496 Independent Expenditure Report

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

430 independent Expenditure Kep	An	nounts may be rounded to who	ole dollars.	RECEIVED 496 INDERE	NDENT EXPENDITURE REPORT
NAME OF FILER		Date of	2/23/15	Date Stamp	CALIFORNIA 106
Andra Hoffman for College Trustee 2015 AREA CODE/PHONE NUMBER	LO MINIDEO MA TO MA	This Filing	26	15 FEB 24 AM 8: 36	. 51(1)
AREA CODE/PHONE NUMBER	1.D. NUMBER (if applicable)	Report No.	1	2123115 + 04	For Official Use Only
	1363198			AMPAGENTURE	
STREET ADDRESS		☐ Amendment	Ψ:	isclosure stoleta	
		to Report No			
CITY	STATE ZIP CODE	(explain below)			
		No. of Pages			
1. List Only One Candidate or Ballot Measur	е				
NAME OF CANDIDATE SUPPORTED OR OPPOSED		NAME OF	BALLOT MEASURE	SUPPORTED OR OPPOSED	
Sydney Kamlager					
OFFICE SOUGHT OR HELD DIST	TRICT NO. SUPPORT	OPPOSE BALLOT	NO./LETTER	JURISDICTION	SUPPORT OPPOSE
L.A. Community College Trustee 3	×				
2. Independent Expenditures Made Attach add	itional information on appr	opriately labeled continuation sh	reets.		
DATE	DES	SCRIPTION OF EXPENDITURE			AMOUNT
2/17/15 Mail - costs include po	ostage, mail house, g	raphics, voter data and pri	nting.		\$2,161.41
				VIII. VIIII. VIII. VIII. VIII. VIII. VIIII. VIII. VIII. VIII. VIII. VIIIII VIIII. VIII. VIII. VIII. VIIII. VIII. VIII. VIII. VIII. VIII. V	
December 6-1 Assembly					
Reason for Amendment:					

FAX NO.

Jan.

01 1999 12:01AM

Ρ1

497 Contribution Report

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

407	$\sim\sim$	201	REPOR

NAME OF FILER	· water ·	Date of		RECEIVED BY CALIFO	ORNIA 407	
Andra Hoffman	for College Trustee 2015	This Filing		as ANGELES COLUMN FORM 497		
AREA CODE/PHONE	UMBER (if applicable)				Official Use Only	
	1363198	Report No. 1		2015 JAN 30 AM 11: 51		
STREET ADDRESS		Amendmen	nt	O A BADA (OS) CIBI (CS)	•	
		to Report No.		CAMPAIGN FINALLU DISCLOSURE RECTOR	ĺ	
CITY	STATE ZIP CODE	(explain below)		0.00		
		No. of Pages	1			
1. Contributi	on(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU ØF COMMITTEE, ALSO ENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIOUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER MAKE OF BUSINESS)	AMOUNT RECEIVED	
01/29/2015	AFT Staff Gnild #1521A		□ IND		20,000.00	
	Committee ID # 1241359		X COM			
	Committee ID # 1242333		□ отн		☐ Check if Loan	
			☐ PTY ☐ SCC		%	
					Provide interest rate	
01/29/2015	Ed. Buck		X IND	Retired	1,000.00	
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			□ scc	1	×	
					Provide interest rate	
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			☐ PTY		Check if Loan	
			□ scc		*	
				L	Provide interest rate	
				*Contributor Codes		
				IND – Individual	, ,t-= DTV == 0001	
				COM Recipient Committee (of OTH Other (e.g., business er	nerthen PTY of SCC) (tity)	
Reason for Amen	dment:			PTY - Political Party SCC - Small Contributor Commi		
				SCC—Strian Continuator Continu		

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

497 CONTRIBUTION REPORT

AREA CODE/PHONE N STREET ADDRESS CITY	I.D. NUMBER (Papplicable) 136J198 STATE ZIP CODE	Date of This Filing Report No. 2 Amendment to Report No. (explain below) No. of Pages	CAMP DISCL	B-3 PM 5: 13	CALIFO FOR	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT	FOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM IIF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
02/92/2015	Anita Hirsh		X IND COM OTH PTY SCC	Business Owner Mercantile Center		1,000.00
			IND COM OTH PTY SCC			Check if Loan
			IND COM OTH PTY SCC			Check if Loan
Reason for Amend	ment:			*Contributor Codes IND Individual COM Recipient Cor OTH Other (e.g., b PTY Political Party SCC Small Contribu	usiness ent	er than PTY or SCC)

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: B66/ASK-FPPC (866/275-3772)

497	Contrib	oution	Re	port
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Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		D-4		Date Stamp		DOTIONALLY ORT
	for College Trustee 2015	Date of This Filing	02/04/2015		CALIFORNI FORM	[^] 497
AREA CODE!PHONE N	UMBER (I.D. NUMBER (if egp/iceble)	1	2015			Use Only
	225222	Report No. 3	<u> 2010 F</u>	EB -5 AM 10: 06	, or onloc	a ose only
STREET ADDRESS	1363198	4	PASA	3.18.1		
		Mendmen Amendmen	nt Disci	AIGH FINANS OSUME (PROME)		
ê lim t		to Report No. (exprein below)		Market About 1		
CITY	STATE ZIP CODE					
		No. of Pages	1			
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTION OF CONT	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-ENPLOYED, ENTER NAVE OF		AMOUNT RECEIVED
02/04/2015	Ed Buck	~~~~	E IND	Retired		1,000.00
			☑ IND			
			П ОТН			Check if Loan
			☐ PTY			CHECK IS LOGIS
			scc			%
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			D PTY		"	Ontoon in Loans
			□ scc			%
					Pro	vide interest rate
				*Contributor Codes		
				IND Individual		1
				COM - Recipient Com		n PTY or SCC)
				OTH - Other (e.g., bu PTY-Political Party	usiness entity)	
Reason for Amend	ment:			SCC Small Contribut	lor Committee	1
				<u></u>		

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 868/ASK-FPPC (868/275-3772)

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

497 CONTRIBUTION REPORT

Andra Hoffman for College Trustee 2015 AREA CODE/PHONE NUMBER I.D. NUMBER (# applicable) 1363198		Date of This Filing 02/13/2015 Report No. 4		Date Stamp CALIFORNIA FORM 497		
				CAMPINE E-MAIL	For Official Use Only	
STREET ADDRESS	STATE ZIP CODE	Amendmer to Report No. (explain below)		2015 FEB 17 AM 10: 42 Ford 213115 E-Mai(DISCLOSE STATES		
		No. of Pages	1			
1. Contribution	on(s) Received				***************************************	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
02/13/2015	International Union of Operating Engineers Local 12 - Po	olitical Fund	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		2,000.00 Check if Loan **Reprovide interest rate**	
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan % Provide interest rate	
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan	
Reason for Amen	dment:			*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business enti PTY – Political Party SCC – Small Contributor Committee	ity)	

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

			REPLANDED ON 497 CONTRIBUTION R					
NAME OF FILER Andra Hoffman for College Trustee 2015		Date of This Filing 02/18/2015	2/18/15 E-Mail"	CALIFORNIA 497				
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 5	2015 FEB 19 AM	ਲੋ: 2 ਰ or Official Use Only			
STREET ADDRESS	STATE	ZIP CODE	Amendment to Report No (explain below)	Discussian with	New York			
			No. of Pages1					

2. Contribution(s) Made

Reason for Amendment: _

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
Kamlager for L.A. Community College Board 2015 (ID# 1364235)	Sydney Kamlager Community College Board: Los Angeles Community College District District 3	1,169.27	03/03/2015
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) MEASURE AND JURISDICTION	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT OR MEASURE AND JURISDICTION Kamlager for L.A. Community College Board 2015 (ID# Sydney Kamlager 1,169.27)

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

497 CONTRIBUTION REPORT

NAME OF FILER Andra Hoffman for College Trus	stee 2015		Date of This Filing02/23/2015	RECPATE Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363198		Report No. 5	2123/15 FAX 2015 FEB 24 AM 8: 36	For Official Use Only
STREET ADDRESS CITY	STATE	ZIP CODE	X Amendment to Report No. 5 (explain below)	CAMPARON (1857) DISCHOSTIAN (1861)	
CITY	STATE	ZIP CODE	No. of Pages1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/17/2015	Kamlager for L.A. Community College Board 2015 (ID# 1364235)	Sydney Kamlager Community College Board: Los Angeles Community College District District 3	1,169.27	03/03/2015
				,,

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

497 CONTRIBUTION REPORT

NAME OF FILER Andra Hoffman for College Trustee 2015		This Filing 02/28/2015 10 AMG		Date Stamp	FORM		
AREA CODE/PHONE N		UMBER (if applicable)	Report No. 6	201	2/27/15 €MATI 5MAR-3 PM 1:22	For	Official Use Only
STREET ADDRESS		STATE ZIP CODE	☐ Amendmento Report No. (explain below) No. of Pages		AIPATRT PRET CLASTE E		
1. Contribution	on(s) Received						
DATE RECEIVED		EET ADDRESS AND ZIP CODE OF CONTRIBUT F COMMITTEE, ALSO ENTER I.D. NUMBER)	ror	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
02/27/2015	AECOM Technology Corpor	ation		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1,000.00 Check if Loan ** Provide interest rate
02/27/2015	Women's Political Commi Committee ID # 770995	ttee		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			2,000.00 Check if Loan % Provide interest rate
				IND COM OTH PTY SCC			☐ Check if Loan ————————————————————————————————————
Reason for Amen	dment:				*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness enti	ty)

FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

Officeholder or Candidate Controlle	ed Committee	6.	Primarily Formed Bal	lot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Ms. Andra Hoffman							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDIÇT	ON		SUPPORT
Los Angeles Community College Trust	ee, Seatl						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY STATE ZIP		identify the controlling o	fficeholder, ca	ndidate, or stat	te measure p	proponent, if any
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	9.04.1.24	
Related Committees Not Included is not included in this statement that are control contributions or make expenditures on behalf	lied by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		0	II .ON TÖIRTEK	F ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cal officeholder(s) or candidate				
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
CITY STATE	E ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS					l .		L. 011 002

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE FORNIA 160

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Andra Hoffman for College Trustee 2015 Calendar Year Summary for Candidates Column A Column 8 Contributions Received GALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections Monetary Contributions Schedule A. Line 3 \$ 1,950.00 7/1 to Date 1/1 through 6/30 0.00 0.00 Contributions \$ _____1,950.00 Received 21. Experiditures Made Expenditures Made Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* \$ _____1,876.73 (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 14,442.70 To calculate Column B. add 1,950.00 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 0.00 from Column B of your last reported in Column B. report. Some amounts in 1,875.73 Column A may be negative figures that should be 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 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts апγ). 0.00 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (886/275-3772)

Type or print in ink. Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	from01/01/2	CA	CALIFORNIA 46	
SEE INSTRUCTION	ONS ON REVERSE			through _01/17/2	015 Pa	ge4	of <u>9</u>
NAME OF FILER					I.D.	NUMBER	
Andra Hoffm	an for College Trustee 2015				13	63198	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)	TO	ELECTION DDATE EQUIRED)
01/15/2015	Paul Allen	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Real Estate Broker De Haas Realty Inc.	100,00	100.	00 P2015	\$200.0
01/15/2015	Michael Blumenfield	☑IND □COM □OTH □PTY □SCC	Psychiatrist Self, Michael Blumenfield, M.D.	100.00	100.	00 P2015	\$100.0
01/15/2015	Rochelle Browne	☑IND □COM □OTH □PTY □SCC	Lawyer Richards, Watson & Gershon	190.00	100.	00 P2015	\$100.0
01/13/2015	Debbie Hopp	☑IND □COM □OTH □PTY □SCC	Not employed	100.00	100.	00 P2015	\$100.0
01/15/2015	Law Offices of Mark S. Novak	⊠IND □COM □OTH □PTY □SCC		750.00	750.	00 P2015	\$750.0
			SUBTOTALS	1,150.00			
Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Eli Schedule A subtotals.) eceived this period – unitemized monetary contribution.				(ot OTH – Ot	idual cipient Commi her than PTY ner (e.g., busi	or SCC)
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			1,950.00		all Contributor	Committee

Schedule A (Continuation Sheet) Type or print in ink. SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. **FORM** 01/01/2015 from 01/17/2015 through Page ____5 of ___9 NAME OF FILER 1.D. NUMBER Andra Hoffman for College Trustee 2015 1363198 AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR. DATE CONTRIBUTOR RECEIVED THIS TO DATE OCCUPATION AND EMPLOYER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER). RECEIVED CODE * PERIOD OF SELF-EMPLOYED, ENTER NAME (IF REQUIRED) (JAN. 1 - DEC. 31) OF BUSINESS) 01/16/2015 NWPC San Fernando Valley (ID# 801796) 500.00 500.00 P2015 \$500.00 []IND **⊠**COM □ OTH □ PTY SCC 01/15/2015 Patti Petralia Real Estate Agent 100.00 100.00 P2015 \$100.00 X IND □ COM Потн □ PTY SCC 01/02/2015 John Queen ⊠ IND □ COM Teacher 100.00 100.00 P2015 \$100.00 Glendale College □отн

SUBTOTAL\$

700.00

PTY
SCC
IND
COM
OTH
PTY
SCC
IND
COM
OTH
PTY
SCC

*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

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

	SCHEDULE I
Statement covers period	CALIFORNIA 460
from01/01/2015	FORM TOO
through01/17/2015	Page _ 6 _ of _ 9
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Andra Hoffman for College Trustee 2015

Page _ 6 _ of _ 9 _ ...
I.D. NUMBER

1363198

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)
01/09/2015	Democrats for Israel X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		200.00	200.00	P2015 \$50.00
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
•	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL \$	200.00		

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$	200.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$	0.00
3. Total contributions and independent expanditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL S	200.00

Schedule E	
Payments Made	

OMP campaign paraphernalia/misc.

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

MBR member communications

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from01/01/2015	FORM TOO
through01/17/2015	Page7 of9
	I.D. NUMBER

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Andra Hoffman for College Trustee 2015 1363198

CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* SAL campaign workers' salaries OFC office expanses 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 TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT Citibank Credit Card 25.00 Misc Campaign expenses Citibank Credit Card Misc Campaign expenses 641.08 Tracey Pomerance-Poirier PRO 850.00 Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1,516.08 Schedule E Summary 50,00 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 \$ 1,876.73

Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2015	SCHEDULE E (CONT.) CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE		through 01/17/2015	Page 8 of 9
NAME OF FILER			I.D. NUMBER
Andra Hoffman for College Trustee 2015			1363198
CODES: If one of the following codes accurate	ely describes the payment, you may enter the code.	Otherwise, describe the paymen	t.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	n costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salarie	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro-	
El candidate filipa/hatiet fees	PHO shape hanks	TDC candidate traval lodging a	ind meals

candidate filing/ballot fees fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services T\$F transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration 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
The Harman Press	LIT		310.6
	····	All the first of t	
		A	
* Payments that are contributions or Independent expenditures must also be summa	rized on Schedule D.	s	UBTOTAL \$ 310.6

FPPC Form 460 (January/05)

310.65

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

Schedule	∍ F		
Accrued	Expenses	(Unpaid	Bills)

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

Statement covers period	CALIFORNIA 160
from 01/01/2015	FORM TOO
through 01/17/2015	Page 9 of 9

I.D. NUMBER

1363198

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ND

Andra Hoffman for College Trustee 2015

campaign literature and mailings

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

CMP campaign paraphemalia/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

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting)

> PRT print ads

TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

Payments that are contributions or independent expenditures must also unmarized on Schedule D.	be SUBTOTALS	\$ 641.08\$	200.00\$	641.08	200.0
itibank Credit Card	0.23	0.00	200.00	0.00	200.0
it it is a fact of the control of th	CTB				200
itibank Credit Card	Misc Campaign expenses	641.08	0.00	641.08	0.
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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 200.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

www.netfile.com

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California Recipient Committee Campaign Statement Cover Page — Part 2

	COVERP	AGE - PART 2
CALIF FC	ORNIA ORM	460
Page _	_2(of

	olled Committee	6. Primarily Formed Bal	HOT Measure C		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Ms. Andra Hoffman					
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	1 L	SUPPORT
Los Angeles Community College Tr	rustee, Scat 1				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY STATE ZIP	Identify the controlling o	fficeholder, can	didate, or state measure	proponent, if a
		NAME OF OFFICEHOLDER, C.	ANDIDATE, OR PRO	PONENT	
	ed in this Statement: List any committees ntrolled by you or are primarily formed to receive whalf of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER			1	
NAME OF TREASURER	CONTROLLED COMMITTEE?			eholder Committee L	
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	7. Primarily Formed Ca officeholder(s) or candidate			
			(s) for which this		med.
COMMITTEE ADDRESS STREET ADDI	☐ YES ☐ NO	officeholder(s) or candidate	n(s) for which this	committee is primarily for	SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDI	YES NO P.O. BOX)	officeholder(s) or candidate NAME OF OFFICEHOLDER OF	n(s) for which this	OFFICE SOUGHT OR HELD	SUPPOR
COMMITTEE ADDRESS STREET ADDI	YES NO P.O. BOX)	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS	YES NO RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR SUPPOR SUPPOR
COMMITTEE ADDRESS STREET ADDI	YES NO RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDI	YES NO RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER	NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR SUPPOR SUPPOR SUPPOR
COMMITTEE ADDRESS STREET ADDI	TATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE

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

Campaign Disclosure Statement Summary Page

Same of the same

Type or print in ink. Amounts may be rounded

SUMMARY PAGE Statement covers period CALIFORNIA FORM 07/01/2014 Page __3 __ of __22__ 12/31/2014 through _ I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1363198

Andra Hoffman for College Trustee 2015						1363198
Contributions Received	(COlumn A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	•	nmary for Candidates ne State Primary and
1. Monetary Contributions Schedule A, Line 3			\$	23,720.42	1/1	through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00		anough 0/30 // to bate
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	16,695.42	\$	23,720.42	20. Contributions Received \$	\$
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	16,695.42	\$	23,720.42	Made \$	\$
Expenditures Made					Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4			\$	9,277.72	Candidates	
7. Loans Made				0.00	22. Cumulati	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	7,581.39	\$	9,277.72		o Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		641.08		641.08	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	8,222.47	\$	9,918.80		\$
Current Cash Statement					/	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	5,328.67	То	calculate Column B, add		
13. Cash Receipts Column A, Line 3 above		16,695.42		ounts in Column A to the responding amounts		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fror	n Column B of your last	"Amounts in this section reported in Column B.	may be different from amounts
15. Cash Payments Column A, Line 8 above		7,581.39		ort. Some amounts in umn A may be negative	1	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	14,442.70		res that should be tracted from previous	1	
If this is a termination statement, Line 16 must be zero.			per	iod amounts. If this is first report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only		
Cash Equivalents and Outstanding Debts				n Lines 2, 7, and 9 (if		
18. Cash Equivalents						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	641.08			FPPC Toll-Free Helpli	FPPC Form 460 (January ne: 866/ASK-FPPC (866/275-3

Schedule A Monetary Contributions Received		Amoun	e or print in ink. ts may be rounded whole dollars.	Statement covers period from07/01/2014			CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through12/31/2	014	Page	<u>4</u>	_ of22	
NAME OF FILER						I.D. N	IUMBER		
Andra Hoffm	an for College Trustee 2015					1363	3198		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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		R ELECTION TO DATE REQUIRED)	
11/21/2014	AFT Staff Guild #1521A (ID# 1241359)	□IND □COM □OTH □PTY □SCC		10,000.00	10,	000.00	P2015	\$10,000.00	
12/10/2014	Paul Allen	☑IND □COM □OTH □PTY □SCC	Real Estate Agent De Haas Realty	100.00		100.00	P2015	\$100.00	
12/13/2014	Marlene Bane	⊠IND □COM □OTH □PTY □SCC	Not employed	100.00		100.00	P2015	\$100.00	
12/10/2014	Ray Bishop	☑IND □COM □OTH □PTY □SCC	Consultant Ray Bishop & Associates	100.00		100.00	P2015	\$100.00	
12/13/2014	Roberta Boardman	⊠IND □COM □OTH □PTY □SCC	Retired	100.00		100.00	P2015	\$100.00	
			SUBTOTAL\$	10,400.00					
Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)				IND- COM	(othe	ual sient Comr r than PT	nittee Y or SCC) siness entity)	
3. Total mone	eceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page. Colu			16,695.42	PTY-	Politica	al Party	or Committee	

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded
to whole dollars

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole		from07/01/	•	FORM 460		
				through12/31/	2014	Page_	<u>5</u> o	of
NAME OF FILER						I.D. NU	MBER	
Andra Hoffma	n for College Trustee 2015					13631	.98	
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 YE (JAN. 1 - DEC.	EAR	TC	ELECTION DATE EQUIRED)
07/16/2014	Bradlev Cox	☑IND □COM □OTH □PTY □SCC	Real Estate Agent Trammell Crow	100.00		00.00		\$100.00
12/08/2014	Susan Du Brin	☑IND □COM □OTH □PTY □SCC	Medical Manager West Valley Medical Partners, LLC	100.00	1	00.00	P2015	\$100.00
07/17/2014	Bettina Duval	☑IND □COM □OTH □PTY □SCC	Homemaker	500.00	5(00.00	02015	\$500.00
12/13/2014	Mary Ellen Early	☑IND □COM □OTH □PTY □SCC	Consultant Self	100.00	1	00.00	P2015	\$100.00
12/30/2014	Karriann Farrell Hinds	☑IND □COM □OTH □PTY □SCC	Attorney Not employed	250.00	29	50.00	P2015	\$250.00
			SUBTOTAL	\$ 1,050.00				

*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 A (Continuation Sheet) SCHEDULE A (CONT.) Type or print in ink. **Monetary Contributions Received** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **FORM** 07/01/2014 12/31/2014 through. Page ____6 ___ of ___22___ NAME OF FILER 1.D. NUMBER

Andra Hoffman	n for College Trustee 2015				136	3198	
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 ELECTIO TO DATE (IF REQUIRE	
12/13/2014	Ira Freeman	⊠IND □COM □OTH □PTY □SCC	Pharmacist Key Pharmacy	100.00	100.0	0 P2015 \$:	100.0
07/04/2014	Gregory Friedman	☑IND □COM □OTH □PTY □SCC	Software Engineer Google	100.00	100.0	0 02015 \$:	100.0
12/13/2014	Gaines & Stacev, LLP	□IND □COM 図OTH □PTY □SCC		100.00	100.0	0 P2015 \$:	100.0
07/30/2014	Beverly Gelfand	☑IND □COM □OTH □PTY □SCC	homemaker	100.00	100.0	0 P2015 \$:	100.00
08/04/2014	Kathleen Givner	☑IND □COM □OTH □PTY □SCC	Attorney Givner & Kaye	100.00	100.0	0 P2015 \$.	100.0
			SUBTOTALS	500.00			

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT.)

Wolletary	wionetary Contributions Received		dollars.	from07/01/	CA	FORM 460		
				through 12/31/	²⁰¹⁴ Pag	7	of22	
NAME OF FILER					I.D. I	UMBER		
Andra Hoffman	n for College Trustee 2015				136	3198		
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)	Т	ELECTION O DATE REQUIRED)	
12/13/2014	Judith Glass		Retired	100.00	100.0	P2015	\$100.00	
07/16/2014	Lessing Gold	⊠IND □COM □OTH □PTY □SCC	Attorney Mitchell, Silberberg & Knuff	100.00	100.0	02015	\$100.00	
12/13/2014	Jane Hasler Henick	☑IND □COM □OTH □PTY □SCC	Investor Self	100.00	100.0	P2015	\$100.00	
07/18/2014	Judith Hirshberg	☑IND □COM □OTH □PTY □SCC	Retired N/A	100.00	250.0	P2015 O2015	\$100.00 \$100.00	
12/13/2014	Judith Hirshberg	☑IND □COM □OTH □PTY □SCC	Retired N/A	100.00	250.0	P2015 O2015	\$100.00 \$100.00	
			SUBTOTAL	\$ 500.00				

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Schedule A (Continuation Sheet) Type or print in ink. SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. FORM 07/01/2014 from 12/31/2014 through Page ____8 __ of ___22 NAME OF FILER I.D. NUMBER Andra Hoffman for College Trustee 2015 1363198 AMOUNT PER ELECTION **CUMULATIVE TO DATE** IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OF BUSINESS) Patricia Ann Hurley 12/13/2014 Administrator 150.00 150.00 P2015 \$150.00 XIND Glendale College СОМ Потн □ PTY SCC 08/08/2014 Clifford Hutson 250.00 P2015 Retired 250.00 \$250.00 X IND ☐COM Потн □ PTY □ scc 12/09/2014 Deborah Kaye Teacher 100.00 100.00 P2015 \$100.00 X IND L.A. Valley College □COM □ OTH □ PTY □ SCC 07/14/2014 Sally Larson Retired 100.00 100.00 02015 \$100.00 XIND ПСОМ □OTH □ PTY □ scc

Retired

SUBTOTAL \$

IND ☐ COM ☐ OTH ☐ PTY ☐ SCC

*Contributor	Codes
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IND - Individual

COM - Recipient Committee (other than PTY or SCC)

12/13/2014 | Georgia Mercer

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)

100.00 P2015

\$100.00

100.00

700.00

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

	to whole t	Jonais.	from07/01/	2014	FORM 46U		
			through12/31/	2014 Pag	6 9	of22	
NAME OF FILER				I.D.	NUMBER		
Andra Hoffman for College Trustee 2015				136	3198		
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)	(IF	RELECTION TO DATE REQUIRED)	
12/13/2014 Marcia Novak	IND COM OTH PTY SCC	Retired	200.00	200.0	0 P2015	\$200.00	
12/31/2014 Joy Picus	⊠IND □COM □OTH □PTY □SCC	Retired	100.00	100.0	0 P2015	\$100.00	
12/04/2014 Drew Pomerance	⊠IND □COM □OTH □PTY □SCC	Attorney Roxborough, Pomerance, Nye & Adriani	100.00	100.0	0 P2015	\$100.00	
08/05/2014 Chip Robertson	☑IND □COM □OTH □PTY □SCC	Attorney Paul Hastings	250.00	250.0	0 P2015	\$250.00	
09/17/2014 Irma Rodriguez Moisa	☑IND □COM □OTH □PTY □SCC	Attorney Atkinson, Andelson, Loya Rudd & Romo	150.00	150.0	0 P2015	\$150.00	
		SUBTOTAL	800.00				

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PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

Monetary Contributions Received		Amounts may to whole		Statement cover from07/01/	/2014		FORNIA ORM	460
NAME OF FILER			1			I.D. NU		
	n for College Trustee 2015					1363:	L98	
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	т (ELECTION DATE EQUIRED)
08/19/2014	Andrew Ross	☑IND □COM □OTH □PTY □SCC	Attorney Sony Music	100.00	1	00.00	P2015	\$100.00
07/21/2014	Thomas Safran	⊠IND □COM □OTH □PTY □SCC	Property Management Thomas Safran & Associates	250.00	2	50.00	P2015	\$250.00
07/28/2014	Hermalee Schmidt	⊠IND □COM □OTH □PTY □SCC	Retired	100.00	1	00.00	P2015	\$100.00
11/19/2014	Robert Schwartz	☑IND □COM □OTH □PTY □SCC	Executive Director Los Angeles City College Foundation	500.00	5	00.00	P2015	\$500.00
08/19/2014	Al Senella	⊠IND □COM □OTH □PTY □SCC	President/CEO Tarzana Treatment Centers	250.00	2	50.00	P2015	\$250.00
			SUBTOTAL	1,200.00				

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Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received			Amounts may be rounded to whole dollars.		Statement covers period from07/01/2014 through12/31/2014			460
NAME OF FILER			<u>.</u>			I.D. NU		
Andra Hoffma	n for College Trustee 2015					1363	198	
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	то	LECTION DATE QUIRED)
12/13/2014	Henry Stern	⊠IND □COM □OTH □PTY □SCC	Legislative Consultant CA State Senate	100.00	1	00.00	P2015	\$100.00
12/13/2014	Elaine Strong	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00	1	00.00	P2015	\$100.00
07/03/2014	Traders Loan & Jewelry, Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC		500.00	5	00.00	02015	\$500.00
07/23/2014	Robert Trostler	☑IND □COM □OTH □PTY □SCC	Administrator SAn Fernando Valley Adult Day Health Care	100.00	1	00.00	P2015	\$100.00
12/13/2014	Lenore Wax	⊠IND □COM □OTH □PTY □SCC	Retired	200.00	Ź	00.00	P2015	\$200.00
			SUBTOTALS	1,000.00				

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• . • • . • Schedule A (Continuation Sheet) Type or print in ink. SCHEDULE A (CONT.) **Monetary Contributions Received** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. FORM 07/01/2014 12/31/2014 through_ Page ____12 of ___22__ NAME OF FILER I.D. NUMBER Andra Hoffman for College Trustee 2015 1363198 AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (IF REQUIRED) (JAN, 1 - DEC. 31) OF BUSINESS) 12/31/2014 Leslie Song Winner Public Relations 100.00 100.00 P2015 \$100.00 XIND Han Song Group СОМ □OTH □ PTY □ scc ПСОМ □отн □ PTY □scc □сом □OTH □ PTY □scc **□СОМ** ∏отн □ PTY □scc

SUBTOTAL \$

100.00

☐IND ☐COM ☐OTH ☐PTY ☐SCC

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OTH - Other (e.g., business entity)

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SCC - Small Contributor Committee

. Schedule D **Summary of Expenditures Supporting/Opposing Other** Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

SCHEDULE D Statement covers period **CALIFORNIA FORM** 07/01/2014 from_ through __12/31/2014 Page 13 of 22 I.D. NUMBER

1262100

Aldra Hottin	an for College Trustee 2015				13631	30
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)
09/29/2014	Democrats for Israel Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		50.00	50.00	P2015 \$50.00
07/16/2014	Jeffrey Prang for Assessor X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		100.00	100.00	02015 \$100.00
12/16/2014	Los Angeles County Democratic Party X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Roster	100.00	100.00	P2015 \$200.00
******			SUBTOTAL \$	250.00		

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$ 576.50
2. Unitemized contributions and independent expenditures made this period of under \$100	\$ 0.00

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

· . · · . ·

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from 07/01/2014 CALIFORNIA 460

through 12/31/2014 Page 14 of 22

NAME OF FILER

Andra Hoffman for College Trustee 2015

1363198

_	ror correge frances rors				13031	
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)
10/21/2014	Miracle Mile Democratic Club Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		75.00	100.00	P2015 \$100.00
12/04/2014	Miracle Mile Democratic Club Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		25.00	100.00	P2015 \$100.00
10/21/2014	New Frontier Democratic Club Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		51.50	126.50	P2015 \$126.50
12/15/2014	New Frontier Democratic Club X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Endorsement interview Fee	75.00	126.50	P2015 \$126.50
			SUBTOTAL \$	226.50		

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

☐ Support

☐ Support

☐ Support

☐ Oppose

□ Oppose

□ Oppose

· . · · . •

NAME OF THE

Type or print in ink.

Amounts may be rounded to whole dollars.

NAME OF FILER					I.D. NUM	BER			
Andra Hoffma	Andra Hoffman for College Trustee 2015								
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)			
08/20/2014	Sheila Kuehl for Supervisor 2014	™ Monetary Contribution Nonmonetary Contribution Independent		100.00	100.00				
	☐ Support ☐ Oppose	Expenditure							
		Monetary Contribution							

☐ Nonmonetary
Contribution
☐ Independent
Expenditure

Monetary
Contribution
Nonmonetary
Contribution
Independent

Monetary
Contribution
Nonmonetary
Contribution
Independent
Expenditure

Expenditure

SUBTOTAL \$

100.00

FPPC Form 460 (Jan/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made	Type or prin Amounts may to whole o	be rounded	Stater	nent covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through	12/31/2014	Page16 of22
NAME OF FILER Andra Hoffman for College Trustee 2015					1.D. NUMBER 1363198
CODES: If one of the following codes accurately descriction CMP campaign paraphemalia/misc. 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 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	nmunications d appearances ises lating	RAD radi RFD retu SAL cam TEL t.v. TRC can TRS staf TSF tran VOT vote	o airtime and production imed contributions npaign workers' salaries or cable airtime and prod didate travel, lodging, and f/spouse travel, lodging,	luction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF	PAYMENT	AMOUNT PAID
Citibank Credit Card		Misc Campaig	n expenses-see	schedule G	224.64
Citibank Credit Card		Misc Campaig	n expenses - Se	ee schedule G	262.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 622.14 Schedule E Summary 2. Unitemized payments made this period of under \$100\$_____ 150.37 0.00 7,581.39

Misc Campaign expenses - See schedule G

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

SCHEDULE E

224.64

262.00

135.50

Citibank Credit Card

Schedule E (Continuation Sheet)	Type or print in ink. Amounts may be rounded	Statement covers period	SCHEDULE E (C
Payments Made	to whole dollars.	from07/01/2014	FORM 46
SEE INSTRUCTIONS ON REVERSE		through 12/31/2014	Page17 of22
NAME OF FILER			I.D. NUMBER
Andra Hoffman for College Trustee 2015			1363198
CODES: If one of the following codes accura	tely describes the payment, you may enter the code.	Otherwise, describe the payment	

SEE	INSTRUCTIONS ON REVERSE					throu	gh 12/31/2014	Page	17 of 22
	E OF FILER ra Hoffman for College Trustee 2015							I.D. NUMB 1363198	
CMP CNS CTB	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MBR MTG OFC PET PHO POL	member com meetings and office expen petition circul phone banks polling and s postage, deli	munications d appearance ses ating urvey resea very and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions	duction costs d meals and meals s of the san	ne candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Cit	ibank Credit Card				Misc Campaign	expenses	- see schedule G		197.89
Con	nolly Consulting			CNS					1,750.00
Con	nolly Consulting			CNS					1,100.00
Con	nolly Consulting			CNS					500.00

Jeffrey Prang for Assessor (ID# 1359913)

CTB

100.00

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

SUBTOTAL \$

3,647.89

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	ie

LEG legal defense

campaign literature and mailings

independent expenditure supporting/opposing others (explain)*

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

PRT print ads

SCHEDULI	EE(CONT.)
----------	-----------

(Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from07/01/2014	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/2014	Page18of22
NAME OF FILER			I.D. NUMBER
Andra Hoffman for College Trustee 2015			1363198
CODES: If one of the following codes accur	rately describes the payment, you may enter the code. C	Otherwise, describe the payment	L .
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging	s oduction costs nd meals

POS postage, delivery and messenger services

professional services (legal, accounting)

	, , , , , , , , , , , , , , , , , , ,		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
L.A. City Clerk	FIL		300.00
Los Angeles County Democratic Party (ID# 744554)		Endorsement Fee	100.00
Los Angeles County Democratic Party (ID# 744554)	СТВ	Roster	100.00
Multi-City Services		Signature Gathering	750.00
New Frontier Democratic Club (ID# 981728)	СТВ	Endorsement interview Fee	75.00

1,325.00

SUBTOTAL \$

transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

VOT voter registration

Schedule E (Continuation Sheet) Payments Made
SEE INICIDII CTIONS ON DEVEDOE

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Andra Hoffman for College Trustee 2015	Type or print Amounts may be to whole do	rounded		from	07/01/2014 07/01/2014 09h 12/31/2014	CALIFOI FORI	19 of 22 ER
CODES: If one of the following codes accurately described CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey resear very and me	s	RAD RFD SAL TEL TRC TRS TSF VOT		n costs duction costs nd meals , and meals es of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTIO	N OF PAYMENT		AMOUNT PAID
Tracey Pomerance-Poirier The Harman Press	36 - 16a - 74 - 74a - 74	PRO					348.80
The Harman Press		LIT					104.64
The Harman Press			Postcards				212.55
* Payments that are contributions or independent expenditures must als	so be summarized on	Schedule D			SI	JBTOTAL \$	1,835.99

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Type or print in ink. Amounts may be round to whole dollars.	led	Statement cover	2014 FO	ORNIA 460
NAME OF FILER Andra Hoffman for College Trustee 2015			1	I.D. NUM 13631:	
CODES: If one of the following codes accurately described CMP campaign paraphemalia/misc. 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 LT campaign literature and mailings	MBR member communication meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res postage, delivery and PRO professional services (PRT print ads	ns nces earch messenger services	RAD radio airtime ar RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	nd production costs butions kers' salaries time and production costs el, lodging, and meals avel, lodging, and meals en committees of the san	ne 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
Citibank Credit Card	Misc Campaign expenses	0.00	641.08	0.00	641.0
* Payments that are contributions or independent expenditures must also be					
summarized on Schedule D.	SUBTOTALS S	0.00\$	641.08	0.00\$	641.08
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a Total accrued expenses paid this period. (Include all Scheaccrued expenses of \$100 or more, plus total unitemized period) 	accrued expenses under sedule F, Column (c) subto	\$100.)tals for payments on			
Net change this period. (Subtract Line 2 from Line 1. End on the Summary Page, Column A, Line 9.)	ter the difference here and	d			

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

•

or print in ink. s may be rounded hole dollars. Statement covers period from 07/01/2014 SCHEDULE CALIFORNIA FORM 460
through 12/31/2014 Page 21 of 22
I.D. NUMBER 1363198
ts

CC	DES: If one of the following codes accurately describ	es the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphemalia/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
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
ЦT	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	AMO	UNT PAID
Democrats for Israel (ID# 1342901)	CTB				50.00
	ŀ				
Emerge California	CVC				100.00
Miracle Mile Democratic Club (ID# 1354904)	CTB				75.00
Miracle Mile Democratic Club (ID# 1354904)	CTB				25.00
	ł				
Attach additional information on appropriately labeled continuation sheets.			TOTAL	* \$	250.00

^{*} 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'G (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded

to whole dollars

		SCHEDU	LE G (CONT.
State	nent covers period	CALIFORNIA	460
from	07/01/2014	FORM	460

Contractor (on Behalf of This Committee)	to whole dollars.	from07/01/2014	FORM 400
EE INSTRUCTIONS ON REVERSE		through12/31/2014	Page of2
AME OF FILER			I.D. NUMBER
undra Hoffman for College Trustee 2015			1363198
AME OF AGENT OR INDEPENDENT CONTRACTOR			

Citibank Credit Card

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 RFD returned contributions MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating PET TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)* 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
New Frontier Democratic Club (ID# 981728)	СТВ			51.5
Sheila Kuehl for Supervisor 2014 (ID# 1355019)	СТВ	+		100.0
		-		
Attach additional information on appropriately labeled continuation sheets.			TOTAL*	\$ 151.5

^{*} 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.

Recipient Committee	Type or print in	ink	Date Stamp				
Campaign Statement Cover Page	Type or print in	2142		CALIFORNIA 460			
(Government Code Sections 84200-84216.5)	Statement covers period from 01/18/2015	Date of election if applicable: (Month, Day, Year)	2/19/15/8	Page1 of18 For Official Use Only 019142			
SEE INSTRUCTIONS ON REVERSE	through02/14/2015	. 03/03/2015	i di bibanz kamanin	C/m68			
	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: X Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 1 Amendment (Explain beautiful or statement Amendment (Explain beaut	t Spec Supp Fermination) State	terly Statement ial Odd-Year Report elemental Preelection ment - Attach Form 495			
3. Committee Information	D. NUMBER 1363198	Treasurer(s)					
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Andra Hoffman for College Trustee 2015 STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER Ms. Tracey Pomerance MAILING ADDRESS CITY	-Poirier STATE ZIP CO	DDE AREA CODE/PHONE			
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	BOX	MAILING ADDRESS					
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP CO	ODE AREA CODE/PHONE			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS				
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on 02/19/2015 Date Executed on 02/19/2015 Date	By . By . Signature of Control of the control of	nowledge the information contained he		les is true and complete. I certify -			
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent				
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	EDDC Form 480 (January/05)			

Officeholder or Candidate Con	trolled Committee	6.	Primarily Formed Balle	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Ms. Andra Hoffman						
OFFICE SOUGHT OR HELD (INCLUDE LOC	ATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	ON	SUPPORT
Los Angeles Community College	Trustee					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A	AND STREET) CITY STATE ZIP		Identify the controlling of	iceholder, ca	ndidate, or state meas	ure proponent, if any
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PR	OPONENT	
	ded in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		7.	Primarily Formed Can	didate/Offic	eholder Committee	E List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s		s committee is primarily	formed.
COMMITTEE ADDRESS STREET AD	DDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET AD	CONTROLLED COMMITTEE? YES NO DDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROM ATTACHED SCHEDULES)

33,629.00

33,629.00

0.00

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

Contributions Received

Current Cash Statement

NAME OF FILER

Andra Hoffman for College Trustee 2015

Calendar Year Summary for Ca	andidates
Running in Both the State Prin	nary and
General Elections	-

I.D. NUMBER

1363198

1/1 through 6/30 7/1 to Date

20. Contributions
Received \$ _____ \$

21. Expenditures
Made \$ \$

E	xpenditures Made			
6.	Payments Made So	hedule E, Line 4	\$ 18,872.72	\$ 20,749.45
7.	Loans Made Sc	hedule H, Line 3	0.00	0.00
8.	SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 18,872.72	\$ 20,749.45
9.	Accrued Expenses (Unpaid Bills)sa	chedule F, Line 3	0.00	0.00
10	. Nonmonetary Adjustment	hedule C, Line 3	0.00	0.00
11	. TOTAL EXPENDITURES MADE	Lines 8 + 9 + 10	\$ 18,872.72	\$ 20,749.45

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) \$

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	13,726.37
13. Cash Receipts	Column A, Line 3 above		33,629.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4		0.00
15. Cash Payments	Column A, Line 8 above		18,872.72
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15			28,482.65
If this is a termination statement, Line 16 mus	st be zero.		

17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _____

18. Cash Equivalents See instructions on reverse \$ _____

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

Cash Equivalents and Outstanding Debts

1. Monetary Contributions Schedule A, Line 3 \$ _____

3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____

2. Loans Received Schedule B. Line 3

Nonmonetary Contributions Schedule C, Line 3

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).

Column B

CALENDAR YEAR

TOTAL TO DATE

35,579.00

35,579.00

35,579.00

0.00

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

Schedule Monetary	A Contributions Received	Amoun	e or print in ink. ts may be rounded	Statement cove	ers period	CAL	FORM		EDULE A
monounty contains as a second		to	whole dollars.	from01/18/2015			CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through _02/14/2	015	Page	4	_ of _	18
NAME OF FILER					.***	I.D. NI	JMBER		
Andra Hoffm	an for College Trustee 2015					1363	198		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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		R ELEC TO DAT REQUII	Έ
01/25/2015	Action Democrats of the San Fernando Valley (ID# 922441)	□IND □COM □OTH □PTY □SCC		500.00		500.00	P2015		\$500.00
01/26/2015	AFT Staff Guild #1521A (ID# 1241359)	□IND ☑COM □OTH □PTY □SCC		250.00	20,	250.00	P2015	\$30	0,250.00
01/29/2015	AFT Staff Guild #1521A (ID# 1241359)	□IND SCOM □OTH □PTY □SCC		20,000.00	20,	250.00	P2015	\$3	0,250.00
02/04/2015	Armond Aghakhanian	IND □COM □OTH □PTY □SCC	Professor Woodbury University	100.00		100.00	P2015		\$100.00
01/29/2015	Lila Aurich	IXIND □COM □OTH □PTY □SCC	Retired	100.00		100.00	P2015		\$100.00
			SUBTOTAL\$	20,950.00					
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	32,580.00	IND-				CC)
2. Amount re	eceived this period – unitemized monetary contributions	s of less than	\$100 \$	1,049.00	1 -	l – Other – Politica	(e.g., bu	siness	entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A. Line 1.)TOTAL \$	33,629.00			Contribute	or Com	mittee

www.netfile.com

Type or print in ink.
Amounts may be rounded

	SCHEDULE	EA (CONT.)
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Monetary Contributions Received		to whole		from01/18/		FORM 460		
				through 02/14/	2015	Page5	of18	
NAME OF FILER				***************************************		I.D. NUMBER		
Andra Hoffma	n for College Trustee 2015					1363198		
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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR .	PER ELECTION TO DATE IF REQUIRED)	
01/25/2015	Be MorePrepared Inc.	⊠IND □COM □OTH □PTY □SCC		100.00	10	0.00 P2019	\$100.00	
02/03/2015	Michael Blumenfield	⊠IND □COM □OTH □PTY □SCC	Psychiatrist Self, Michael Blumenfield, M.D.	50.00	15	0.00 P2015	\$150.00	
01/29/2015	Ed Buck	☑IND □COM □OTH □PTY □SCC	Retired	1,000.00	2,00	0.00 P2015	\$2,000.00	
02/04/2015	Ed Buck	⊠IND □COM □OTH □PTY □SCC	Retired	1,000.00	2,00	0.00 P201	\$2,000.00	
01/25/2015	Julian Burger	⊠IND □COM □OTH □PTY □SCC	Truck Driver Unemployed	105.00	10	5.00 P2019	5 \$105.00	
			SUBTOTALS	2,255.00				

*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

Type or print in ink. Amounts may be rounded

SCHEDULE A (CON'

Monetary Contributions Received			to whole dollars.		2015	FORM 460		
				through02/14/	2015 F	age6	_ of18	
NAME OF FILER					ı	D. NUMBER		
Andra Hoffma	n for College Trustee 2015				1	.363198		
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 D CALENDAR YEA (JAN. 1 - DEC. 3	R	ER ELECTION TO DATE REQUIRED)	
01/25/2015	Leah Cartabruno	⊠IND □COM □OTH □PTY □SCC	Retired	100.00	100	.00 P2015	\$100.00	
02/03/2015	Consuelo Castro	⊠IND □COM □OTH □PTY □SCC	Professor LACCD	250.00	250	.00 P2015	\$250.00	
02/12/2015	Gordon Chester	⊠IND □COM □OTH □PTY □SCC	Not employed	125.00	125	.00 P2015	\$125.00	
02/06/2015	Jim Clarke	☑IND □COM □OTH □PTY □SCC	Councilmember City of Culver City	100.00	100	.00 P2015	\$100.00	
01/21/2015	Kat Connolly	⊠IND □COM □OTH □PTY □SCC	Political Consultant Connolly Consulting	100.00	100	.00 P2015	\$350.00	
			SUBTOTAL	675.00				

*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

Type or print in ink.
Amounts may be rounded

SCHE	DULE	A (CONT.

Monetary Contributions Received		to whole dollars.		from01/18/2015		FORM 460		
				through02/14/	²⁰¹⁵ P	Page7 of18		
NAME OF FILER					1.1	D. NUMBER		
Andra Hoffma	n for College Trustee 2015				1	363198		
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31		ELECTION FODATE REQUIRED)	
01/25/2015	Marta Corella		Manufacturer APC Industries	150.00	150	00 P2015	\$150.00	
01/20/2015	Susan Du Brin	☑IND □COM □OTH □PTY □SCC	Medical Manager West Valley Medical Partners, LLC	100.00	100	00 P2015	\$200.00	
01/20/2015	Phyllis Eckler	☑IND □COM □OTH □PTY □SCC	Teacher Glendale College	100.00	200	00 P2015	\$200.00	
02/06/2015	Phyllis Eckler	⊠IND □COM □OTH □PTY □SCC	Teacher Glendale College	100.00	200	00 P2015	\$200.00	
02/03/2015	Jake Farber	☑IND □COM □OTH □PTY	Manager Alpert & Alpert Iron & Metal Inc.	100.00	100	00 P2015	\$100.00	

SUBTOTAL\$

550.00

*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 A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (C

Monetary Contributions Received		to whole dollars.		from01/18/		FORM 460		
				through 02/14/	2015	Page	_8 of	18
NAME OF FILER						I.D. NUME	BER	
Andra Hoffma	n for College Trustee 2015					1363198	3	
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 YE (JAN. 1 - DEC.	AR	TO	ECTION DATE QUIRED)
02/10/2015	Mona Field	⊠IND □COM □OTH □PTY □SCC	Retired Educator n/a	100.00	10	0.00 P2	2015	\$100.00
01/25/2015	Sandra Fluke	⊠IND □COM □OTH □PTY □SCC	Attorney Self	100.00	10	0.00 P2	2015	\$100.00
02/03/2015	Glenn Freeman	⊠IND □COM □OTH □PTY □SCC	Real Estate Investment NSB Associates, Inc.	300.00	30	0.00 P2	2015	\$300.00
01/25/2015	Ira Freeman	☑IND □COM □OTH □PTY □SCC	Pharmacist Key Pharmacy	100.00	20	0.00 P2	2015	\$300.00
02/08/2015	Ira Freeman	⊠IND □COM □OTH □PTY □SCC	Pharmacist Key Pharmacy	100.00	20	0.00 P2	2015	\$300.00
			SUBTOTALS	700.00				

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PTY – Political Party SCC – Small Contributor Committee

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

SCHEDULE A	(CONT.)

CALIFORNIA ACO

Statement covers period

		to whole t	uonars.	from01/18/	2015	FORM	400
				through 02/14/	2015 Page	99	of <u>18</u>
NAME OF FILER					I.D. N	IUMBER	
Andra Hoffman	n for College Trustee 2015				136	3198	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)	(IF F	ELECTION TO DATE REQUIRED)
02/04/2015	Ramona Garza	⊠IND □COM □OTH □PTY □SCC	Executive Director UCLA	100.00		P2015	\$100.00
01/30/2015	Kathleen Givner	⊠IND □COM □OTH □PTY □SCC	Attorney Givner & Kaye	100.00	100.00	P2015	\$200.00
02/03/2015	Floyd Glen-Lambert	IND COM OTH PTY	Consultant Self Employed	250.00	250.00	P2015	\$250.00
01/25/2015	Wendy Hale	☑IND □COM □OTH □PTY □SCC	Realtor Keller-Williams	200.00		P2015	\$200.00
02/05/2015	Jane Hasler Henick	☑IND □COM □OTH □PTY □SCC	Investor Self	500.00	500.00	P2015	\$600.00
			SUBTOTAL	\$ 1,150.00			

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Type or print in ink. Amounts may be rounded

	(CONT.)

Monetary Contributions Received		Amounts may to whole		Statement cover from01/18/	CALIFORNIA 460 FORM of 18			
NAME OF FILER				through ^{02/14/}		I.D. NUM		T
Andra Hoffma	n for College Trustee 2015					136319	8	
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 YE (JAN. 1 - DEC.	AR	TC	ELECTION DATE EQUIRED)
01/23/2015	Leah Herzberg	⊠IND □COM □OTH □PTY □SCC	Not employed	100.00	15	0.00 P	2015	\$150.00
02/03/2015	Leah Herzberg	⊠IND □COM □OTH □PTY □SCC	Not employed	50.00	150.00		2015	\$150.00
02/02/2015	Anita Hirsh	☑IND □COM □OTH □PTY □SCC	Business Owner Mercantile Center	1,000.00	1,00	00.00 P	2015	\$1,000.00
01/24/2015	Bruce Hoffman	☑IND □COM □OTH □PTY □SCC	Not employed	200.00	20	00.00 P	2015	\$200.00
01/20/2015	Clifford Hutson	☑IND □COM □OTH □PTY □SCC	Retired	100.00	10	00.00 P	2015	\$350.00
			SUBTOTAL	1,450.00				

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from01/18/	2015	FORM	400
				through 02/14/	^{'2015} Pa	ge11	of 18
NAME OF FILER					1.0	. NUMBER	
Andra Hoffmar	n for College Trustee 2015				13	63198	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	~	ER ELECTION TO DATE F REQUIRED)
02/13/2015	International Union of Operating Engineers Local 12 - Political Fund (ID# 743030)	□IND □COM □OTH □PTY □SCC		2,000.00	2,000.	00 P2013	\$2,000.00
01/29/2015	Suleman Ishaque	⊠IND □COM □OTH □PTY □SCC	IT Technician Pierce College	250.00	250.	00 P2015	\$250.00
01/25/2015	Ardashes Kassakhian	⊠IND □COM □OTH □PTY □SCC	city Clerk City of Glendale	200.00	200.	00 P2015	\$200.00
01/26/2015	Saaliha Khan	☑IND □COM □OTH □PTY □SCC	Community Coordinator NewGround Community Partners	50.00	100.	00 P2015	\$100.00
01/25/2015	Sandv Klaskv	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00 P2015	\$100.00
			SUBTOTAL	\$ 2,600.00			

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Type or print in ink.
Amounts may be rounded

	(CONT.)

CALIFORNIA ACO

Statement covers period

		to whole o	dollars.	from01/18/	2015	FORM	460
				through 02/14/	2015 Pa	ige12	of18
NAME OF FILER					1.0	D. NUMBER	
Andra Hoffma	n for College Trustee 2015				1:	363198	
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	(IF	ELECTION TO DATE REQUIRED)
01/27/2015	Kevin Meza	☑IND □COM □OTH □PTY □SCC	Counselor Glendale College	100.00	100.	00 P2015	\$100.00
01/26/2015	National Women's Political Caucus of Pasadena (ID# 770021)	□IND □COM □OTH □PTY □SCC		500.00	500.	00 P2015	\$500.00
01/26/2015	Patti Petralia	⊠IND □COM □OTH □PTY □SCC	Real Estate Agent Remax	100.00	200.	00 P2015	\$200.00
01/25/2015	Tracey Pomerance-Poirier	☑IND □COM □OTH □PTY □SCC	Treasurer Self - Poirier & Associates	100.00		00 P2015	\$100.00
02/08/2015	Linda Ramos	☑IND □COM □OTH □PTY □SCC	Tax Services Supervisor L.A. Trade Tech	100.00	100.	00 P2015	\$100.00
			SUBTOTAL	900.00			

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT)

CALIFORNIA FORM

Statement covers period

from

01/18/2015

				through 02/14/	2015	age	13 (of <u>18</u>
NAME OF FILER						.D. NUM	BER	
Andra Hoffman	n for College Trustee 2015				:	136319	8	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	R	TO	ELECTION DATE EQUIRED)
02/02/2015	Hazel Ramos-Foong Chong	IND COM OTH PTY SCC	Professor Glendale College	100.00	100	0.00 P	2015	\$100.00
02/03/2015	Dorothy Reik	⊠IND □COM □OTH □PTY □SCC	Mortgage Banker Bankers Group	100.00	100	0.00 P	2015	\$100.00
01/25/2015	Ethelyn Shaw	☑IND □COM □OTH □PTY □SCC	District Chief of Staff City of Los Angeles	100.00	100	0.00 P	2015	\$100.00
02/12/2015	Stonewall Young Democrats (ID# 1265977)	□IND ☑COM □OTH □PTY □SCC		200.00	200	0.00 P	2015	\$200.00
02/09/2015	Walter N. Marks Inc.	□IND □COM ☑OTH □PTY □SCC		500.00	500	0.00 P	2015	\$500.00
			SUBTOTAL	1,000.00				

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Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT

CALIFORNIA ACO

Statement covers period

		to whole	dollars.	from01/18/	/2015 F	ORM 460
				through02/14/	^{/2015} Page	14 of18
NAME OF FILER					I.D. N	UMBER
Andra Hoffman	n for College Trustee 2015				1363	198
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)
02/07/2015	Lenore Wax	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.00	P2015 \$450.00
02/06/2015	John Wirfs	☑IND □COM □OTH □PTY □SCC	Designer Steinberg Architects	100.00	100.00	P2015 \$100.00
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	\$ 350.00		

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Schedule D SCHEDULE D **Summary of Expenditures** Type or print in ink. Statement covers period CALIFORNIA Amounts may be rounded 460 Supporting/Opposing Other to whole dollars. FORM 01/18/2015 from. Candidates, Measures and Committees through 02/14/2015 Page 15 of 18 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Andra Hoffman for College Trustee 2015 1363198 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 02/13/2015 Sydney Kamlager Graphic Design-mail 150.00 150.00 P2015 \$150.00 Community College Board Los Angeles Community College District Contribution District: 3 X Nonmonetary Contribution ☐ Independent Expenditure Support Oppose ■ Monetary Contribution ■ Nonmonetary Contribution Independent Expenditure Support ☐ Oppose Contribution □ Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose SUBTOTAL \$ 150.00 Schedule D Summary 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)......\$_____\$ 150.00

FPPC Form 460 (Jan/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

40.00

190.00

Schedule E

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from01/18/2015	FORM 400
through02/14/2015	Page16 of18
	I.D. NUMBER
	1363100

Payments Made to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Andra Hoffman for College Trustee 2015 1363198

COL	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
CMP	campaign paraphemalia/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)			
	<u>-</u>		•					

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Airtel Plaza Hotel	FND		870.47
Pedro Baez	RAD	KTYM Radio	320.00
Budget Watchdogs Newsletter (ID# 1345115)		Advertising - slate mailer	8,402.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 9,592.47

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.) \$	18,719.10
2. Unitemized payments made this period of under \$100\$_	153.62
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.)	18,872.72

Schedule E (Continuation Sheet) Payments Made	Type or print Amounts may be to whole do	e rounded	Statement covers period from01/18/2015 through02/14/2015	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			though	Page 17 of 18
Andra Hoffman for College Trustee 2015				1363198
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 CNS contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* IND independent expenditure supporting/opposing others (explain)* EGG legal defense LEG legal defense LEG campaign paraphemalia/misc. MBR member communications meetings and appearances MFD meetings and appearances MFD office expenses OFC office expenses PET petition circulating petition circulating phone banks POL polling and survey research postage, delivery and messenger services professional services (legal, accounting) NOT voter registration information technology costs (internet, e-mail				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR D	ESCRIPTION OF PAYMENT	AMOUNT PAID
California Justice Voter Guide (ID# 1342347)		Advertising - s	late mailer	350.00
Educate Your Vote-A Project of the Coalition for Litera	acy (ID# 1345655)	Advertising - s	late mailer	5,625.00
Parents for Progress (ID# 1362626)		Advertising - s	late mailer	350.00

The Harman Press LIT 942.85

The Harman Press LIT 808.78

SUBTOTAL \$

8,076.63

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

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E	(CONT.)
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(Continuation Sheet)	Type or print in ink. Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from01/18/2015	FORM 400
SEE INSTRUCTIONS ON REVERSE		through02/14/2015	Page18of18
NAME OF FILER			I.D. NUMBER
Andra Hoffman for College Trustee 2015			1363198
CODES: If one of the following codes accura	tely describes the payment, you may enter the code. Other	rwise, describe the payment.	

COL	DES: If one of the following codes accurately describes	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphemalia/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
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
щ	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
<u>uı</u>	campaign literature and mailings	PRI	pnnt 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
York Creative		Graphic Design	1,050.00
	•		

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

SUBTOTAL \$

1,050.00