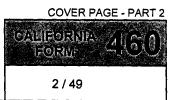
Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in in	RECEI OS ANGE	ACD DI	COVER PAGE ALIFORNIA 2001/02: 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 10/21/2012 through 12/31/2012	Date of election if applicable?	PH 1: 12 N FINANCE IRE SECTION	1 / 49 For Official Use Only (- 1 0 36 7
1. Type of Recipient Committee: All Commit Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	tees - Complete Parts 1,2,3, and 4. Ballot Measure Committee Primary Formed Controlled Sponsored (Also Complete Part 6.) Primary Formed Candidate/Officeholder Committee (Also Complete Part 7.)	2. Type of Statement: Pre-election Statement Semi-annual Statement Termination Statement Amendment (Explain below) Amending Sch. F and	☐ Speci ☐ Supp State	erly Statement al Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Yes on B, Major Funding by the AIDS Healthcare Foundation STREET ADDRESS (NO P.O. BOX)		Treasurer(s) NAME OF TREASURER Lyle Honig MAILING ADDRESS	STATE ZIP CODE	AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. CITY STATE ZIP CO OPTIONAL: FAX/E-MAIL ADDRESS		MAILING ADDRESS	STATE ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and	I reviewing this statement and to the	OPTIONAL: FAX/E-MAIL ADDRESS best of my knowledge the information cont	ained herein and in t	the attached schedules
is true and complete. I certify under penalty of perjuing Executed on 7/24/13 By Ly Executed on PA24/13 By By	y under the laws of the State of Cal le Honiq ((L) SIGNATURE OF TRESSURER OF schael Weinstein	ASSISTANT TREASURER E MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SP CANDIDATE, STATE MEASURE PROPONENT	ONSOR	FPPC Form 460 (June/01) ree Helpline: 866/ASK-FPPC State of California

Recipient Committee Campaign Statement Cover Page — Part 2



NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
				County of Los Angeles Sa	afer Sex in the	Adult Film		
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	N AND DISTRICT NUMBI	R IF APPLICABLE	()	BALLOT NO. OR LETTER	JURISDICTIC			SUPPORT
					STW			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	TREET) CITY	STATE	ZIP	Identify the controlling offic			neasure propor	nent, if any.
	·····	····		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Included not included in this statement that are controlle contributions or to make expenditures on behalf	d by you or are primarily			OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D.NUN	MBER	7	. Primarily Formed (Committee	List names o	of officeholder(s	or candidate(s) for
NAME OF TREASURER	CONTR	OLLED COMMITTE	EE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O.BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
CITY ST	ATE ZIP CODE	AREA CODE	PHONE					OPPOSE
COMMITTEE NAME	I.D.NUN	/BER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTE	ROLLED COMMITT	EE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O.BOX)					<u> </u>		1

Campaign	Disclosure	Statement
Summary I	Page	

19. Outstanding Debts

Add Line 2 + Line 9 in Column B above

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

	SUIVINANT PAGE
Statement covers period	COLD CARREST
from	POMU
through	3 / 49
	I.D. NUMBER

SUMMARY DAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee 1343686 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 190000.00 2165000.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0.00 Loans Received 0.00Schedule B. Line 7 20. Contribution 190000.00 2165000.00 SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 0.00 s 0.00 Received 4215.87 164525.35 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 0.00 \$ 194215.87 2329525.35 Made 0.00 TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** Candidates 343509.31 _ s__ 2148118.41 Payments Made Schedule E. Line 4 0.00 0.00 Schedule H, Line 7 22. Cumulative Expenditures Made* Loans Made (If Subject to Voluntary Expenditure Limit) 343509.31 \$ 2148118.41 SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 -29905.13 8319.91 Date of Election 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Total to Date (mm/dd/yy) 164525.35 4215.87 10. Nonmonetary Adjustment Schedule C. Line 3 317820.05 s 2320963.67 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 Surrent Cash Statement 170390.90 To calculate Column B, add Previous Summary Page, Line 16 12. Beginning Cash Balance amounts in Column A to the 190000.00 13. Cash Receipts Column A. Line 3 above corresponding amounts from Column B of your last 22.95 14. Miscellaneous Increases to Cash Schedule I, Line 4 report. Some amounts in 343509,31 Column A may be negative Cash Payments Column A. Line 8 above figures that should be 16904.54 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts *Since January 1, 2001. Amounts in this section may be any). different from amounts reported in Column B. 0.00 18. Cash Equivalents See instructions on reverse

8319.91

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A	Type or print in ink.		SCHEDULE A
Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA / CAN
		from	FERME STORY
SEE INSTRUCTIONS ON REVERSE		through	4 / 49
NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee			1.D. Number
AIDS Realificate Foundation Los Angeles County FAIA Committee		· 	1343686

					1343	3686
DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 10/29/2012	AIDS Healthcare Foundation	IND COM OTH PTY SCC		100000.00	2329525.35	
Rcpt Dt: 11/06/2012	AIDS Healthcare Foundation	IND COM OTH PTY SCC		30000.00	2329525.35	
Rcpt Dt: 11/14/2012	AIDS Healthcare Foundation	IND COM OTH PTY SCC		30000.00	2329525.35	
Rcpt Dt: 12/21/2012	AIDS Healthcare Foundation	IND COM OTH PTY		30000.00	2329525.35	
	ID:	☐ scc	<u> </u>			

	SUBTOTAL \$	190000.00	
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$	190000.00	*Contributor Codes IND - Individual COM - Recipient Committee
Amount received this period - unitemized contributions of less than \$100	\$	0.00	(other than PTY or SCC) OTH - Other PTY - Political Party
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	190000.00	SCC-Small Contributor Committee

Schedul	e C			print in ink.					;	SCHEDULE C						
Nonmon	etary Contributions Received		to whole dollars.			Statement covers period C			CALIFORNIA 460							
SEE INSTRUCT	IONS ON REVERSE				thro	ough		5	/ 49							
NAME OF FILER					L			I.D. Num	her							
AIDS Health	care Foundation Los Angeles County FAIR Co	mmittee						13436		:						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE		TIVE TO	PER E	LECTION DATE QUIRED)						
	AIDS Healthcare Foundation	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Consulting Fees		Consulting Fees		Consulting Fees		Consulting Fees		1000.00	232	9525.35		
Rcpt Dt: 10/25/2012	AIDS Healthcare Foundation	IND COM IND OTH PTY SCC		Press Release		se 459.41		elease 459.41 2329		9525.35						
Rcpt Dt: 10/26/2012		☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Press Release		459.41	232	9525.35								
Rcpt Dt: 10/29/2012	AIDS Healthcare Foundation	IND COM SOTH PTY SCC		Press Release 459.41		232	9525.35									
Attach add	ditional information on appropriately labele	d continuation	sheets.	SUBT	OTAL	\$										
Schedule	e C Summary															
1. Amount (Include	received this period - nonmonetary contrib all Schedule C subtotals.)	• • • • • • • • • • • • • • • • • • • •				4215.87 0.00	IN	ontributor Co D - Individu DM- Recipie	al nt Comm							
3. Total nor	received this period - unitemized nonmone nmonetary contributions received this perion es 1 and 2. Enter here and on the Summa	od.					PT	- (other the Country of the Country	Party	or SCC) r Committee						

Schedule	e C		Type or	print in ink.					{	SCHEDULE C				
Nonmonetary Contributions Received			Amounts m to who	le dollars.		Statement covers period		california 46		460				
OFF WOTDWAT	ONO ON DEVEDOE				thro	ugh		6	/ 49					
NAME OF FILER	ONS ON REVERSE				L			I.D. Num	her					
	care Foundation Los Angeles County FAIR Cor	nmittee						1.0. 1447	Dei					
7 (IDO FIGURA)	and the damage of the gold of the transfer of the control of the c							134368	36					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 -	TE AR YEAR	TO	LECTION DATE QUIRED)				
pt Dt: //31/2012	AIDS Healthcare Foundation ID:	IND COM SOTH PTY SCC		Press Release		Press Release		Press Release		459.41		9525.35		
Rept Dt: 11/04/2012	AIDS Healthcare Foundation ID:	IND COM SOTH PTY SCC		Press Release		459.41	232	9525.35						
Rcpt Dt: 11/05/2012	AIDS Healthcare Foundation ID:	IND COM SOTH PTY SCC		Press Release		459.41	232	9525.35						
Rcpt Dt: 11/05/2012	AIDS Healthcare Foundation	IND COM X OTH PTY SCC		Press Release		459.41	232	9525.35						
Attach add	ditional information on appropriately labeled	d continuation	sheets.	SUBT	OTAL	\$				4				
Schedule	C Summary	•												
1. Amount (Include 2. Amount (3. Total nor	received this period - nonmonetary contribution all Schedule C subtotals.)received this period - unitemized nonmone nonetary contributions received this period so 1 and 2. Enter here and on the Summan	tary contributi	ons of less than \$100		\$		INI CC 01 PT	ontributor Co - Individu M - Recipie - (other the TH - Other Y - Political CC - Small C	al nt Comm nan PTY	ittee or SCC) r Committee				
(/ IGG EIII	co i and z. Litter here and on the outfillian	, . ago, colai												

Schedul	e C			print in ink.		<u> </u>				SCHEDULE C
Nonmon	netary Contributions Received			ay be rounded le dollars.		tatement covers pe	eriod	CALIFO		460
					from	I 				
OFF INSTRUCT	COME ON REVERSE				thro	ugh		7	/ 49	
NAME OF FILE	IONS ON REVERSE R	 			<u> </u>		- ,	I.D. Num	ber	
AIDS Health	care Foundation Los Angeles County FAIR Cor	nmittee								
	 	,						134368	36	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEN	ATIVE TO ATE DAR YEAR - DEC 31)	то	LECTION DATE QUIRED)
pt Dt: //06/2012	AIDS Healthcare Foundation	IND COM X OTH PTY		Legal Fees and Expeninfo[7278 ses		i-info[7278.97] i	nfo[232	29525.35]		
	ID:	scc		ļ				·		
Rcpt Dt: 11/16/2012	AIDS Healthcare Foundation	☐ IND ☐ COM ☑ OTH		Legal Fees and ses	Expe	nfo[34928.91] i	hfo[232	29525.35]		
	ID:	DPTY SCC				1				
\supset										
Attach add	ditional information on appropriately labeled	l continuation	sheets.	SUBT	OTAL	\$ 4215.87				
Schedule	e C Summary									
	received this period - nonmonetary contributal Schedule C subtotals.)				\$.		1	Contributor Co	ai	
2. Amount	received this period - unitemized nonmone	tary contributi	ons of less than \$100		\$.			COM- Recipie - (other th DTH - Other		
3. Total no (Add Lin	nmonetary contributions received this perioles 1 and 2. Enter here and on the Summar	d. y Page, Colui	mn A, Lines 4 and 10.)	тот	AL\$.	·) F	PTY - Political SCC - Small C	l Party Contributo	r Committee

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA ALISTO
from	
through	8/49
	I.D. NUMBER
	1242606

Payments Made	to	whole dollars.	from	
SEE INSTRUCTIONS ON REVERSE			through	8/49
NAME OF FILER				I.D. NUMBER
AIDS Healthcare Foundation Los Angeles County FAIR Commi	ittee			1343686
CODES: If one of the following codes accurately describ	es the payment, you	may enter the code. Otherwis	e, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		nd appearances nses ulating ss	VOT voter registration	laries nd production costs ing, and meals
NAME AND ADDRESS OF PAYEE OR CREDITO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	R	CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Adam Cohen	ID:	CNS		3605.00
AIDS Healthcare Foundation	ID:	MTG		5529.56
Akeem Wilson	ID:	SAL		332.50
* Payments that are contributions or independent expenditures mu	ıst also be summarized o	on Schedule D.		SUBTOTAL \$
Schedule E Summary 1. Payments made this period of \$100 or more. (Include	all Schedule E subto	otals.)		\$343189.31_

320.00 2. Unitemized payments made this period of under \$100. 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 343509.31

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

	SCHEDULE E
Statement covers period	CANTIEGRAMA / I (C. O.)
from	
through	9 / 49
	I.D. NUMBER
	1010000

SEE INSTRUCTIONS ON REVERSE			through	9 / 49	
NAME OF FILER				I.D. NUMBER	
AIDS Healthcare Foundation Los Angeles County FAIR Committee				1343686	
CODES: If one of the following codes accurately describes to CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* EVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member commeetings a office experience petition circle. PHO phone ban polling and postage, directly profession.	ommunications and appearances anses culating	RAD radio airtime and product RFD returned contributions SAL campaign workers' salarit TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodgir TSF transfer between committ VOT voter registration	es production costs and meals ng, and meals lees of the same candidate/sponso	
LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	PRT print ads	CODE OR	WEB information technology co	AMOUNT PAID	
Alanna English	ID:	SAL		587.50	
Andrae Carthron	ID:	SAL		972.50	
Anthony Carrillo	ID:	SAL	······································	817.50	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTO					

Schedule E Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) <u>.....</u>\$ 2. Unitemized payments made this period of under \$100. 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

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

		SCHEDULE E
Statement co	vers period	SAUGORNE / TOTA
from	 	
through		10 / 49
		I.D. NUMBER
		10,10000

			(Trom	
SEE INSTRUCTIONS ON REVERSE			through	10 / 49
NAME OF FILER				I.D. NUMBER
AIDS Healthcare Foundation Los Angeles County FAIR	Committee			1343686
CODES: If one of the following codes accurately of the campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone bank POL polling and	mmunications nd appearances nses sulating ss survey research	RAD radio airtime and property returned contribution SAL campaign workers' TEL t.v. or cable airtime TRC candidate travel, loostaff/spouse travel,	ons salaries and production costs dging, and meals , lodging, and meals
 IND independent expenditure supporting/opposing others (e LEG legal defense 	xplain)* POS postage, de PRO professiona	elivery and messenger serv al services (legal, accountir	g) VOT voter registration	ommittees of the same candidate/sponso
LIT campaign literature and mailings	PRT print ads		WEB information technol	logy costs (internet, email)
NAME AND ADDRESS OF PAYEE OR ((IF COMMITTEE, ALSO ENTER I.D. NUMBER		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anthony Smith	ID:	SAL		220.00
Blake Frahm	ID:	SAL		190.00
Brian Archambault	ID:	SAL		110.00
* Payments that are contributions or independent expendit	ures must also be summarized o	on Schedule D.		SUBTOTAL \$
Schedule E Summary				
1. Payments made this period of \$100 or more. (I	nclude all Schedule E subto	otals.)		\$
2. Unitemized payments made this period of unde	r \$100.			\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

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

	SCHEDULE E
Statement covers period	CALIFORNIA ALCOLO
from	, S.M
through	11 / 49
	I.D. NUMBER
	1242606

Taymonto mado	to	whole dollars.		from		
SEE INSTRUCTIONS ON REVERSE				through	_ 1	1 / 49
NAME OF FILER		 	 	<u> </u>	I.D. NUM	IBER
AIDS Healthcare Foundation Los Angeles County FAIR Co	ommittee				134368	36
CODES: If one of the following codes accurately des	scribes the payment, you r	may enter the o	ode. Otherwise	e, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* LVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain legal defense LIT campaign literature and mailings	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s ain)* POS postage, de PRO professiona PRT print ads	nd appearances uses ulating s survey research livery and messen		RAD radio airtime and pro- RFD returned contributions SAL campaign workers' sa TEL t.v. or cable airtime a TRC candidate travel, lodg TRS staff/spouse travel, lo TSF transfer between con VOT voter registration WEB information technologi	s alaries and production co ging, and meals odging, and mea nmittees of the s	ils ame candidate/spons
NAME AND ADDRESS OF PAYEE OR CRE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DITOR	CODE OR	DES	CRIPTION OF PAYMENT		AMOUNT PAID
Brittany Endasha Benton	ID:	SAL				532.50
Broc Andrew Sapp	ID:	SAL				963.75
Business Wire	ID:	LIT				1506.00
* Payments that are contributions or independent expenditure	s must also be summarized o	n Schedule D.			SUBTOTAL \$	<u> </u>
Schedule E Summary						
1. Payments made this period of \$100 or more. (Inc	lude all Schedule E subto	tals.)			\$	
2. Unitemized payments made this period of under \$						
Total interest paid this period on loans. (Enter am						
o. Total littoroot pala tillo pollog oli loallo. (Elitoi alli			-1.1			

Schedule	E
Payments	Made

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALLIFORNIE AL SOL
from	
through	12 / 49
	I.D. NUMBER
	1242696

Payments Made	to	whole dollars.	ļ	from		
SEE INSTRUCTIONS ON REVERSE				through		2 / 49
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·		I.D. NUM	BER
AIDS Healthcare Foundation Los Angeles County FAIR Commit	tee				134368	36
CODES: If one of the following codes accurately describe	es the payment, you	may enter the code.	Otherwise,	describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		nd appearances nses ulating ss		RAD radio airtime and p RFD returned contributi SAL campaign workers TEL t.v. or cable airtime TRC candidate travel, lo TRS staff/spouse travel TSF transfer between c VOT voter registration WEB information technology	ons s' salaries e and production co odging, and meals l, lodging, and mea committees of the s	ls ame candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOF (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	1	CODE OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID
CA Law Enforcement Voter Guide	ID: 3	Slate M	ailer			1200.00
Carlos Carrillo	ID:	SAL				1564.25
Cassandra Rankins	ID:	SAL				627.50
* Payments that are contributions or independent expenditures must	st also be summarized o	n Schedule D.			SUBTOTAL \$	
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include	all Schedule E subto	otals.)			\$	
2. Unitemized payments made this period of under \$100.						
Total interest paid this period on loans. (Enter amount)	from Schedule B, Pa	art 1, Column (e).)			\$	

CMP campaign paraphernalia/misc.

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	
through	13 / 49
	I.D. NUMBER
	1343686

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee

MBR member communications

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

CNS CTB VC FIL FND IND LEG LIT	contribution (explain nonmonetary)*	MTG OFC PET PHO POL POS PRO PRT	petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)		arch essenger services	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and mea TRS staff/spouse travel, lodging, and m TSF transfer between committees of th VOT voter registration WEB information technology costs (inter	als eals e same candidate/sponsor
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	CBS Radio	ID:		RAD			47555.00
•	Cesar Martinez	ID:		SAL			1351.25
1 3	Citizens for Waters	ID:			Slate Mailer		12500.00

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

Schedule E Summary

1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$
2.	Unitemized payments made this period of under \$100.	\$
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$

Type or print in ink. Amounts may be rounded

	SCHEDULE 8
Statement covers period	CAUFORNIA A LETO
from	- 1-2830
through	14 / 49
	I.D. NUMBER
	1343686

Payments Made	t	o whole dollars.	from	February 1700
SEE INSTRUCTIONS ON REVERSE			through	14 / 49
NAME OF FILER				I.D. NUMBER
AIDS Healthcare Foundation Los Angeles County FAIR Committ	ee 			1343686
CODES: If one of the following codes accurately describes	s the payment, you	ı may enter the code. Otherwis	se, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	OFC office experience of PET petition cire PHO phone bar POL polling and POS postage, of	and appearances enses rculating	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and product trace candidate travel, lodging TRS staff/spouse travel, lodging transfer between commit voter registration WEB information technology or returned to the control of the con	ries production costs g, and meals ing, and meals ittees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Corey Rhem	ID:	SAL		592.50
Dakota Communications	ID:	CNS		15000.00
Dean Harris	ID:	SAL		230.00
* Payments that are contributions or independent expenditures mus	t also be summarized	on Schedule D.	SU	JBTOTAL \$
Schedule E Summary				
1. Payments made this period of \$100 or more. (Include a	all Schedule E subt	totals.)		\$
Unitemized payments made this period of under \$100.				
3. Total interest paid this period on loans. (Enter amount				_

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA A 1810
from	
through	15 / 49
	I.D. NUMBER
	1.0.0000

rayments wave		to whole dollars.			fı	from			Rillian	
SEE INSTRUCTIONS ON REVERSE						ti	hrougi	1 <u></u> _	1	5 / 49
NAME OF FILER		, , , , , , , , , , , , , , , , , , , 			····			· · · · · · · · · · · · · · · · · · ·	I.D. NUM	1BER
AIDS Healthcare Foundation Los Angeles County FAIR Committee	е								134368	36
CODES: If one of the following codes accurately describes	the payr	ment, you r	nay ente	r the	code. Othe	rwise, de	scrib	e the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG OFC PET PHO POL POS PRO	member con meetings an office expen petition circu phone banks polling and s postage, del professional print ads	d appearar ses alating s survey rese ivery and n	arch	enger services		RFD SAL TEL TRC TRS TSF VOT	radio airtime and product returned contributions campaign workers' salarie t.v. or cable airtime and p candidate travel, lodging, staff/spouse travel, lodgir transfer between committ voter registration information technology co	es production co and meals ng, and mea tees of the s	als same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR		DESCRIP	TION O	F PAYMENT		AMOUNT PAID
Demaian Straub	ID:		SAL							165.00
Donald Cooper	ID:		SAL							417.50
Dziner Sian Co.	ID:		LIT							402.38
* Payments that are contributions or independent expenditures must a	also be su	mmarized o	n Schedule	 D.				SU	BTOTAL \$	<u>. </u>
Schedule E Summary										
1. Payments made this period of \$100 or more. (Include all	Schedu	ile E subtot	als.) .		• • • • • • • • • • • • • • • • • • • •				\$	
Unitemized payments made this period of under \$100.										
Total interest paid this period on loans. (Enter amount fr	om Sche	edule B, Pa	ırt 1, Colu	nmı	(e).)				\$	

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA /4(6/0)
from	
through	16 / 49
	I.D. NUMBER
	4040000

. ayınanı	to v	Wildle dollars.		from		***************************************
SEE INSTRUCTIONS ON REVERSE				through		6 / 49
NAME OF FILER				!	I.D. NUM	BER
AIDS Healthcare Foundation Los Angeles County F.	AIR Committee				134368	J6
CODES: If one of the following codes accurate CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing othe LEG legal defense LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NI Early Smith	MBR member con MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s rs (explain)* POS postage, del PRO professional PRT print ads OR CREDITOR	nmunications d appearances ses ulating s survey research ivery and messenge	er services counting)	RAD radio airtime and RFD returned contribu SAL campaign worke TEL t.v. or cable airtir TRC candidate travel, TRS staff/spouse trav	d production costs utions rs' salaries me and production co, lodging, and meals rel, lodging, and mean committees of the s	ls ame candidate/sponso
Emmis Radio	ID:	RAD	 			20000.00
Eric Abreu	ID:	SAL				1495.75
* Payments that are contributions or independent expe	nditures must also be summarized or	n Schedule D.			SUBTOTAL \$	
Schedule E Summary	·					
1. Payments made this period of \$100 or more	e. (Include all Schedule E subtot	als.)			\$	
2. Unitemized payments made this period of u						
3 Total interest paid this period on loans (Fr.					s	

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

SCHEDULE E
CONTINUE TO SALE
17 / 49
I.D. NUMBER

•			from	
SEE INSTRUCTIONS ON REVERSE			through	17 / 49
NAME OF FILER		 		I.D. NUMBER
AIDS Healthcare Foundation Los Angeles County FAIR Committe	e	•		1343686
CODES: If one of the following codes accurately describes 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 cor MTG meetings ar OFC office expen PET petition circi PHO phone bank POL polling and a POS postage, de	nmunications Id appearances ses Jlating s	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging. TSF transfer between committee	n costs duction costs nd meals , and meals es of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Evelyn Rivera	ID:	MTG		500.00
Exigent Consulting	ID:	CNS		5000.00
Glenn Plumlee	ID:	SAL		617.50
* Payments that are contributions or independent expenditures must	also be summarized o	n Schedule D.	SUB	TOTAL \$
Schedule E Summary				
1. Payments made this period of \$100 or more. (Include al	l Schedule E subto	tals.)		\$
2. Unitemized payments made this period of under \$100.				\$
3. Total interest paid this period on loans. (Enter amount fr	om Schedule B, Pa	art 1, Column (e).)		\$

Type or print in ink. Amounts may be rounded

CALIFORNIA A (610)
18 / 49
I.D. NUMBER

. ayınanıa mada	10	Wildle dollars	•	from	— <u> </u>	·"
SEE INSTRUCTIONS ON REVERSE				through	18	3 / 49
NAME OF FILER	<u></u>				I.D. NUME	BER
AIDS Healthcare Foundation Los Angeles County FAIR Committe	ee				134368	6
CODES: If one of the following codes accurately describes 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 cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s POS postage, de PRO professiona PRT print ads	nmunications d appearance ses ulating s survey researd livery and mes	s h senger services	RAD radio airtime and prod RFD returned contributions SAL campaign workers' sal TEL t.v. or cable airtime an TRC candidate travel, lodgi TRS staff/spouse travel, lodgi TSF transfer between comi	laries Id production co- ing, and meals dging, and meals mittees of the sa	is ame candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Hillary Williams	ID:	SAL				627.50
Independent Voters League	ID:		State Mailer			1500.00
iPROMOTEu	ID:	CMP				1953.16
* Payments that are contributions or independent expenditures must	t also be summarized o	n Schedule D	·		SUBTOTAL \$	
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include a	all Schedule E subto	tals.)		······································	\$	
2. Unitemized payments made this period of under \$100.						
3 Total interest paid this period on loans. (Enter amount					_	

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

	SCHEDULE E
Statement covers period	CALIFORNIA ZHEYOY
from	
through	19 / 49
	I.D. NUMBER
	4040000

•				from		
SEE INSTRUCTIONS ON REVERSE				through	19 / 49	
NAME OF FILER AIDS Healthcare Foundation Los Angeles County I	FAIR Committee				I.D. NUMBER	
Albo Ficalitical of Tourisation 200 Angeles Country I					1343686	
CODES: If one of the following codes accura CMP campaign paraphernalia/misc.	MBR member cor	mmunications	3	RAD radio airtime and pr		
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings ar OFC office expen		ees	RFD returned contributio SAL campaign workers':		
TVC civic donations	PET petition circu	ulating		TEL t.v. or cable airtime	and production costs	
FIL candidate filing/ballot fees FND fundraising events	PHO phone bank POL polling and		rch	TRC candidate travel, loc TRS staff/spouse travel,	iging, and meals lodging, and meals	
IND independent expenditure supporting/opposing oth	ers (explain)* POS postage, de	livery and me	essenger services	TSF transfer between co	ommittees of the same candidate/s	sponso
LEG legal defense LIT campaign literature and mailings	PRO professiona PRT print ads	I services (le	gal, accounting)	VOT voter registration WEB information technology	ogy costs (internet, email)	
NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER I.D.		CODE	OR DE	SCRIPTION OF PAYMENT	AMOUNT P	AID
Jamar Williams	ID:	SAL			46	7.50
James Vellequette	ID:	OFC			10	0.33
James Vellequette	ID:	MTG			324	6.15
* Payments that are contributions or independent exp	penditures must also be summarized o	n Schedule	<u> </u>		SUBTOTAL \$	
Schedule E Summary	·					

1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2.	Unitemized payments made this period of under \$100.
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Type or print in ink. Amounts may be rounded

Statement covers period	CALIFORNIA ALLEYON
from	
through	20 / 49
	I.D. NUMBER
	1242696

COLLEDUILE

rayments wave	to	whole dollars.	from	
SEE INSTRUCTIONS ON REVERSE			through	20 / 49
NAME OF FILER				I.D. NUMBER
AIDS Healthcare Foundation Los Angeles County FAIR Committee	ee			1343686
CODES: If one of the following codes accurately describes 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 of meetings a office experition circle. PHO phone ban polling and postage, d	ommunications and appearances anses culating ks	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodgin	ries production costs g, and meals ing, and meals ttees of the same candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
James Vellequette	ID:	TRS		2553.61
Jay Pettet Printing	ID:	LIT		18541.88
Jeffrey Taylor	ID:	LIT		500.00
* Payments that are contributions or independent expenditures must	also be summarized	on Schedule D.	su	JBTOTAL \$
Schedule E Summary				
1. Payments made this period of \$100 or more. (Include a	II Schedule E subt	otals.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$
Unitemized payments made this period of under \$100.				
Total interest paid this period on loans. (Enter amount f				
o. Total interest paid this period of roalis. (Enter amount)	ioni concadio D, I	art 1, 30iditir (5).)		········· Ψ ———————————————————————————

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

Statement covers period	CAMPICARS IFA ALCOHOL
from	
through	21 / 49
	I.D. NUMBER
	1242696

1 dyllicitis made	to	whole dollars	•	from	-	
SEE INSTRUCTIONS ON REVERSE				through	_ 21 / 49	
NAME OF FILER					I.D. NUMBER	
AIDS Healthcare Foundation Los Angeles County FAIR (Committee				1343686	
CODES: If one of the following codes accurately de	, , , , ,	•	ne code. Otherwise		-0	
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member con MTG meetings an		s	RAD radio airtime and produ RFD returned contributions	ction costs	
CTB contribution (explain nonmonetary)*	OFC office expen	ses	-	SAL campaign workers' salaries		
TVC civic donations FIL candidate filing/ballot fees	PET petition circu PHO phone banks			TEL t.v. or cable airtime and TRC candidate travel, lodgin		
FND fundraising events	POL polling and s	survey researc		TRS staff/spouse travel, lodg	ging, and meals	
IND independent expenditure supporting/opposing others (ex					ittees of the same candid	late/sponso
LEG legal defense LIT campaign literature and mailings	PRO professional PRT print ads	services (lega	ii, accounting)	VOT voter registration WEB information technology	costs (internet, email)	
NAME AND ADDRESS OF PAYEE OR CI (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	REDITOR	CODE O	R DESC	CRIPTION OF PAYMENT		JNT PAID
Jesus Arevalo	ID:	SAL				117.50
John Boyden	ID:	SAL				110.00
			Slate Mailer			2300.00
John F. Kennedy Alliance	. ID: 1					
* Payments that are contributions or independent expenditu	res must also be summarized or	1 Schedule D.		s	UBTOTAL \$	
Schedule E Summary						
1. Payments made this period of \$100 or more. (In	clude all Schedule E subtot	als.)			\$	
2. Unitemized payments made this period of under	\$100.				\$	
3. Total interest paid this period on loans. (Enter a	mount from Schedule B, Pa	irt 1, Colum	n (e).)		\$	

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

	SCHEDULE E
Statement covers period	CALIFORNIA ZIGOT
from	
through	. 22 / 49
	I.D. NUMBER
	4040000

.		Whole donars.		from		
SEE INSTRUCTIONS ON REVERSE				through	2:	2 / 49
NAME OF FILER					I.D. NUM	BER
AIDS Healthcare Foundation Los Angeles County FAIR Con	nmittee				134368	J6
CODES: If one of the following codes accurately desc CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	MBR member co MTG meetings a OFC office expe	mmunications nd appearances		RAD radio airtime and pr RFD returned contribution SAL campaign workers'	ons	
FVC 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	PET petition circ PHO phone bank POL polling and	culating ks survey research elivery and mess	enger services	TEL t.v. or cable airtime TRC candidate travel, loc TRS staff/spouse travel,	and production co dging, and meals lodging, and meal ommittees of the sa	is ame candidate/sponso
NAME AND ADDRESS OF PAYEE OR CRED (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	R DES	CRIPTION OF PAYMENT	og/ socio (miorrio	AMOUNT PAID
Jose Gallegos	ID:	SAL				210.00
Jose Rafael Cosio	ID:	SAL				1113.75
Joseph Williams	ID:	SAL				255.00
* Payments that are contributions or independent expenditures	must also be summarized o	on Schedule D.			SUBTOTAL \$	<u></u>
Schedule E Summary						
1. Payments made this period of \$100 or more. (Inclu	de all Schedule E subto	otals.)	,		\$	
2. Unitemized payments made this period of under \$1	oo				\$	

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Type or print in ink.
Amounts may be rounded

	SCHEDULE E
Statement covers period	COLORS A LOCAL
from	
through	23 / 49
	I.D. NUMBER
	1 4040000

Payments Made	to whole dollars.			from	F9	23 / 49	
SEE INSTRUCTIONS ON REVERSE				through	2		
NAME OF FILER			 	L	I.D. NUN	BER	
AIDS Healthcare Foundation Los Angeles County FAIR Committee	e				134368	36	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* IVC civic donations candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE OR CREDITOR	MBR member co MTG meetings at OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	mmunications and appearances ases ulating as survey research elivery and messeng al services (legal, ac	ger services counting)	RAD radio airti RFD returned o SAL campaign TEL t.v. or cab TRC candidate TRS staff/spou TSF transfer b VOT voter regi WEB informatio	me and production costs contributions workers' salaries le airtime and production contravel, lodging, and meals se travel, lodging, and meals etween committees of the stration on technology costs (interne	els ame candidate/sponse t, email)	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT		AMOUNT PAID	
Justin Foo	ID:	SAL				3277.25	
Katrina Soto	ID:	SAL				475.00	
KBC Mailing	ID:	LIT				5350.00	
* Payments that are contributions or independent expenditures must	also be summarized o	n Schedule D.			SUBTOTAL \$	<u> </u>	
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include al	l Schedule E subto	tals.)			\$ <u></u>		
Unitemized payments made this period of under \$100.					\$		
Total interest paid this period on loans. (Enter amount from the content of					\$		
o. Total interest hair this hellon ou loans. (Elitel allionit il	on otherwie b, F	are i, Column (e	*I·I		······································		

Type or print in ink. Amounts may be rounded

Statement covers period	CHURORANA ANCHA
from	
through	24 / 49
·	I.D. NUMBER
	1242696

1 dyments made	το	Whole dollars.	from		
SEE INSTRUCTIONS ON REVERSE			through	24 / 49	
NAME OF FILER				I.D. NUMBER	
AIDS Healthcare Foundation Los Angeles County FAIR Com	nmittee			1343686	
CODES: If one of the following codes accurately desc 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 legal defense LEG legal defense LIT campaign literature and mailings	MBR member co MTG meetings at OFC office expet PET petition circ PHO phone bank POL polling and 1)* POS postage, de	mmunications nd appearances ises ulating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, a staff/spouse travel, lodging	s oduction costs and meals a, and meals es of the same candidate/sponso	
NAME AND ADDRESS OF PAYEE OR CRED		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			DESCRIPTION OF PARILLEN		
Keisha Soto	ID:	SAL		477.50	
Kevin Ftchison	ID:	SAL		490.00	
Khabir Sulevmanov	ID:	SAL	· · · · · · · · · · · · · · · · · · ·	190.00	
* Payments that are contributions or independent expenditures	must also be summarized o	on Schedule D.	SUB	TOTAL \$	
Schedule E Summary					
1. Payments made this period of \$100 or more. (Inclu	de all Schedule E subto	otals.)		\$	
2. Unitemized payments made this period of under \$1					
3. Total interest paid this period on loans. (Enter amo	•			_	
				,	

Schedule	E
Payments	Made

Type or print in ink.

	SCHEDULE E
Statement covers period	CALIFORNIA ANG A
from	
through	25 / 49
	I.D. NUMBER
	13/3686

Payments Made to whole dollars.			from		Tropin 445U	
SEE INSTRUCTIONS ON REVERSE				through	2	5 / 49
NAME OF FILER					I.D. NUM	BER
AIDS Healthcare Foundation Los Angeles County FAIR Committe	e				134368	36
CODES: If one of the following codes accurately describes	the payment, you	may enter	the code. Otherwi	se, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* VC 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 of meetings a OFC office experience petition circle. PHO phone ban polling and postage, deprospension profession profession print ads	and appearancenses culating iks I survey resea elivery and me	ces arch essenger services	RAD radio airtime and processor returned contributions SAL campaign workers' sa TEL t.v. or cable airtime at TRC candidate travel, lodg TRS staff/spouse travel, in TSF transfer between composition were registration were information technological returns to the transfer between composition were registration were registration to the transfer between composition technological returns to the transfer between composition recomposition returns to the transfer between composition returns to the transfer betw	s alaries nd production co ging, and meals odging, and meal nmittees of the s	ls ame candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DI	ESCRIPTION OF PAYMENT		AMOUNT PAID
Krystal Soto	ID:	SAL				592.50
LaDesiree Houston	ID:	SAL				620.00
LaDesiree Houston	ID:	OFC				91.60
* Payments that are contributions or independent expenditures must	also be summarized	on Schedule	D.		SUBTOTAL \$	
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include al	Schedule E subt	otals.)			\$	
Unitemized payments made this period of under \$100.		•				
Total interest paid this period on loans. (Enter amount fr						_
·		•				
4. Total payments made this period. (Add lines 1, 2, and 3.	Enter nere and o	on the Sum	mary Page, Colum	п A, Line 6.)	TUTAL \$	

Schedule E Payments Made	Amour	e or print in ink. nts may be rounded whole dollars.	Statement covers period	SCHEDULE CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	<u> </u>		through	26 / 49
AIDS Healthcare Foundation Los Angeles County FAIR Committe	e			1.D. NUMBER 1343686
CODES: If one of the following codes accurately describes 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 NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Los Angeles Sentinel	MBR member co. MTG meetings ar OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	mmunications nd appearances nses ulating	RAD radio airtime and product returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging, staff/spouse travel, lodging	es roduction costs and meals ng, and meals ees of the same candidate/spons
Manuel Capel	ID:	SAL		492.50
Margin of Victory	ID:	PHO		28424.72
* Payments that are contributions or independent expenditures must a	lso be summarized o	n Schedule D.	SUI	BTOTAL \$

Schedule E Summary

Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
 Unitemized payments made this period of under \$100.
 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Schedule	E
Payments	Made

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	COMPROSIBLE AUGOO
from	
through	27 / 49
	I.D. NUMBER
	1343686

Payments wade		to whole dollars.						P. P.O.		
SEE INSTRUCTIONS ON REVERSE							h	27 / 49		
NAME OF FILER	" · · · · · · · · · · · · · · · · · · ·							I.D. NUM	BER	
AIDS Healthcare Foundation Los Angeles County FAIR Committe	е							134368	36	
CODES: If one of the following codes accurately describes		·	·		e code. Otherwis		, ,			
CMP campaign paraphernalia/misc. CNS campaign consultants		member con meetings an				RAD RFD	radio airtime and producti returned contributions	on costs		
CTB contribution (explain nonmonetary)*		office expen				SAL				
IVC civic donations FIL candidate filing/ballot fees	PET	petition circu phone banks					t.v. or cable airtime and pr		osts	
FIL candidate filing/ballot fees FND fundraising events		polling and		arch	1		TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS	postage, del	ivery and n	ness	enger services	TSF	transfer between committee	ees of the s	ame candidate/sponso	
LEG legal defense		professional services (legal, accounting)			VOT	voter registration				
LIT campaign literature and mailings	PRT	print ads	,			WEB	information technology co	sts (interne	t, email)	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OF	R DE	SCRIPTION O	FPAYMENT		AMOUNT PAID	
Marlon Hognatt	ID:		SAL						255.00	
Marzell Hinton	ID:		SAL	+					225.00	
Matthew Domingo	ID:		SAL						125.00	
* Payments that are contributions or independent expenditures must	also be sı	ımmarized oı	n Schedule	D.			SUE	BTOTAL \$;	
Schedule E Summary										
1. Payments made this period of \$100 or more. (Include al	l Schedu	ule E subto	als.) .			• • • • • • • • • • • • • • • • • • • •		\$		
2. Unitemized payments made this period of under \$100.						• • • • • • • • • • • • • • • • • • • •		\$		
3. Total interest paid this period on loans. (Enter amount fr	om Sch	edule B, Pa	ırt 1, Colu	ımr	n (e).)	***************************************		\$		

Type or print in ink.

		SCHEDULE E
	Statement covers period	CALIFORNIA (6(0)
I	from	
	through	28 / 49
		I.D. NUMBER
		1040000

•	Payments Made to whole dollars.		from	J=@l\$i()	4,60		
ු SEE I	NSTRUCTIONS ON REVERSE				through	28 /	49
NAME	OF FILER					I.D. NUMBE	R
AIDS	S Healthcare Foundation Los Angeles County FAIR Committee) 				1343686	
COI	DES: If one of the following codes accurately describes	the payment,	you may enter th	e code. Otherw	rise, describe the payment.		
CNS CTE VC FIL FNE IND LEC	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		er communications ngs and appearances expenses n circulating banks n and survey research ge, delivery and mess sional services (lega ds	n senger services	RAD radio airtime and pro RFD returned contribution SAL campaign workers' so TEL t.v. or cable airtime a TRC candidate travel, lodg TRS staff/spouse travel, lot TSF transfer between con VOT voter registration WEB information technological	e candidate/sponso	
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R D	ESCRIPTION OF PAYMENT		AMOUNT PAID
	Michael Brown	îD:	SAL				165.00
	Miles Turner	ID:	SAL				210.00
	Monique Avalos	ID:	SAL				897.50
	ayments that are contributions or independent expenditures must a	also be summari	zed on Schedule D.			SUBTOTAL \$	
	hedule E Summary						
1. 1	Payments made this period of \$100 or more. (Include all	Schedule E s	ubtotals.)			\$	
2.	Unitemized payments made this period of under \$100.	***************************************				\$	
3.	Total interest paid this period on loans. (Enter amount fr	om Schedule	B, Part 1, Colum	n (e).)		\$	
4	Total payments made this period. (Add lines 1, 2, and 3,	Enter here a	nd on the Summ	arv Page, Colun	nn A. Line 6.)	TOTAL \$	

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM TOO
through	29 / 49
	I.D. NUMBER
	1343686

SEE INSTRUCTIONS ON REVERSE

CMP compaign parapharmalia/miss

NAME OF FILER

AIDS Healthcare Foundation Los Angeles County FAIR Committee

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

CMI CNS CTE VC FIL FNE IND LEG LIT	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 POS PRO PRT	MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)			RAD RFD SAL TEL TRC TRS TSF VOT WEB	n costs als neals ne same candidate/sponsor rnet, email)	
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR .	DESCRIPTION O		AMOUNT PAID
	Nialah Larkin	ID:		SAL				720.00
	PACSAT	ID:	18.84	MTG				4630.00
	Park LaBrea News/Beverly Press	ID:	3 W W	LIT				2250.00
* Pay	yments that are contributions or independent expenditures must a	so be su	ımmarized or	Schedule D			SUBTOTA	

Schedule E Summary

 Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100. \$______\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Type or print in ink.
Amounts may be rounded

	SCHEDULE E
Statement covers period	GALIFORNIA ALGO
from	
through	30 / 49
	I.D. NUMBER
	\

Payments Made			to whole dollars.				fron	from			
SEE II	NSTRUCTIONS ON REVERSE						thre	ough		3	0 / 49
NAME	OF FILER									I.D. NUM	IBER
AIDS	Healthcare Foundation Los Angeles County FAIR Committee) 						 		134368	36
COL	DES: If one of the following codes accurately describes	the pay	ment, you i	nay ente	: the	e code. Otherv	wise, desc	ribe th	ne payment.		
CNS campaign consultants CTB contribution (explain nonmonetary)* VC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense			MTG meetings and appearances RFD OFC office expenses SAL PET petition circulating TEL PHO phone banks TRC POL polling and survey research TRS POS postage, delivery and messenger services TSF PRO professional services (legal, accounting) VOT					SF transfer between committees of the same candidate/spons			
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	ł	DESCRIPTIC	N OF P	AYMENT		AMOUNT PAID
 -	Patrick Gladney Jr.	ID:		SAL							125.00
	Penny Williams	ID:		SAL			- <u> </u>				215.00
$\overline{\bigcirc}$	Phillip McGriff	ID:		SAL					·		315.00
* Pa	syments that are contributions or independent expenditures must a	also be s	ummarized o	n Schedule	<u></u> , D.				SU	BTOTAL S	<u> </u>
Sc	hedule E Summary										
1. 1	Payments made this period of \$100 or more. (Include all	Sched	ule E subto	tals.)						\$	
	Unitemized payments made this period of under \$100.										·
	Total interest paid this period on loans. (Enter amount from										
٦.	rotal interest paid this period on loans. (Enter amount in	UIII UUII	Caule D, F	A.L. 1, OOI	A1111	· \~/·/	•••••			········ * —	

Type or print in ink. Amounts may be rounded

Statement covers period	CATIFORNIA VIETO
from	FORM - CO
through	31 / 49
	I.D. NUMBER
	1343696

Taymonto mado	to	wnole dollars.	1	from		
SEE INSTRUCTIONS ON REVERSE				through	3	1 / 49
NAME OF FILER					I.D. NUM	BER
AIDS Healthcare Foundation Los Angeles County FAIR Committ	ee 				134368	36
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone bank	nmunications ad appearances ses ulating s	s	RAD radio airtime and p RFD returned contributic SAL campaign workers' TEL t.v. or cable airtime TRC candidate travel, lo	ons salaries and production co odging, and meals	
FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POL polling and s POS postage, de PRO professional PRT print ads	livery and mess	senger services	TRS staff/spouse travel, TSF transfer between convolved voter registration WEB information technol	ommittees of the sa	ame candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DI	ESCRIPTION OF PAYMENT		AMOUNT PAID
Picky Print Production	ID:	LIT				9936.63
Political Data, Inc.	ID:	OFC				1205.00
Political Data. Inc.	ID:	WEB				6506.43
* Payments that are contributions or independent expenditures mus	t also be summarized o	n Schedule D.			SUBTOTAL \$	i
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include a	all Schedule E subto	tals.)			\$	
2. Unitemized payments made this period of under \$100.			••••		\$	
3. Total interest paid this period on loans. (Enter amount	from Schedule B, Pa	ırt 1, Colum	n (e).)		\$	

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA / 10-10
from	
through	32 / 49
	I.D. NUMBER
	4242000

i dymento made		to whole dollars.	from	
SEE INSTRUCTIONS ON REVERSE			through	32 / 49
NAME OF FILER				I.D. NUMBER
AIDS Healthcare Foundation Los Angeles County FAIR Committe	e			
	·			1343686
CODES: If one of the following codes accurately describes	the payment, yo	u may enter the code. Otherw	ise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member		RAD radio airtime and produc	tion costs
CNS campaign consultants		and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office exp		SAL campaign workers' salar	
LVC civic donations FIL candidate filing/ballot fees	PET petition c		TEL t.v. or cable airtime and p	
FIL candidate filing/ballot fees FND fundraising events	PHO phone ba	inks nd survey research	TRC candidate travel, lodging TRS staff/spouse travel, lodging	
IND independent expenditure supporting/opposing others (explain)*		delivery and messenger services		ng, and meals ttees of the same candidate/spons
LEG legal defense		nal services (legal, accounting)	VOT voter registration	tices of the same candidate/sports
LIT campaign literature and mailings	PRT print ads		WEB information technology of	osts (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR D	ESCRIPTION OF PAYMENT	AMOUNT PAID
Precious Dennis	ID:	SAL		467.50
Probolsky Research LLC	ID:	POL		4000.00
Quentin Cordova	ID:	SAL		265.00
Payments that are contributions or independent expenditures must	also be summarized	f on Schedule D.	su	JBTOTAL \$
Schedule E Summary				
1. Payments made this period of \$100 or more. (Include al	Schedule E sub	ototals.)		\$
2. Unitemized payments made this period of under \$100.				
3. Total interest paid this period on loans. (Enter amount fr				
4. Total payments made this period. (Add lines 1, 2, and 3.			nn A, Line 6.) T 0	OTAL \$

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	Cautedana Alexon
from	FORWER - NO
through	33 / 49
	I.D. NUMBER
	10.40000

Payments Made	to whole dollars.			from	_ 50	4W 1990
SEE INSTRUCTIONS ON REVERSE				through	_ 3	3 / 49
NAME OF FILER				<u> </u>	I.D. NUM	BER
AIDS Healthcare Foundation Los Angeles County FAIR Committe	e				134368	36
CODES: If one of the following codes accurately describes	the payment, you	may enter t	he code. Otherwise	e, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member commended meetings at OFC office expended petition circles phone bank POL polling and POS postage, de PRO professional PRT print ads	nd appearance nses ulating is survey researce elivery and mes	ch ssenger services	RAD radio airtime and prod RFD returned contributions SAL campaign workers' sa TEL t.v. or cable airtime ar TRC candidate travel, lodg TRS staff/spouse travel, lod TSF transfer between com VOT voter registration WEB information technolog	s alaries nd production co ing, and meals dging, and mea amittees of the s	ls ame candidate/sponse
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Rashi Gilbreath	ID:	SAL				450.00
Real Clear Holdings, LLC	ID:	PRT				10000.00
Richard Mendez	ID:	SAL				492.50
* Payments that are contributions or independent expenditures must	also be summarized o	on Schedule D	·	:	SUBTOTAL \$,
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include al	l Schedule E subto	otals.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ _	
Unitemized payments made this period of under \$100.						
Total interest paid this period on loans. (Enter amount fi						
			` ' '			
4. Total payments made this period. (Add lines 1, 2, and 3	. ⊏nter nere and o	n the Sumn	nary Page, Column	A, Line 0.)	IOINF9 -	

Type or print in ink.

 	SCHEDULE E
Statement covers period	Carriagions (118-10)
from	
through	34 / 49
	I.D. NUMBER
	4040000

		s may be rounded whole dollars.		from		## 415U
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	1.D. NUN	4 / 49 IBER
AIDS Healthcare Foundation Los Angeles County FAIR Commit	tee				13436	36
CODES: If one of the following codes accurately describe	es the payment, you r	may enter th	e code. Otherwise	e, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* 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 cor MTG meetings ar OFC office expen PET petition circu PHO phone bank POL polling and s POS postage, de PRO professiona PRT print ads	d appearances ses ulating s survey research livery and mess	n senger services	RAD radio airtime and partial returned contribution SAL campaign workers t.v. or cable airtime TRC candidate travel, its staff/spouse travel transfer between contribution technical returns transfer between contribution technical returns to the staff spouse travel transfer between contribution technical returns to the staff spouse travel transfer between contribution technical returns to the staff spouse travel transfer between contribution technical returns to the staff spouse travel transfer between contribution to the staff spouse travel tr	ions c' salaries e and production codging, and meals l, lodging, and meacommittees of the s	als same candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	.	CODE O	R DES	CRIPTION OF PAYMENT		AMOUNT PAID
Samantha Beller	ID:	SAL				117.50
Scott Schweigert	ID:	CNS				1000.00
Shay Prea Moore	ID:	SAL				667.50
* Payments that are contributions or independent expenditures mus	st also be summarized o	n Schedule D.			SUBTOTAL	S
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include	all Schedule E subto	tals.)			\$	
2. Unitemized payments made this period of under \$100.					\$ _	
3. Total interest paid this period on loans. (Enter amount	from Schedule B, Pa	art 1, Columi	n (e).)		\$ _	

Schedule	E
Payments	Made

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

	SCHEDULE E
Statement covers period	CALIFORNIA ALIGNO
from	
through	35 / 49
	I.D. NUMBER
	1343686

-				Trom		
SEE INSTRUCTIONS ON REVERSE				through	3	35 / 49
NAME OF FILER				<u> </u>	I.D. NUN	/BER
AIDS Healthcare Foundation Los Angeles County FAIR Committe	ee 				13436	86
CODES: If one of the following codes accurately describes 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)*	MBR member co MTG meetings a OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	ommunications nd appearances nses culating ks survey research elivery and mess	enger services	RAD radio airtime and process of the state o	ns salaries and production c dging, and meals lodging, and mea	
LEG legal defense LIT campaign literature and mailings	PRO professiona PRT print ads	al services (legal	, accounting)	VOT voter registration WEB information technology		·
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	1 IVI Dilit aus	CODE OF	R DESC	CRIPTION OF PAYMENT	agy costs (interne	AMOUNT PAID
Spanish Broadcasting System	ID:	RAD			ن میں میں انہوں	27500.00
Stuart Lopez-Rose	ID:	SAL				117.50
Susan Ranish	ID:	SAL				625.00
* Payments that are contributions or independent expenditures must	also be summarized c	on Schedule D.			SUBTOTAL	\$ ====================================
 Schedule E Summary Payments made this period of \$100 or more. (Include a Unitemized payments made this period of under \$100. 						

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Schedule E Payments Made		Type or print in ink. counts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 46
SEE INSTRUCTIONS ON REVERSE			through	36 / 49
NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee	e			I.D. NUMBER 1343686
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	MBR member meeting OFC office expert petition PHO phone between POL polling a postage	r communications as and appearances expenses circulating banks and survey research and survey and messenger sendonal services (legal, accounting	RAD radio airtime and product RFD returned contributions SAL campaign workers' salated t.v. or cable airtime and TRC candidate travel, lodging Staff/spouse travel, lodging transfer between communications.	ries production costs g, and meals ing, and meals ittees of the same candidate/spon
The Los Angeles Times	ID:	PRT		9693.24
Transperfect Translations International	ID:	LIT		575.00
Trish Moran	ID:	MTG		104.64
* Payments that are contributions or independent expenditures must a	also be summarize	d on Schedule D.	SL	JBTOTAL \$

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

\$_____\$

Schedule E Summary

2. Unitemized payments made this period of under \$100.

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

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

.....\$ _____

Schedule	E
Payments	Made

Type or print in ink.

	SCHEDULE E
Statement covers period	CAUFORNIA ALAD
from	
through	37 / 49
	I.D. NUMBER
	1343696

Payments Made		to whole dollars.			from	Fermi 440U	
SEE INSTRUCTIONS ON REVERSE					through	37 / 49	
NAME OF FILER						I.D. NUMBER	
AIDS Healthcare Foundation Los Angeles County FAIR Committee	e					1343686	
CODES: If one of the following codes accurately describes	the pay	ment, you i	may ente	r the code. Other	rwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG OFC PET PHO POL POS PRO	polling and postage, de	nd appearar uses ulating s survey rese livery and n	nces	RAD radio airtime and productions RFD returned contributions SAL campaign workers' salative. TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between common voter registration WEB information technology	aries d production costs ng, and meals ging, and meals nittees of the same candidate/sponso	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Twitter. Inc.	ID:		WEB			2137.48	
U.S. Postmaster	ID:		POS			23800.00	
Univision	ID:		RAD			27500.00	
* Payments that are contributions or independent expenditures must	aiso be su	ımmarized o	n Schedule	 • D.		SUBTOTAL \$	
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include a	ll Schedu	ıle E subto	tals.) .			\$	
Unitemized payments made this period of under \$100.							
•							
3. Total interest paid this period on loans. (Enter amount fi							
4. Total payments made this period. (Add lines 1, 2, and 3	. Enter h	nere and or	n the Sun	nmary Page, Coli	umn A, Line 6.) 1	OTAL \$	

Schedule	Ε
Payments	Made

Type or print in ink. Amounts may be rounded

Statement covers period	CAMPORNA ALETOY
from	
through	38 / 49
	I.D. NUMBER
	1242696

Pay	ments Made	to	whole dollars.		from		
NAME	STRUCTIONS ON REVERSE OF FILER				through	1.D.	38 / 49 NUMBER
AIDS	Healthcare Foundation Los Angeles County FAIR Committe	ee 				134	43686
CMP CNS CTB CVC	campaign consultants contribution (explain nonmonetary)*	MBR member con MTG meetings ar OFC office exper PET petition circ PHO phone bank	mmunications nd appearances nses ulating	code. Otherwis	RAD radio airtin RFD returned c SAL campaign TEL t.v. or cabl	ment. ne and production cost ontributions workers' salaries le airtime and productitravel, lodging, and me	on costs
FND IND LEG LIT	fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	POL polling and POS postage, de PRO professiona PRT print ads	livery and messe		TRS staff/spous TSF transfer be VOT voter regis	se travel, lodging, and etween committees of	meals the same candidate/sponso
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	SCRIPTION OF PAYMENT		AMOUNT PAID
	Valencia Palmer	ID:	SAL				482.50
	Victor Hoard	ID:	SAL				510.00
<u> </u>	Wakesha McGauley	ID:	SAL				490.00
* Pay	ments that are contributions or independent expenditures must	also be summarized o	on Schedule D.			SUBTOT	AL\$
===	adula E Summany						

Schedule E Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100. 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Schedule	E
Payments	Made

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE E
	Statement covers period	ONE ARROSTA
	from	jeordi 41000
	through	39 / 49
_		I.D. NUMBER
		1343686

NAME OF FILER

AIDS Healthcare Foundation Los Angeles County FAIR Committee

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

CMP	campaign paraphernalia/misc.	MBR	member con	nmunications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings an	d appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expens	ses	SAL	campaign workers' salaries
` ¢∨c	civic donations	PET	petition circu	llating	TEL	t.v. or cable airtime and production costs
₩ FIL	candidate filing/ballot fees	PHO	phone banks	3	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and s	survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, del	ivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional	services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads		WEB	information technology costs (internet, email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR			Ī		

1	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Willie Jackson	ID:	SAL			1527.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBIOTAL \$	343189.31
Schedule E Summary		
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u></u>	
2. Unitemized payments made this period of under \$100.	\$ <u></u>	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column	A, Line 6.)	

			FI	

Schedule	∍ F		
Accrued	Expenses	(Unpaid	Bills)

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

Statement covers period	CALIFORNIA 460
through	40 / 49
	I.D. NUMBER

	•			from			
SEE INSTRUCTIONS ON REVERSE				through		40) / 49
NAME OF FILER					1	.D. NUMBER	R
AIDS Healthcare Foundation Los Angel	es County FAIR Committee)				1343686	
CODES: If one of the following co	des accurately describes	the payment, you may ent	ter the code. Otherw	vise, describe the par			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations IL candidate filing/ballot fees ND fundraising events IND independent expenditure supporting/LEG legal defense LIT campaign literature and mailings	opposing others (explain)*	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same VOT voter registration WEB information technology costs (internet, en		me candidate/spons	
NAME AND ADDRESS OF PA (IF COMMITTEE, ALSO ENTER	YEE OR CREDITOR I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAIL THIS PERIOD (ALSO REPORT ON	BA	(d) OUTSTANDING ALANCE AT CLOSE OF THIS PERIOD
Exigent Consulting	ID:	CNS	2500.00	0.00	250	0.00	0.00
Kaufman Legal Group	ID:	PRO	34668.00	7373.00	3466	8.00	7373.00
Kaufman Legal Group	ID:	OFC	707.04	500.78	26	0.91	946.91
* Payments that are contributions or indepersummarized on Schedule D.	ndent expenditures must also b	De SUBTOTALS	\$	\$	\$	\$	
Schedule F Summary							
Total accrued expenses incurred accrued expenses of \$100 or more accrued expenses of \$100 or m				INCU	IRRED TOTAL	.s \$	7873.78
Total accrued expenses paid this accrued expenses of \$100 or more					PAID TOTAL	.s \$	37778.91
3. Net change this period. Subtrac on the Summary Page, Column					NE	ET\$	-29905.13

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

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE		through	41 / 49	

NAME OF FILER

Transperfect Translations International

AIDS Healthcare Foundation Los Angeles County FAIR Committee 1343686 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 TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals 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 campaign literature and mailings PRT print ads WEB information technology costs (internet, email) (d) NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR AMOUNT INCURRED **OUTSTANDING** AMOUNT PAID OUTSTANDING DESCRIPTION OF PAYMENT **BALANCE BEGINNING** THIS PERIOD THIS PERIOD **BALANCE AT CLOSE** OF THIS PERIOD

350.00

ID:

LIT

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	38225.04\$	7873.78\$	37778.91 \$	8319.91
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all Schedul accrued expenses of \$100 or more, plus total unitemized accrued 			INCURRE	ED TOTALS \$	
2. Total accrued expenses paid this period. (Include all Schedule F, accrued expenses of \$100 or more, plus total unitemized payments.)			PA	ID TOTALS \$	
3. Net change this period. Subtract Line 2 from Line 1. Enter the con the Summary Page, Column A, Line 9.)				NET \$	

May be a negative number

SCHEDULE F

OF THIS PERIOD

0.00

J.D. NUMBER

(ALSO REPORT ON E)

350.00

0.00

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in Amounts may be re to whole dolla		s may be rounded	Statement covers period	CALIFORNIA 46	_
SEE INSTRUCTIONS ON REVERSE				through	42 / 49	
NAME OF FILER					I.D. NUMBER	
AIDS Healthcare Foundation Los Angeles County FAIR Committee					1343686	
NAME OF AGENT OR INDEPENDENT CONTRACTOR						
James Vellequette						
CODES: If one of the following codes accurately describes to the campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or Independent expenditures must also be sur	MBR member common meetings a coffice experience of petition cirphone bar polling and postage, common profession professio	ommunication and appearan enses culating nks d survey rese delivery and m nal services (ke	ns ices arch nessenger services	RAD radio airtime and proceed returned contribution SAL campaign workers's TEL t.v. or cable airtime at TRC candidate travel, lod TRS staff/spouse travel, l	ns salaries and production costs Iging, and meals lodging, and meals mmittees of the same candidate/sp	oons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			OR	DESCRIPTION OF PAYMENT	AMOUNT PAIL	
	D:	MTG			541	1.78
	D:					
	ID:					
	ID:					
	ID:					
Attach additional information on appropriately labeled continue	ation sheets				TOTAL* \$	===

^{*} 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	Type or print in ink.	n ink.			
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE		through	. 43 / 49		
NAME OF FILER			I.D. NUMBER		
AIDS Healthcare Foundation Los Angeles County FAIR Committee			1343686		
NAME OF AGENT OR INDEPENDENT CONTRACTOR					
CBS Radio					
CODES: If one of the following codes accurately describes	the payment, you may enter the code. Otherw	vise, describe the payment.			
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and produc	ction costs		
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' sala			
VC civic donations	PET petition circulating	TEL t.v. or cable airtime and	•		
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging	•		
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodg			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between comm	ittees of the same candidate/sponsor		

* 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** RAD 8300.00 KAMP-FM ID: 2000.00 RAD KFWB-AM ID: RAD 4380.00 ID: 13000.00 RAD KROQ-FM ID: 6575.00 RAD KRTH-FM ID: TOTAL* \$ Attach additional information on appropriately labeled continuation sheets.

LIT campaign literature and mailings

WEB information technology costs (internet, email)

^{*} 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 Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		Type	e or print in ink	le.		SCHEDULE G		
			Amoun	its may be rour whole dollars.	nded	Statement covers period	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE						through	44	l / 49
NAME OF FILER							I.D. NUMBE	R
AIDS Healthcare Foundation Los Angeles County FAIR Committee							1343686	
CBS Radio CODES: If one of the following codes accurately describes t	the pay	ment, yo	u may en	ter the code.	Oth	nerwise, describe the payment.		
CMP campaign paraphernalia/misc.			ommunication		. •	RAD radio airtime and product	ion costs	
CNS campaign consultants	MTG	meetings a	and appears	ances		RFD returned contributions		
_CTB contribution (explain nonmonetary)*		office expe				SAL campaign workers' salari		
VC civic donations		petition cir				TEL t.v. or cable airtime and p		sts
FIL candidate filing/ballot fees		phone ban				TRC candidate travel, lodging,		
FND fundraising events IND independent expenditure supporting/opposing others (explain)*		. •	survey res			TRS staff/spouse travel, lodgir TSF transfer between commit	•	
IND independent expenditure supporting/opposing others (explain)* LEG legal defense			•	messenger sen (legal, accountir		TSF transfer between committed VOT voter registration	iees of the sa	ine candidate/sponsor
LIT campaign literature and mailings		print ads	ai sei vices	(legal, accounti	(19)	WEB information technology of	osts (internet	email)
* Payments that are contributions or independent expenditures must also be sur		•	ile D.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· • · · · · · · · · · · · · · · · · · ·
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR		DESCRIPTION OF PAYMENT		AMOUNT PAID
		. —						447500

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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	Type or print in Ink. Amounts may be rounded to whole dollars.				SCHEDULE			
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)				.	Statement covers period		460	
SEE INSTRUCTIONS ON REVERSE				through		45	49	
NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee						I.D. NUMBER 1343686	t	
NAME OF AGENT OR INDEPENDENT CONTRACTOR						 		
Univision								
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or Independent expenditures must also be sun	MBR member commettings a office experience office experience of petition cirphone bar polling and postage, dependence of profession profession print ads	ommunication: and appearance enses culating oks d survey resea delivery and me aal services (le	s ces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and product returned contributions campaign workers' salar t.v. or cable airtime and product candidate travel, lodging staff/spouse travel, lodgit transfer between commit voter registration information technology of	ies production cost , and meals ing, and meals ttees of the san	ne candidate/sponso	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		ſ	DR	DESCRIPTION OF	PAYMENT		AMOUNT PAID	
	D:	RAD					27500.00	
15	D:							
	D:							

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or

ID:

ID:

independent contractor as reported on Schedule E.

TOTAL* \$

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

chedule G
ayments Made by an Agent or Independent
contractor (on Behalf of This Committee)

legal defense

campaign literature and mailings

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

	SCHEDULE G
Statement covers period from	CALIFORNIA 460
through	46 / 49
	I.D. NUMBER
	L

VOT voter registration

WEB information technology costs (internet, email)

SEE INSTRUCTIONS ON REVERSE		through	46 / 49
NAME OF FILER			I.D. NUMBER
AIDS Healthcare Foundation Los Angeles County FAIR Com	mittee		1343686
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Emmis Radio			
CODES: If one of the following codes accurately desc	cribes the payment, you may enter the code. Otherwis	e, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and product	ion costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salari	es
VC civic donations	PET petition circulating	TEL t.v. or cable airtime and p	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	ng, and meals
IND independent expenditure supporting/opposing others (explain	1)* POS nostage delivery and massenger services	TSE transfer between commit	tage of the same condidate/enen

PRO professional services (legal, accounting)

PRT print ads

NAME AND ADDRESS (IF COMMITTEE, ALS	OF PAYEE OR CREDITOR 0 ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KPWR-FM	ID:	RAD		20000.00
	ID:			
	ID:			
	ID:			
	ID:			

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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		Type o	r print in ink.	SCHEDULE G			
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		Amounts may be rounded to whole dollars.		Statement covers period	california 460		
SEE INSTRUCTIONS ON REVERSE				through	47 / 49		
NAME OF FILER			 	<u> </u>	I.D. NUMBER		
AIDS Healthcare Foundation Los Angeles County FAIR Committee					1343686		
NAME OF AGENT OR INDEPENDENT CONTRACTOR					11040000		
Spanish Broadcasting System							
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* VC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or Independent expenditures must also be su NAME AND ADDRESS OF PAYEE OR CREDITOR	MBR mem MTG mee OFC offic PET petit PHO phor POL pollii POS post PRO profe PRT print	nber communications etings and appearance expenses tion circulating ne banks ing and survey reseat tage, delivery and me essional services (leg t ads	es rch ssenger services gal, accounting)	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging staff/spouse travel, lodging	ries production costs g, and meals ing, and meals ittees of the same candidate/sponsor		
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DES	CRIPTION OF PAYMENT	AMOUNT PAID		
KXOL-FM	ID:	RAD			27500.00		
+	ID:						
	ID:						
	ID:						
	ID:						

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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		Tuno	ar natus in Ink				s	SCHEDULE G
Payments Made by an Agent or Independen Contractor (on Behalf of This Committee)	t	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from		CALIFOR	RNIA	460
SEE INSTRUCTIONS ON REVERSE				through		48	/ 49	
NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee						1.D. NUMBE	R	
NAME OF AGENT OR INDEPENDENT CONTRACTOR			 			1 1040000		
AIDS Healthcare Foundation								
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* VC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be supported.	MBR member of meetings and office experience of petition circle. PHO phone bar polling and postage, of profession print ads	ommunications and appearance enses culating nks d survey resea delivery and me nal services (le	s ces	RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime and product returned contributions campaign workers' salar t.v. or cable airtime and candidate travel, lodging staff/spouse travel, lodg transfer between commit voter registration information technology of	ries production cos g, and meals ing, and meals ittees of the sar	me cano	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		MTG	лк 	DESCRIPTION OF	PAYMENT		AMO	723.26
Town & Country Event Rentals	ID:							, 20.20
Voila Gourmet Catering	ID:	MTG						4668.09
}	ID.							· · · · · · · · · · · · · · · · · · ·

Attach additional information on appropriate	y labeled continuation sheets.		TOTAL*	\$
	ID:			
	ID:			
	ID:			
Voila Gourmet Catering	ID:	MTG		4668.09

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule I Miscellaneous Increases to Cash		Type or print in ink. Amounts may be rounded to whole dollars.		SCHEDUL		
				Statement covers period	CAMPORNA 46	
SEE INSTRUCTIONS ON REVE	ERSE			through	49 / 49	
NAME OF FILER					I.D. NUMBER	
AIDS Healthcare Found	ation Los Angeles County FAIR Committee			·	1343686	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
	ID):				

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	0.00
Schedule I Summary		
1. Increases to cash of \$100 or more this period	\$	
2. Unitemized increases to cash under \$100 this period	. \$22.95_	
3. Total of all interest received this period on loans made to others. (Schedule H, Colum (e).)	\$0.00_	
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TAL \$22.95_	