENTS IN SUPPORT OF WISEBURN SCHO	OOLS - YES ON E	E 2022		through <u>10/22/2022</u>	Page _ I.D. NUI	
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense	the payment, y MBR member com MTG meetings and OFC office expens PET phone banks POL polling and si POS postage, deli PRO professional PRT print ads	munication tappearantes es ating urvey reseavery and m	s ces arch essenger services	RAD radio airtime and product returned contributions SAL campaign workers' salarit. t.v. or cable airtime and product transfer between commit voter registration information technology or	es es production cost , and meals ng, and meals tees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
Data Genomix LLC  Cleveland, OH 44108	#:	WEB	Digital Media Buy	у		\$2,500.00
* Payments that are contributions or independent expenditures must also be s	ummarized on Sche	dule D.			SUBTOTAL	\$ \$2,500.00
Schedule E Summary		-				2,500.00

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

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 46		
SEE INSTRUCTIONS ON REVERSE		through	Page of		
NAME OF FILER			I.D. NUMBER		
CODES: If one of the following codes accura	ately describes the payment, you may enter the code.	Otherwise, describe the payment.			

CTB	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MTG OFC PET PHO POL POS PRO	T petition circulating O phone banks DL polling and survey research			RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponso VOT voter registration WEB information technology costs (internet, e-mail)				
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OF	₹	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID
					$\top$	<del></del>				
					$\top$					
7	•									

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMP campaign paraphernalia/misc.  CMS campaign consultants  CTB contribution (explain nonmonetary)*  CTC civic donations  FIL candidate filing/ballot fees  FIL candidate filing/ballot fees  FID independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT CAMPAIN ADDADRESS OF CREDITOR  NAME AND ADDRESS OF CREDITOR  (FC OMMITTEE, ALSO ENTER LD, NUMBER)  I.D. NUMBER  I.D. Number describe the payment.  RAD radio airtime and production costs returned contributions  FIL t.v. or cable airtime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TRS volume travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TRS volume travel	Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement cov		california 460	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMP campaign paraphernalia/misc.  CMP campaign consultants  CMS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  NAME AND ADDRESS OF CREDITOR  (IF COMMITTEE, ALSO ENTER LD, NUMBER)  NAME AND ADDRESS OF CREDITOR  (IF COMMITTEE, ALSO ENTER LD, NUMBER)  NAME AND ADDRESS OF CREDITOR  (IF COMMITTEE, ALSO ENTER LD, NUMBER)  NAME AND ADDRESS OF CREDITOR  (IF COMMITTEE, ALSO ENTER LD, NUMBER)  NAME AND ADDRESS OF CREDITOR  (IF COMMITTEE, ALSO ENTER LD, NUMBER)  IND OUTSTANDING BALANCE BEGINNING BALANCE BEGINNING BALANCE BEGINNING BALANCE AT CL.	SEE INSTRUCTIONS ON REVERSE			illiougii	Pa	age of
CMP campaign paraphernalia/misc.  CNS campaign consultants  CNS campaign consultants  CNS contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FIND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  NAME AND ADDRESS OF CREDITOR  (IF COMMITTEE, ALSO ENTER LD, NUMBER)  MBR member communications  meetings and appearances  MTG office expenses  OFC office expenses					I.D.	NUMBER
NAME AND ADDRESS OF CREDITOR CODE OR OUTSTANDING AMOUNT PAID OUTSTANDING (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT BALANCE BEGINNING THIS PERIOD BALANCE AT CL	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND LEG legal defense	ns ces arch lessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tr TSF transfer betwe VOT voter registrati	nd production costs ibutions kers' salaries rtime and production cel, lodging, and meals avel, lodging, and meas en committees of the son	als same candidate/sponsor	
	·		OUTSTANDING BALANCE BEGINNING	AMOUNT INCURRED	AMOUNT PAID THIS PERIOD	OUTSTANDING BALANCE AT CLOSE
					,	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. \$ \$ \$	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$		5	\$	\$
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.)	Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized	accrued expenses under \$	100.)		RRED TOTALS	\$
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.)	accrued expenses of \$100 or more, plus total unitemized  3. Net change this period. (Subtract Line 2 from Line 1. En	payments on accrued expenter the difference here and	enses under \$100.)		,	

Schedule F	Amounts may be rounded	SCHEDULE F (CON					
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from	CALIFORNIA 460				
		through	Page of				
NAME OF FILER			I.D. NUMBER				
CODES: If one of the following codes accurately described	ribes the payment, you may enter the code. Ot	nerwise, describe the payme	ent.				
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and product	tion costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions					
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expenses PET petition circulating	SAL campaign workers' salari TEL t.v. or cable airtime and p					
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging					
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging					
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between commit	tees of the same candidate/sponsor				

PRO professional services (legal, accounting)

PRT print ads

VOT voter registration

WEB information technology costs (internet, e-mail)

LEG legal defense

LIT campaign literature and mailings

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE. ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b)  AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$	\$	\$	\$

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

Schedule G							SCHEDULE G
Payments Made by an Agent or Independent Amounts may be rounded to whole dollars.					Statement covers period	CALIFORNIA 460	
Contractor (on Behalf of This Committee)					m	FOF	RM 400
				thr	ough	Page	of
SEE INSTRUCTIONS ON REVERSE						I.D. NUMB	ER
NAME OF FILER							
NAME OF AGENT OR INDEPENDENT CONTRACTOR						<b>.</b>	
CODES: If one of the following codes accurately describe	s the payment,	you may en	ter the code.	Otherwise	, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must also be	PRT print ads	nd appearances nses culating ks survey research elivery and mess al services (lega	n senger services	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration information technology costs	uction costs I meals and meals of the same o	·
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	!	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID
Attach additional information on appropriately labeled continu	ation sheets.				<del></del>	TOTAL* 9	<u> </u>

<sup>\*</sup> 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*		ay be rounded le dollars.		Statement cove	ers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through		Page	of
NAME OF FILER							I.D. NUMBER	
		(a)	(6)	(c)	(d)	(e)	(1)	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT O FORGIVENES THIS PERIOD	R OUTSTANDING BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	% RATE	s	s
				FORGIVEN				PER ELECTION**
		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	\$	% RATE	\$	\$
		[		FORGIVEN		NAZ		PER ELECTION**
		s	\$	\$	DATE DUE	\$	DATE INCURRED	s
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$	\$		
						(Enfer (e) on Schedule I, Line 3)		
Schedule H Summary  1. Loans made this period					œ			
(Total Column (b) plus unitemized loans 2. Payments received on loans	s of less than \$100.)							**If Required
(Total Column (c) plus unitemized payn	nents of less than \$100.)						•	
3. Net change this period. (Subtract Line 2					NET \$		•	

(May be a negative number)

Amounts may be rounded		SCHEDULE I	
to whole dollars.	Statement covers period	CALIFORNIA 460	
	1011		
	through	Page of	
		I.D. NUMBER	
URCE	CONTRAL OF DEACIPE	AMOUNT OF	
BER)		INCREASE TO CASH	
·			
sheets.	SUBTOTA	L\$	
	\$	_	
	\$	_	
ers. (Schedule H, Column (e).)	\$	_	
s 1, 2, and 3. Enter here and on the	TOTAL \$		
		FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772)	
3 - S	Sheets.  Sheets.  Sheets.  Sample of the state of the sta	Statement covers period from	

www.fppc.ca.gov