

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
**RECEIVED BY
LOS ANGELES COUNTY**
2024 MAR 12 AM 8:32
PROPOSITION B UNIT

CALIFORNIA FORM 460

Page 1 of 9

For Official Use Only

Statement covers period
from 2/18/2024
through 3/8/2024

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
 - (Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
 - (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
 - (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1464666

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Neighbors for Safer Communities Supporting Jeff Chemerinsky for Los Angeles County District Attorney 2024

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90042</u>	<u>(202) 422-3918</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

stacey@shinlawcorp.com

Treasurer(s)

NAME OF TREASURER

Rose Kapolczynski

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90042</u>	<u>(360) 218-4334</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/8/2024
Date

By Rose Kapolczynski
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent



**Recipient Committee
Campaign Statement
Cover Page-Part 2**

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COVER PAGE-PART 2
CALIFORNIA FORM 460
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) _____

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP _____

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

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE _____

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE Jeff Chemerinsky	OFFICE SOUGHT OR HELD District Attorney	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded to whole dollars.
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SUMMARY PAGE

Statement covers period
from 2/18/2024
through 3/8/2024

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Neighbors for Safer Communities Supporting Jeff Chemerinsky for Los Angeles County Proposition 55

ID NUMBER

1464666

Contributions Received

		Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3	\$0.00	\$35,000.00
2. Loans Received.....	Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1+2	\$0.00	\$35,000.00
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3+4	\$0.00	\$35,000.00

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	_____	_____
21. Expenditures Made	_____	_____

Expenditures Made

		Column A	Column B
6. Payments Made.....	Schedule E, Line 4	\$32,264.00	\$35,000.00
7. Loans Made.....	Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6+7	\$32,264.00	\$35,000.00
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	-\$21,961.00	\$1,548.00
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8+9+10	\$10,303.00	\$36,548.00

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yyyy)	Total to Date
_____	_____

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$32,264.00
13. Cash Receipts.....	Column A, Line 3 above	\$0.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	\$0.00
15. Cash Payments.....	Column A, Line 8 above	\$32,264.00
16. ENDING CASH BALANCE..	Add Lines 12+13+14, then subtract Line 15	\$0.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$0.00
19. Outstanding Debts.....	Add Line 2+Line 9 in Column B above	\$1,548.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

Amounts may be rounded to whole dollars.

SCHEDULE D

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Neighbors for Safer Communities Supporting Jeff Chemerinsky for Los Angeles County District Attorney 2024

Statement covers period
RECEIVED BY
LOS ANGELES COUNTY
from 1/8/2024
through 3/8/2024
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I.D. NUMBER
1464666

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/29/2024	Jeff Chemerinsky District Attorney County of Los Angeles County: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	CNS	\$5,000.00	\$28,800.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/27/2024	Jeff Chemerinsky District Attorney County of Los Angeles County: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Video Ads	\$8,300.00	\$28,800.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/27/2024	Jeff Chemerinsky District Attorney County of Los Angeles County: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Video Ads	\$13,500.00	\$28,800.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL				\$26,800.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$26,800.00
2. Unitemized contributions and independent expenditures made this period of under \$100.	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$28,800.00

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

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SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	2/18/2024	
through	3/8/2024	Page 5 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Neighbors for Safer Communities Supporting Jeff Chemerinsky for Los Angeles County District Attorney 2024

I.D. NUMBER

1464666

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/28/2024	Jeff Chemerinsky District Attorney, County of Los Angeles County: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Video Ads	\$2,000.00	\$28,800.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL	\$2,000.00
-----------------	------------

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals).....	\$28,800.00
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).....	TOTAL \$28,800.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.
RECEIPT
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SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 2/18/2024 through 3/8/2024	
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NAME OF FILER

Neighbors for Safer Communities Supporting Jeff Chemerinsky for Los Angeles County Superior Court Judge
PROPOSITION B UNIT

I.D. NUMBER

1464666

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MJE Strategies LLC Fremont, CA 94536-2418	IND	CNS, Jeff Chemerinsky, Support	\$5,000.00
Shin Law Corporation Los Angeles, CA 90012 1716	PRO		\$3,000.00
Shin Law Corporation # 626 Los Angeles, CA 90043-1716	PRO		\$461.00

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

SUBTOTAL \$8,461.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$32,261.00
2. Unitemized payments made this period of under \$100.	\$3.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$32,264.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars
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LOS ANGELES COUNTY**

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>2/18/2024</u> through <u>3/8/2024</u>	
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NAME OF FILER

Neighbors for Safer Communities Supporting Jeff Chemerinsky For Los Angeles County **PROPOSITION B UNIT**

ID NUMBER

1464666

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL tv. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Trilogy Interactive LLC 4525 N Ravenswood Ave Ste 101 Chicago, IL 60640-8038	IND	Video Ads, Jeff Chemerinsky, Support	\$9,300.00
Trilogy Interactive LLC 4525 N Ravenswood Ave Ste 101 Chicago, IL 60640-8038	IND	Video Ads, Jeff Chemerinsky, Support	\$13,500.00
Trilogy Interactive LLC 4525 N Ravenswood Ave Ste 101 Chicago, IL 60640-8038	IND	Video Ads, Jeff Chemerinsky, Support	\$2,000.00

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

SUBTOTAL \$23,800.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$32,261.00
2. Unitemized payments made this period of under \$100.....	\$3.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$32,264.00

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

Amounts may be rounded to whole dollars.

SCHEDULE F

RECEIVED BY
LOS ANGELES COUNTY

Statement covers period
from 2/18/2024
through 3/8/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Neighbors for Safer Communities Supporting Jett Chemerinsky for Los Angeles County District Attorney 2024

I.D. NUMBER

1464666

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PROPOSITION B UNIT

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL tv or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
MJE Strategies LLC Fremont, CA 94536-2418	CNS	\$5,000.00	\$0.00	\$5,000.00	\$0.00
Rhin Law Corporation 5 4 Los Angeles, CA 90042-1716	PRO	\$5,009.00	\$0.00	\$3,461.00	\$1,548.00
Trilogy Interactive LLC Chicago, IL 60640-8038	CNS	\$13,500.00	\$0.00	\$13,500.00	\$0.00

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

SUBTOTALS \$23,509.00 \$0.00 \$21,961.00 \$1,548.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	\$0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS	\$21,961.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	(\$21,961.00) <small>(May be a negative number)</small>

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

Amounts may be rounded to whole dollars

SCHEDULE G

RECEIVED BY
 LOS ANGELES COUNTY

Statement covers period
 from 2/18/2024
 through 3/8/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Neighbors for Safer Communities Supporting Jet Chemerlinsky for Los Angeles County District Attorney 2024

I.D. NUMBER
 1464666

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Trilogy Interactive LLC

2024 MAR 12 AM 8:32
 PROPOSITION B UNIT

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Wells Global Technologies, Inc. Chicago, IL 60602-4574		Video Ads	\$7,055.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$7,055.00

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

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