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

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

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eason for Amendr	ment:			**Contributor Codes IND — Individual COM — Reciplent Comm OTH — Other (e.g., busin PTY — Political Party SCC — Small Contributo	

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## 2. Contribution(s) Made

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER) D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
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FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from	Date Stamp RECEIVED BY ANGELES COULTY  Date of election if applicables 5 JAN 22 PM 3: 39 [Month, Day, Year) 20 SCLOSUS ACCION
State Candidate Election Committee  Recall (Ator Complete Part 5)  General Purpose Committee  Sponsored Small Contributor Committee	Implete Parts 1, 2, 3, and 4,  Irimarily Formed Ballot Measure  Committee Controlled Sponsored Sponsored Sponsored Timarily Formed Candidate/  Iffice holder Committee Sponsored	2. Type of Statement:    Preelection Statement
COMMITTEE TO ELECT MARK 1  STREET ADDRESS (NO P.O. BOX)  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	DE AREA CODE/PHONE	Treasurer(s)  NAME OF TREASURER  WOODY KANE  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California    1/22 /15     Executed on	this statement and to the a first the foregoing is true  By  By  By  By	Signature of Controlling Officeholder, Candidate, State Measure Proposent  Signature of Controlling Officeholder, Candidate, State Measure Proposent  FPPC Form 460 (January/05)  FPPC Toll-Free Helplina: 866/ASK-FPPC (866/275-3772)  State of California

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Recipient Committee Campaign Statement Cover Page — Part 2

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CALIFORNIA FORM 460

	led Committee	6. Primaril	ly Formed Ballot Mea	asure Committe	e	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF B	MALLOTMEASURE			
MARK ISLER				_		
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	N AND DISTRICT NUMBER IF APPLICABLE)	BALLOTNO	O. OR LETTER JURI	SDICTION		SUPPORT OPPOSE
LA COUNTY COMMUNITY	COLLEGE BOARD OF H					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY SIMIE ZIP	identify t	the controlling officehold	der, candidate, or s	itate measure p	proponent, if a
		NAME OF	OFFICEHOLDER, CANDIDATE	OR PROPONENT		
	in this Statement: List any committees olled by you or are primarily formed to receive if of your candidacy.	OFFICE 90	DUGHT OR HELD		DISTRICT NO. II	F ANY
COMMITTEE NAME	LD. NUMBER					
	•			~~	•••	
NAME OF TREASURER	CONTROLLED COMMITTEE?		ly Formed Candidate			
NAME OF TREASURER	CONTROLLED COMMITTEE?	officehold	ler(s) or candidate(s) for wi	hich this committee	is primarily form	
		NAME OF (	fer(s) or candidate(s) for wi	ATE OFFICE SOLL A C C	is primarily form	
COMMITTÉE ADORESS STREET ADORE	YES NO P.O. BOX)	NAME OF O	ler(s) or candidate(s) for wi	ATE OFFICE SOLL A CC	IS primarily forms UGHT OR HELD (3.0 T	SUPPORT
COMMUTTEE ADDRESS STREET ADDRE	YES NO	NAME OF C	fer(s) or candidate(s) for wi OFFICEHOLDER OR CANDIDA V ISLE N	ATE OFFICE SOL	is primarily form UGHT OR HELD (30T	SUPPORT
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# Campaign Disclosure Statement Summary Page

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Amounts may be rounded to whole dollars.

Statement covers period from JAN 1, 2015

through JAN 17, 2015

CALIFORNIA 460

FORM 460

LD. NUMBER

SEE INSTRUCTIONS ON REVERSE		through .	3/10 11, 2015 Page 5 of 1/
NAME OF FILER  COMMITTEE TO ELECT MAR	k ISLER		LD. NUMBER
Contributions Received  1. Monetary Contributions	Column A TOTALTHIS PERCO FROMATIACHED SCHEDULES \$ 1,200	COlumn B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Loans Received	\$ 1,200 - Ø	\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1/I through 6/30 7/1 to Date  20. Contributions Received \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$	\$ 736 \\ \[ \text{\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texi\\$}\$\text{\$\texititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Climit)  Date of Election Total to Date (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 18  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 3 above  16. ENDING CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	17.00 - 9 735 - 465 - s	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.  FPPC Form 480 (January/05)  FPPC Toll-Free Helpline: 886/ASK-FPPC (866/275-3772)

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Schedule A		Type or print in ink.				SCHEDULE A	
Monetary Contributions Received			s may be rounded whole dollars.	Statement cov		CALIFORNIA 460	
				from TAL	1,2015	=ORM +OO	
SEE INSTRUCTIO	NS ON REVERSE			through JAN	17,2015	Page _ 4 _ of _ 12 _	
NAME OF FILER	TO SIGHT MAN	1. 1C ( ) A				I.D. NUMBER	
	COMMITTEE TO ELECT MAR	K ISCEN				~/Д	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTERLD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS	AMOUNT RECEIVED THIS PERIOO	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR TODATE	
	FRANK E. BAYTER	□ COM	•				
1/15/15		□OTH □PTY □SCC	RETIRED	1,000	1,000	•	
	GARY L. JUNES	□ COM					
1/15/15		□OTH □PTY □SCC	RETIECH	100-	100~		
	MARTIN GORDON	DXND COM					
\/\17 / <sub>15</sub>		□OTH □PTY □SCC	RETIRED	100-	100-		
		□IND □COM					
		DOIH DPTY					
		□scc					
		□MD □∞M					
		□OTH □PTY □SCC					
		·	SUBTOTAL	\$ 1,200 -			
Schedule /	A Summary				*Cor	tributor Codes	
	ceived this period – itemized monetary contributions.  I Schedule A subtotals.)		\$ <u></u>	1,200		Individual I-Recipient Committee (other than PTY or SCC)	
2. Amount re	ceived this period – unitemized monetary contribution	s of less than \$	100\$	N/A		- Other (e.g., business entity) -Political Party	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.)	TOTAL \$	1,200-		-Small Committee	
				FPPC:	Toll-Free Helpfin	FPPC Form 460 (January/05) e: 866/ASK-FPPC (866/275-3772)	

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Schedule B - Part 1	
Loans Received	

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	SCHEDU	LEB-PART1
tement covers period	CALIFORNIA	100
JAU 1, 2015	FORM	460

Loans Received	to whole dollars.			from JAD 1, 2015		FORM 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through JAN	17,2016	Page _ 5 _	of_12_
COMMITTEE TO	D ELECT MARK	ISLER						NA
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (FCOMMITTEE, ALSO ENTER LO, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-ENPLOYED, ENTER NAME OF BUSINESS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(#) AMOUNTPAI OR FORGIVE THIS PERIOR	N CLOSE OF THIS	(*) INTEREST PAID THIS PERIOD	DRIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
				PAID  S PORGIVEN		PATE	ŧ	CALENDARYEAR S PERELECTION
T ND COM OTH FTY SCC		•	-	•	DATE DUE	•	DATE INCURRED	
				\$		RATE %		\$PERBLECTION
TO NO COM COTH PTY CSCC				\$	DATE DUE	\$	DATE INCURRED	3
				PAID	.   \$	%	1	CALENDAR YEAR
† □ IND □ COM □ OTH □ PTY □ SCC		s	s	FORGIVEN	DATE DUE	s	DATE INCURRED	PERELECTION*
		SUBTOTALS :	\$	,	\$	\$		
Schedule B Summary						(Enter(e) on Schedule E, Line 3)		
1. Loans received this period	*************************************		***************************************	\$	N/A	-		
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	s of less than \$100.)  Dipaid or forgiven.)				N/A	-   G	OTH — Other (e.g., PTY — Political Party	onimittee PTY or SCC) businese entity) y
3. Net change this period. (Subtract Line	2 from Line 1.)			NET \$	(Many be a negative number)	. ك	SCC-Small Contril	Jutor Committee

"Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

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

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

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### Schedule C **Nonmonetary Contributions Received**

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

SCHEDULEC Statement covers period CALIFORNIA JAN 1, 2015 FORM 5W 17,2015 through\_ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT MARK 151.60

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR ()F COMMITTEE, ALSO ENTER L.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		IND   COM   OTH   PTY   SCC					
		IND   COM   OTH   PTY   SCC					
		COM   COM   OTH   PTY   SCC					
		IND   COM   OTH   PTY   SCC					
Attach ad	ditional information on appropriately label	ed continuat	ion sheets.	SUBTOTAL	3		

Schedule C Summary

 Amount received this period – itemized nonmonetary contributions. NIA (Include all Schedule C subtotals.) .....\$ 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ......\$ 3. Total nonmonetary contributions received this period.

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

\*Contributor Codes

IND-Individual

COM-Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC-Small Contributor Committee

FPPC Form 468 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULED
Statement covers period	CALIFORNIA 160
from	FORM 40U
through 3AN 17,2015	Page 7 of 12
	LD. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT MARK ISLER

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (F RÉQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose	Monetary Contribution  Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonrmonetary Contribution independent Expenditure				
			SUBTOTAL \$	1		

Schedule D Summary

a				SCHEDULE			
Schedule E Payments Made	Type or print in ink.  Amounts may be rounded to whole dollars.			Statement covers pe	CALIF	ORNIA 460	
	to whole o	Olidis.		from <u>JAN 1, 20</u>	215	RIVI	
SEE INSTRUCTIONS ON REVERSE				through JAU 17,7	015 Page _	B of 12	
NAME OF FILER					I.D. NU	MBER	
COMMITTEE TO ELECT MARK	ISLER						
CODES: If one of the following codes accurately describe	s the payment, yo	u may enti	er the code. Otherw	vise, describe the payme	ent.		
CMP campaign paraphernalia/misc.	MBR member com	munications		RAD radio airtime and pro-	duction costs		
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expen		s	RFD returned contribution SAL campaign workers's			
CVC civic donations	PET petition circu	lating		TEL t.v. or cable airtime a	and production cost	ts	
FIL candidate filing/ballot fees FND fundralsing events	PHO phone banks POL polling and s		4	TRC candidate travel, lodg TRS staff/spouse travel, to			
ND independent expenditure supporting/opposing others (explain)*	POS postage, del			TSF transfer between con			
LEG legal defense UT campaign literature and mailings		services (leg	al, accounting)	VOT voter registration WEB information technolog			
LIT campaign literature and mailings	PRT print ads			AND INICINIADOL TECHNOL	y costs (internet,	B-1110417	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER). D. MUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNTPAID	
MARK ISLER			FILING FEE	e			
		FIL				350	
			FORM 410	) feë		200	
<b>\</b>		MTG	1			185	
						.05	
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		OFC	Ì			Z00.	
<u> </u>						<u> </u>	
* Payments that are contributions or independent expenditures	must also be summ	arized on S	chedule D.		SUBTOTAL	\$	
Schedule E Summary							
Iternized payments made this period. (Include all Schedule	e E subtotals.)		***************************************		\$	735	
2. Unitemized payments made this period of under \$100						Ø	

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

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Schedule F Accrued Expenses (Unpaid Bills)  SEE INSTRUCTIONS ON REVERSE	Type or print in ink. Amounts may be round to whole dollars.	from	from JAN 1.2015		30 2	
COMMITTEE TO ELEC	T MARK ISLE	l			I.D. NUMBER	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POI. politing and survey res POS postage, delivery and PRO professional services PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign wor TEL t.v. or cable ai TRC candidate trav TRS staff/spouse tr	and production continuous states salaries intime and producted longing, and a ravel, lodging, are committees states on committees states and committees states are committees states and committees states are committees states are committees states are committees at the committees are committeed ar	ction costs meals nd meals of the same candidate/spo	msor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT P THIS PERS (ALSO REPORT	IOD BALANCE AT CL	OSE
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$		\$	\$	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized a	Schedule F, Column (b) su accrued expenses under	btotals for	INCL	JRRED TOTA	ALS \$ NA	
<ol><li>Total accrued expenses paid this period. (Include all Schoaccrued expenses of \$100 or more, plus total unitemized)</li></ol>	edule F. Column (c) subto	tals for payments on	1		/.	
<ol> <li>Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)</li> </ol>	ter the difference here an	d 		P	NET \$	er-

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Schedule G	
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.

politing and survey research

postage, delivery and messenger services

professional services (legal, accounting)

Statement covers period from JAD 1, 2016 CALIFORNIA FORM

SCHEDULE G

JAN 17,2015

LD. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FIL

COMMITTEE TO ELECT MARK ISLER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

print ads

POL

PRT

OMP campaign paraphemalia/misc. MBR member communications CNS campaign consultants meetings and appearances CTB contribution (explain nonmonetary)\* office expenses

OFC CVC civic donations PET petition circulating candidate filing/ballot fees PHO phone banks

FND fundraising events

independent expenditure supporting/opposing others (explain)\* LEG legal defense

ш campaign literature and mailings RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL Lv. or cable airtime and production costs candidate travel, lodging, and meals

TRS staff/scouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR #F COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		-		 
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Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$



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Schedule H	Type or print in ink. Amounts may be rounded			Statement cov	ers period	CALIFORNIA 460		
Loans Made to Others*		to whole dollars.			MAT mort	1,2015	FORM 400	
SEE INSTRUCTIONS ON REVERSE					through5A&	17,2015	Page 11	or_12
NAME OF FILER							I.D. NUMBER	
COMMITTEE	O ELECT MAL	k Isler						
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	FORGIVENES THIS PERIOD	S   CLOSE OF THIS	(4) INTEREST RECEIVED	(7) ORIGINAL AMOUNT OF LOAN	(III) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				S	s		•	\$PERELECTION**
		·	3	ş	DATE DUE	\$	DATE DICURRED	\$
				☐ PAID				CALENDAR YEAR
				S	-   s		s	S PERELECTION <sup>AD</sup>
		*	\$	s	DATE DUE	\$	DATE INCURRED	s
*Loans that are contributions to another candida must also be summarized on Schedule D. Loans also be reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schadulis I, Line 3)		
Schedule H Summary								
Loans made this period  (Total Column (b) plus unitemized loans	of less than \$100.)			************	\$	NIA	- [	**If Required
	2. Payments received on loans\$ \(\frac{\mu}{\lambda}\) \(\frac{\mu}{\lambda}\) (Total Column (c) plus uniternized payments of less than \$100.)							
3. Net change this period. (Subtract Line 2 from Line 1.)								

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (861/275-3772)

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Schedule i		Type or print in ink.		SCHEDULE		
Miscellaneous increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460		
			from 3AN 1,2015	TOKIN		
SEE INSTRUCTIONS	S ON REVERSE		through TAN 17, 2015	Page 12 of 12		
NAME OF FILER	COMMITTEE TO ELECT MARK 16	LER		I.D. NUMBER		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE OF COMMITTEE, M.SO BYTER LD. NUMBER	D	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
Attach additi	ional information on appropriately labeled continuation sheets.		SUBTOTAL	. \$		
Schedule I	Summary					
1. Itemized in	creases to cash this period	***************************************	\$ <u>N/A</u>	_		
2. Unitemized	increases to cash of under \$100 this period	•1		_		
3. Total of all i	interest received this period on loans made to others. (Sch	edule H, Column (e).)	sØ	_		
	ellaneous increases to cash this period. (Add Lines 1, 2, a Page, Line 14.)		TOTAL \$ Ø	_		
			FPPC Toil-Free Helplin	FPPC Form 460 (January/05) e: 866/ASK-FPPC (866/275-3772)		

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Recipient Committee	Type or print in		Date Stamp	COVER PAGE
Campaign Statement Cover Page	type or peak in	2142-2	RECEIVED LOS ALGELES	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable: (Month, Day, Year)	2010 FEB 20 - Air	10 PG- 1 or 14
	fromJAN 18, 2015		o monton con	For Official Use Only  OO 79,9
SEE INSTRUCTIONS ON REVERSE	throughFEB 17, 2015	MARCH 3, 2015		C10259
1. Type of Recipient Committee: All Committee	s – Complete Perts 1, 2, 3, and 4.	2. Type of Statement:		
☑ Officeholder, Candidate Controlled Committee	☐ Ballot Measure Committee    ○ Primarily Formed    ○ Controlled    ○ Sponsored	Predection Statement Semi-annual Statement Termination Statement	'	Quarterly Statement Special Odd-Year Report Supplement Alford Form ASS
General Purpose Committee O Sponsored O Small Contributor Committee	(Also Complete Pert 6)  Primarily Formed Candidate/ Officeinolder Committee	Amendment (Explain t	elow)	Statement - Attach Form 495
O Political Party/Central Committee	(Also Gourphile Part 7)			
3. Committee Information	I.D. NUMBER 1375330	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMI		NAME OF TREASURER		
COMMITTE TO ELECT MARK ISLER FOR COLLEGE BOARD OF TRUSTEES, SEAT		WOODY KANE MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	SIATE Z	IP CODE AREA CODE/PHONE
			0000	7127 300-711011
CITY STATE :	ZIF CODE AREA CODEAPHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR	P.O. BOX	MAILING ADDRESS		
CITY STATE 2	ZIP CODE AREA CODE/PHONE	CITY	STATE Z	IP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS	
<ol> <li>Verification         I have used all reasonable differed in preparing and re     </li> </ol>	eviewing this statement and to the be			ules is true and complete. I
certify under penalty of perjury under the laws of the 3	State of California that the foregoing			
Executed on	Ву			
Executed on 2/18/15	_ Ву			
Executed on	Symmun			
Code	. Ву	Signature of Controlling Officeholder, Candidate.	State Measure Proponent	
Executed on	Ву	Signeture of Costrolling Officeholder, Candidate,	Signa-Measure Proponent	FPPC Form 488 ("kineiti" FPPC Toll-Free Helpiton: 888/ASK-FPPC

Recipient Committee Campaign Statement Cover Page — Part 2

COVERP	AGE-PART2
CALIFORNIA FORM	460
Page 2	of_14

Officeholder or Candidate Control	led Committee	6.	Ballot Measure Committ	tee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
MARK ISLER						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	1	SUPPORT OPPOSE
LA COUNTY COMMUNITY COLLEC	SE BOARD OF TRUSTEES SEAT #1					☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	TREET) CITY STATE ZIP		Identify the controlling offic	eholder, cand	ildate, or state measure	proponent, if any
			NAME OF OFFICEHOLDER, CAND	EDATE, OR PRO	PONENT	
Related Committees Not Included not included in this statement that are control contributions or make expensitures on behalf	olfed by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
COMMITTEE NAME	LD. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Communities is primarily			
COMMITTEE ADDRESS STREET ADDRES	SS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CA	NOIDATE	OFFICE SOUGHT OR HELD	SUPPORT
			MARK ISLER		LACC BOT SEAT #	1 OPPOSE
CITY STAI			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEENAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HELI	SUPPORT
COMMITTEE ADDRESS STREET ADDRES	SS (NO P.O. BOX)					
CITY STATE	TE ZIP CODE AREA CODE/PHONE		Attacl	continuatio	n sheets if necessary	

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### Campaign Disclosure Statement **Summary Page**

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

Statement covers period JAN 18, 2015 FEB 17, 2015

through

CALIFORNIA FORM

FPPC Form 460 (June/01)

FPPC You-Free Heipline: 866/ASK-FPPC

SUMMARY PAGE

SEE INSTRUCTIONS (	ON REV	ERSE
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NAME OF FILER

COMMITTEE TO ELECT MARK ISLER LACC BOT SEAT #1

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

Calendar Year Sum	mary for Candidates
Running in Both the	e State Primary and
General Flortions	-

LD. NUMBER 1375330

Contributions Received		Column A 7079L1HEPERCO (FROMATIACHED SCHEDULES)		Column B Calendaryear Total Todate	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	5478	\$	6678	
2. Loans Received		0		0	1/1 through 5/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$	5478	\$	6678	20. Contributions Received SSS
4. Nonmonetary Contributions Schedule C, Line 3		0		0	21 Empediture
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$	5478_	\$	6678	Made \$ \$
Expenditures Made		0000		2735	Expenditure Limit Summary for State
6. Payments Made Schedule E, Une-4		_	\$	2/35	Candidates
7. Loans Made			_	2735	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS			2	0	(if Subject to Voluntary Expanditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Une 3		0		0	Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment				2735	
11. TO TALEAPENDITURES MADEAdd Lines 8+9+70	-		_		\$
Current Cash Statement			Т		\$
12. Beginning Cash Balance Previous Summary Page, Line 18	\$		76	calculate Column B, add	\$
13. Cash Receipts Column A, Line 3 above				nounts in Column A to the responding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0	fro	m Column B of your last	\$
15. Cash Payments		2000		port. Some amounts in Numn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	3943_		ures that should be biracted from previous	
If this is a termination statement, Line 16 must be zero.			pe	riod amounts. If this is	\$
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	fo	e first report being filed r this calendar year, only my over the amounts	*Since January 1, 2001. Amounts in this section may be
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if ry).	different from amounts reported in Column B.
18. Cash Equivalents	\$		1	••	

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Schedule Monetary	A Contributions Received	Amount	or print in ink. s may be rounded whole dollars.	Statement coverage JAN 1	ers period 8, 2015	CALIFORNIA 460
	NS ON REVERSE			throughFEB	17, 2015	Page 4 of 14
COMMITTE	E TO ELECT MARK ISLER LACC BOT SEAT #1					LD. NUMBER 1375330
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COMMITTEE, ALSO ENTER IO, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTERNAME OF BURNESS	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR TO DATE
1/29/15	JEFF MILLER FOR CENTRAL COMMITTEE 2016	□IND □OTH □PTY □SCC		200		200
1/21/15	ROBERT M COURTNEY	ECIND COM OTH PTY SCC	RETIRED	. 100		100
1/29/15	WILLIAM E SIMON JR	SCC	CEO WILLIAM E SIMONS & SONS	500		500
1/29/15	FERNANDO CALERA JR	MIND □COM □CTH □PFY □SCC	ТВО	100		100
1/20/15	STUDENT INSURANCE OPERATING ACCOUNT	□IND □COM □PTY □SCC		1000	1	000
			SUBTOTALS	1900	at Six	<b>2000年</b>
1. Amount re	A Summary ceived this period contributions of \$100 or more. I Schedule A subtotals.)		\$	4950	COM	tributor Codes -Individual I Recipient Committee (other than PTY or SCC)
	ceived this period unitemized contributions of less th	an \$100	\$	528	PTY	— Other — Political Party
<ol><li>Total mone (Add Lines</li></ol>	stary contributions received this period. • 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$	5478	SCC	-Small Contributor Committee

FPPC Form 460 (June/D1) FPPC Yolf-Free Helpline: 866/ASK-FPPC

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Schedule A (Continuation Sheet)	Type or print in lak.				
Monetary Contributions Received		Statement covers period from JAN 18, 2015	CALIFORNIA 460		
		through FEB 17, 2015	Page 5 of 14		
NAME OF FILER			I.D. NUMBER		
COMMITTEE TO ELECT MARK ISLER LACC BOT SEA	T#1		1375330		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COMMITTEE, ALSO ENTERLIS, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-SHIPLOYED, CHITERNAME OF BUSINESS,	AMOUNT RECEIVED THIS PERIOD	CLIMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
2/16/15	DOUGLAS KASAI	SCC	TBD	100	100	
<b>2</b> /7/15	CARY BRAZEMAN	COM COM DITY SCC	TBD	100	100	
2/3/15	MARTIN BOLES	GMD COM DTH PTY	TBD	1000	1000	
2/11/15	MANUEL KLAUSNER	ICOM COM OTH PTY SCC	TBD	500	500	
1/21/15	DENNIS SCHNEIDER	END COM OTH PTY	ТВО	250	250	
			SUBTOTAL	1950		rajetiko.

\*Contributor Codes
IND—Individual
COM—Recipient Committee
(other than PTY or SCC)
OTH—Other
PTY—Political Party
SCC—Small Contributor Committee

FPPC Form 460 (June/01) FPPC Totl-Free Helpitne: 866/ASK-FPPC

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	A (Continuation Sheet) Contributions Received	Type or print in ink. Amounts may be rounded to whole dollars.		WOIII	ers period 8, 2015 17, 2015		SCHEDULEA (CONT.) FORNIA 460 C of 14
	E TO ELECT MARK ISLER LACC BOT SEAT #1					1375	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERLIA NAMEST)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELFENDIVED, ENTERNAME OF BUSINESS;	AMOUNT RECEIVED THIS PERIOD	CUMULATIVET CALENDAR V (JAN. 1 - DEC	YEAR	PERELECTION TODATE (IF REQUIRED)
2/3/15	MARIE ROSA MARTINELLI	MIND COM OTH PTY SCC	CEO STUDENT INSURANCE	1000		1000	
2/12/15	THE MANCHAN BRASSINE SRVRS TST GHISLAINE G BRASSINE TTE	END COM DITH PTY	RETIRED	100		100	
1/21/15	DENNIS SCHNEIDER	MIND COM OTH PTY SCC	TBD	250		250	
		DND COM DOTH PTY					
		DND COM DTH DTY					

SUBTOTAL\$

\*Contributor Codes

IND -- Individual

COM -- Recipient Committee
(other than PTY or SCC)

OTH -- Other

PTY -- Political Party

SCC -- Small Contributor Committee

FPPC Form 460 (June/01) FPPC Tolk-Free Halpline: 866/ASK-FPPC

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Schedule B - Part 1 Loans Received	Amo	ounts may be re to whole dollar			Statement cov	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					370)11	17, 2015	Page 7	or 14
NAME OF FILER							LD. NUMBER	
COMMITTEE TO ELECT MARK ISLER	LACC BOT SEAT #1						1375330	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (PCOMMITTEE, ALSO ENTER 1.D. NUMBER)	EF AN INDIVIDUAL, ENTER COCUPATION AND EMPLOYER (F SELF-SAPLOYE), ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	AMOUNT PA OR FORGIVE THIS PERIO	EN CLOSE OF THIS	(P) INTEREST PAID THIS PERIOD	(1) ORIGINAL AMOUNT OF LOAN	(27) CUMULATIVE CONTRIBUTIONS TO DATE
				\$FORGINEN		RATE	\$	CALENDAR YEAR  \$  PER ELECTION**
T☐ IND ☐ COM ☐ OTH ☐ FTY ☐ SCC		s	s	s	DATEDUE	s	DATE INCURRED	·
				□ PAID				CALENDARYEAR
				FORGIVEN	_ s	RATE %	\$	FER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
				□ PAID				CALENDARYEAR
				FORGMEN	-   5	RATE %	5	SERBLECTION**
†□ IND □ COM □ O7H □ PTY □ SCC		\$	\$	s	DATE DUE	s	DATE INCURRED	\$
	-	SUBTOTALS \$	;	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E. Une 3)		
•				\$	NA			
1. Loans received this period								rgiven or paid by y also must be Schedule A.
2. Loans paid or forgiven this period								),
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0.00 Enter the net here and on the Summary Page, Column A, Line 2.								
† Contributor Codes IND-Individual COM-Recipient Committee (o	ther than PTY or SCC) OTH-	Other PTY~P	Political Party S	SCC-Small C	Combinator Committee	FERRO T		rm 460 (June/01)

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 868/ASK-FPPC

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Schedule Nonmone	C tary Contributions Received		Type or print in ink.  Amounts may be rounded to whole dollars.		fron	Statement covers p JAN 18, 2		CALIFO FO:	RM 400
SEE INSTRUCTIO	NS ON REVERSE				thro	FEB 17, 1	2015	Page	3 414
COMMIT	TEE TO ELECT MARK ISLER LACC BO	T SEAT#1		"				1.D. NUME 137533	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. HUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BBLF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE.	PER ELECTION TODATE (IF REQUIRED)
		COM   COM   DTH   PTY							
		SCC							
		OTH							
		SCC   IND   SCC							
Attach addit	ional information on appropriately labe	led continuat	ion sheets.	SUBTO	OTAL S	\$			and the state
1. Amount red	C Summary seived this period—nonmonetary contribu Scheduie C subtotals.)	tions of \$100 c	or more.		\$_	N/	IND.	(other th	des t Committee an PTY or SCC)
3. Total nonm	ceived this period—unitemized nonmonet onetary contributions received this period 1 and 2. Enter here and on the Summary					0.00	- PTY	I—Other — Political F I—Small Co	Party Hithbutor Committee

FPPC Form 460 (June/01) FPPC Toil-Free Halpline: 866/ASK-FPPC

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Supporting Candidate	D of Expenditures ag/Opposing Other s, Measures and Committees as on reverse	Type or print Amounts may b to whole de	e rounded	Statement cover fromJAN 18	SCHEDULED ORNIA 460		
COMMIT	TEE TO ELECT MARK ISLER LACC BOT SEAT	·#1				137533	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNTTHIS PERIOD	CUMULATIV CALENDA (JAN. 1-1	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary   Contribution   Nonmonetary   Contribution   Independent   Expenditure					·
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	□ Support □ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	. \$			
1. Contributio	D Summary ons and independent expenditures made this period						NA NA
	d contributions and independent expenditures ma ibutions and independent expenditures made this						0.00

FPPC Form 460 (June/01) FPPC Toil-Free Helpfine: 866/ASK-FPPC CTB contribution (explain nonmonetary)\*

campaign literature and mailings

independent expenditure supporting/apposing others (explain)\*

NAME AND ADDROOD OF DAYER

FIL candidate filing/ballot fees

CVC civic donations

LEG legal defense

RND fundraising events

Schedule E Payments Made	Type or point in init.  Amounts may be rounded to whose dollars.	Statement covers period from JAN 18, 2015	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		throughFEB 17, 2015	Page 10 of 14
COMMITTEE TO ELECT MARK ISLER I	ACC BOT SEAT #1		1375330
CODES: If one of the following codes accur	rately describes the payment, you may enter the code	. Otherwise, describe the payment.	
CMP campaign paraphemalialmisc. CNS campaign consultants	MER member communications MEG meetings and appearances	RAD radio airlime and production RFD returned contributions	aleoc

OFC office expenses

PHO phone banks

print ads

PET

PRI

petition circulating

poling and survey research

PRO professional services (legal, accounting)

postaga, delivery and messenger services

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO EXTER LO. MANIER)	CODE	OR DESCRIPTION OF PAYMENT		AMOUNT PAID
MARK ISLER	PHO	PAYMENT FOR AUTOMATED PHONE CALLS		1500
MADICISED		WEB SITE AND EMAILING SERVICES		
MARK ISLER	WEB			400
MARK ISLER	OFC			400
	OFC			100
* Payments that are contributions or independent expenditures must also be summi	arized on	Schedute D.	SUBTOTAL	\$ 2000
Schedule E Summary				
1. Payments made this period of \$100 or more, (Include all Schedule E subtotals	s.)	***************************************	\$_	2000
2. Uniternized payments made this period of under \$100			\$ <u>.</u>	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1				0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the	ne Summ	nary Page, Column A, Line 6.)	TOTAL \$_	2000

FPPC Form 480 (June/01)
FPPC Toil-Free Helpline: 866/ASK-FPPC

SAL campaign workers' salaries

VOT voter registration

TEL. t.v. or cable airthme and production costs

TRS staff/spouse travel, lodging, and masis

WEB Information technology costs (internet, e-mail)

transfer between committees of the same candidate/sponsor

TRC candidate travel, lodging, and meals

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Schedule F	Type or print in ink. Amounts may be round		Statement cove	•	CALIFORN	460
Accrued Expenses (Unpaid Bills)	to whole dollars.		from JAN 1	8, 2015	FORM	400
SEE INSTRUCTIONS ON REVERSE			through FEB	17, 2015	Page 11	of 14
NAME OF FILER					I.D. NUMBER	
COMMITTEE TO ELECT MARK ISLER LACC BOT SEA	T#1				1375330	
CODES: If one of the following codes accurately describ	es the payment, you may	enter the code. Of	herwise, describe t	he payment.		
CMP campaign paraphemalia/misc.	MBR member communication	ns	RAD radio airtime a	nd production co	osts	
CNS campaign consultants CTB contribution (exptain nonmonatary)*	MTG meetings and appeara OFC office expenses	nces	RFD returned contr SAL campaign wor			
CVC civic donations	PET petition droutating			itime and produc	clion costs	
FIL. candidate filing/ballot fees	PHO phone banks		TRC candidate trav	ei, lodging, and n	neals	
FND fundraising events  ND Independent expenditure supporting/opposing others (explain)*	POL polling and survey res		TRS staff/spouse to	avel, lodging, an en committees o		adhista/sassassas
ND Independent expenditure supporting/opposing others (explain)* LEG legal defense	POS postage, delivery and PRO professional services		TSF transfer betwee VOT voter registrati		or the same car	nduate/sponsor
LIT campaign literature and mailings	PRT print ads	(regai, seconding)	WEB information ter		internet, e-mail)	•
NAME AND ADDRESS OF CREDITOR OF COMMITTEE, ALSO ENTIRE LD. MANGER)	CODE OR DESCRIPTION OF PAYMENT	(a) CUTSTANDING BALANCE REGINNING OF THIS PERIOD	(b) (c) AMOUNT INCURRED AMOUNT I THIS PERIOD THIS PER (ALSO REFOR		OD BAL	(d) SUTSTANDING ANCE AT CLOSE FTHIS PERIOD
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<ul> <li>Payments that are contributions or independent expenditures must also be summarized on Schedule D.</li> </ul>	SUBTOTALS	\$ :	\$	\$	\$	
Schedule F Summary						
<ol> <li>Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total uniternized</li> </ol>	Schedule F, Column (b) su accrued expenses under	btotals for \$100.)	INCL	JRRED TOTA	\LS\$	NA
<ol><li>Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized</li></ol>	edule F, Column (c) subto	tals for payments on	1			NA
Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.)					IFT \$	0
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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)			its italy no rounions			CALIFO FOR	M 400
SEE INSTRUCTIONS ON REVERSE				thr	regh_FEB 17, 2015	_ Page	L 4 14
VAME OF FILER				•		LD. NUMBE	
COMMITTEE TO ELECT MARK ISLER LACC BOT SEA	T #1 					1375330	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CODES: If one of the following codes accurately describe	es the paymer	nt, you may e	nter the code.	Otherwis	e, describe the payme	ent.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* cvic donalions CVC chic donalions CALC candidate filing/ballot fees fundralising events IND independent expenditure supporting/opposing others (explain)* legal defense campaign illerature and mailings *Payments that are contributions or independent expenditures must als	MTG meetings OFC office ex PET petition of PHO phone be POL polling a POS postage, PRO professio	inculating anks nd survey reseau delivery and ma anal services (leg	rch ssenger services pal, accounting)	RFD SAL TEL TRC TRS TSF VOT	candidate travel, lodging, a staff/spouse travel, lodging transfer between committe	es roduction costs and meals g, and meals ees of the same	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO BITTER LD. NUMBER)		CODE O	R	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Attach additional information on appropriately labeled continu	ation sheets					TOTAL*	•

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

<sup>\*</sup> Do not transfer to any other schedule or to the Summery Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Schedule H	Type or print in Ink.  Amounts may be rounded.			Statement covers period		CALIFORNIA 460		
Loans Made to Others*	to whole dollars.			fromJAN 18, 2015		FORM 400		
SEE INSTRUCTIONS ON REVERSE					through_FEB	17, 2015	Page 13	477
NAME OF FILER							LD. NUMBER	
COMMITTEE TO ELECT MARK ISLE	R LACC BOT SEAT#1						1375330	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER LD. NUMBER)	IF AM INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, EMPER MANE OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	ANOUNT LOANED THIS PERIOD	(4) REPAYMENT OF FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL, AMOUNT OF LOAN	(a) CUMULATIVE LOANS TO DATE
				□ PAID				CALENDAR YEAR
			İ	s	_ s		s	s
				FORGIVEN		RAGE		PERBLECTION**
		\$	\$	s	DATE DUE	s	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				s	.   5	S	5	s
				FORGIVEN				PER ELECTION**
			·	s	DATE DUE	s	DATE INCURRED	s
*Loans that are contributions to another candid	ete or committee						TO THE TOO	教験ので発展を発展
anust also be summarized on Schedele D. Loans forgiven must also be reported on Schedule E.  SUBTOTALS		\$	\$	\$	\$	700 AM		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary						*14		
1. Loans made this period\$ NA (Total Column (b) plus unitemized loans less than \$100.)					- [	**If Required		
Payments received on loans  (Total Column (c) plus unitemized payments less than \$100.)					\$	NA	-	
3 Net change this period (Sultract Line 2 from Line 1.)					0	_		
(Enter the net here and on the Summar					74	ly be a negative number	1	

FPPC Form 460 (June/01) FPPC Toil-Free Helpline: 866/ASK-FPPC

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Schedule I Miscellaneous Increases to Cash  SEE INSTRUCTIONS ON REVERSE		Type or print in ink.  Amounts may be rounded States to whole dollars.			SCHEDULE			
				Statemen	t covers period	CALIFORNIA 460		
		from			AN 18, 2015	FORW 400		
					FEB 17, 2015	Page 14 of 14		
NAMEOFFILER						I.D. NUMBER		
COMMITTEE TO	DELECT MARK ISLER LACC BOT SEAT #1					1375330		
DATE RECEIVED			DESCRIPTI		CEPT	AMOUNT OF INCREASE TO CASH		
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J								
Attach additional in	formation on appropriately labeled continuation sheets.				SUBTOTAL	\$		
Schedule I Sumi	mary							
1. Increases to cast	n of \$100 or more this period	*******************	***********					
2. Unitemized incre	ases to cash under \$100 this period		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
3. Total of all interes	st received this period on loans made to others. (Sch	edule H, Colu	mn (e).)		\$ <u>0</u>			
	ous increases to cash this period. (Add Lines 1, 2, a			TOTAL S	0			
					FPPC Toll	FPPC Form 468 (June/01) Free Helpline: 866/ASK-FPPC		