

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2024 FEB - 1 PM 12:36
CAMPAIGN FINANCE
1/30/24
FB

Statement covers period
from 07/01/2023
through 12/31/2023

Date of election if applicable:
(Month, Day, Year)
11/05/2024

Page 1 of 13
For Official Use Only

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
1377802

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Re-Elect Vivian Malauulu for LBCCD Trustee 2024

STREET ADDRESS (NO P.O. BOX)

| | | | |
|-------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Long Beach</u> | <u>CA</u> | <u>90802</u> | <u>(562) 294-1427</u> |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS
ChrisThomasAD70@yahoo.com

Treasurer(s)

NAME OF TREASURER
Vivian Malauulu

MAILING ADDRESS

| | | | |
|-------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Long Beach</u> | <u>CA</u> | <u>90806</u> | <u>(562) 294-1427</u> |

NAME OF ASSISTANT TREASURER, IF ANY

Chris Thomas

MAILING ADDRESS

| | | | |
|-------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Long Beach</u> | <u>CA</u> | <u>90802</u> | <u>(562) 712-6656</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 01/29/2024
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 01/29/2024
Date

By [Signature]
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
 Vivian Malauulu

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Community College Board LBCCD Board of Trustees City of Long Beach District 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 Long Beach CA 90806

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

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>13</u> | I.D. NUMBER <u>1377802</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Vivian Malauulu for LBCCD Trustee 2024

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 3,000.00 | \$ 32,702.63 |
| 2. Loans Received Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 3,000.00 | \$ 32,702.63 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 3,000.00 | \$ 32,702.63 |

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ 11,709.17 | \$ 14,386.83 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 11,709.17 | \$ 14,386.83 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | -2,988.85 | 0.00 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 8,720.32 | \$ 14,386.83 |

**Expenditure Limit Summary for State
Candidates**

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

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|--------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 43,789.39 |
| 13. Cash Receipts Column A, Line 3 above | 3,000.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 3.00 |
| 15. Cash Payments Column A, Line 8 above | 11,709.17 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 35,083.22 |
| <i>If this is a termination statement, Line 16 must be zero.</i> | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ 0.00 |

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.

Cash Equivalents and Outstanding Debts

| | |
|---|---------|
| 18. Cash Equivalents See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 0.00 |

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2023 | |
| through | 12/31/2023 | Page <u>4</u> of <u>13</u> |
| NAME OF FILER | | I.D. NUMBER |
| Re-Elect Vivian Malaulu for LBCCD Trustee 2024 | | 1377802 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---|-----------------------------|--|---------------------------------------|
| 10/31/2023 | Ricks-Oddie for City Council 2022 Officeholder Account (ID# 1458182) Long Beach, CA 90802 | <input type="checkbox"/> IND. <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 12/23/2023 | ILWU Foremen's Union Local 94 (ID# 1349650) San Pedro, CA 90731 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2,500.00 | 2,500.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 3,000.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,000.00

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

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

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2023 | |
| through | 12/31/2023 | Page <u>5</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Vivian Malauulu for LBCCD Trustee 2024

I.D. NUMBER

1377802

| 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) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 10/19/2023 | Joni Ricks-Oddie City Council Member City of Long Beach District 9 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 500.00 | 500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 11/20/2023 | Bridgett Lewis City Council Member City of Torrance District 2 | <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 | | | | | |
| 11/21/2023 | Greater Long Beach Black Democratic Club | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 250.00 | 250.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 1,750.00 | | |

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 3,250.00
- 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 \$** 3,250.00

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

SCHEDULE D (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2023 | |
| through | 12/31/2023 | Page <u>6</u> of <u>13</u> |

| | |
|--|------------------------|
| NAME OF FILER Re-Elect Vivian Malauulu for LBCCD Trustee 2024 | I.D. NUMBER 1377802 |
|--|------------------------|

| 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) |
|------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 12/19/2023 | Herllinda Chico City Council Member City of Long Beach District 4 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 500.00 | 500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 12/19/2023 | Suely Saro City Council Member City of Long Beach District 6 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 500.00 | 500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 12/20/2023 | Cindy Allen City Council Member City of Long Beach District 2 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 500.00 | 500.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |

SUBTOTAL \$ 1,500.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2023 | |
| through | 12/31/2023 | Page <u>7</u> of <u>13</u> |
| NAME OF FILER | | I.D. NUMBER |
| Re-Elect Vivian Malauulu for LBCCD Trustee 2024 | | 1377802 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Vivian Malauulu for LBCCD Trustee 2024

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 |
|---|------|----|------------------------|-------------|
| Thomas & Associates, LLC Long Beach, CA 90802 | PRO | | | 875.00 |
| George Malauulu Long Beach, CA 90806 | OFC | | | 2,988.85 |
| Thomas & Associates, LLC Long Beach, CA 90802 | PRO | | | 250.00 |

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

SUBTOTAL \$ 4,113.85

Schedule E Summary

| | | |
|--|-----------------|------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 11,706.17 |
| 2. Unitemized payments made this period of under \$100 | \$ | 3.00 |
| 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 \$ | 11,709.17 |

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2023 | |
| through | 12/31/2023 | Page 8 of 13 |
| NAME OF FILER | | I.D. NUMBER |
| Re-Elect Vivian Malauulu for LBCCD Trustee 2024 | | 1377802 |

SEE INSTRUCTIONS ON REVERSE

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 |
|--|------|----|------------------------|-------------|
| Thomas & Associates, LLC Long Beach, CA 90802 | PRO | | | 250.00 |
| Thomas & Associates, LLC Long Beach, CA 90802 | OFC | | | 14.20 |
| Thomas & Associates, LLC Long Beach, CA 90802 | PRO | | | 250.00 |
| Ricks-Oddie for City Council 2022 Officeholder Account (ID# 1458182) Long Beach, CA 90802 | CTB | | | 500.00 |
| Thomas & Associates, LLC Long Beach, CA 90802 | PRO | | | 250.00 |

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

SUBTOTAL \$ 1,264.20

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

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2023 | |
| through | 12/31/2023 | Page 9 of 13 |
| NAME OF FILER | | I.D. NUMBER |
| Re-Elect Vivian Malauulu for LBCCD Trustee 2024 | | 1377802 |

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 |
|---|------|----|------------------------|-------------|
| Bridgett Lewis for City Council 2024 (ID# 1458360) Torrance, CA 90503 | CTB | | | 1,000.00 |
| Greater Long Beach Black Democratic Club (ID# 1442145) Long Beach, CA 90802 | CTB | | | 250.00 |
| Thomas & Associates, LLC Long Beach, CA 90802 | PRO | | | 250.00 |
| Herlinda Chico for City Council 2024 (ID# 1459681) Long Beach, CA 90802 | CTB | | | 500.00 |
| Suelv Saro for Long Beach City Council 2024 (ID# 1458520) Long Beach, CA 90802 | CTB | | | 500.00 |

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

SUBTOTAL \$ 2,500.00

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

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2023 | |
| through | 12/31/2023 | Page 10 of 13 |
| NAME OF FILER | | I.D. NUMBER |
| Re-Elect Vivian Malauulu for LBCCD Trustee 2024 | | 1377802 |

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 |
|---|------|----|------------------------|-------------|
| Re-Elect Cindy Allen for City Council 2024 (ID# 1462179) Norwalk, CA 90650 | CTB | | | 500.00 |
| George Malauulu Long Beach, CA 90806 | OFC | | | 3,328.12 |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 3,828.12

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

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2023 | |
| through | 12/31/2023 | Page <u>11</u> of <u>13</u> |
| NAME OF FILER | | I.D. NUMBER |
| Re-Elect Vivian Malauulu for LBCCD Trustee 2024 | | 1377802 |

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 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| George Malauulu Long Beach, CA 90806 | OFC | 2,988.85 | 0.00 | 2,988.85 | 0.00 |
| | | | | | |
| | | | | | |

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

| | | | | |
|---------------------|------------|--------|------------|------|
| SUBTOTALS \$ | 2,988.85\$ | 0.00\$ | 2,988.85\$ | 0.00 |
|---------------------|------------|--------|------------|------|

Schedule F Summary

- 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 \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS \$** 2,988.85
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -2,988.85
May be a negative number

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

Amounts may be rounded to whole dollars.

| | | |
|-------------------------|------------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2023 | |
| through | 12/31/2023 | Page <u>12</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| NAME OF FILER Re-Elect Vivian Malauulu for LBCCD Trustee 2024 | I.D. NUMBER 1377802 |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR George Malauulu | |

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) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| US Postal Service Long Beach, CA 90809 | POS | | 528.00 |
| Target Signal Hill, CA 90755 | OFC | | 625.00 |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,153.00

* 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 I
Miscellaneous Increases to Cash**

SCHEDULE I

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2023
through 12/31/2023

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Vivian Malauulu for LBCCD Trustee 2024

I.D. NUMBER

1377802

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

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule I Summary

| | | |
|---|-----------------|-------------|
| 1. Itemized increases to cash this period. | \$ | 0.00 |
| 2. Unitemized increases to cash of under \$100 this period. | \$ | 3.00 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ | 0.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ | 3.00 |