

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

| | |
|---|--|
| Date Stamp | CALIFORNIA 460 2001/02 FORM |
| | |
| Page <u>1</u> of <u>17</u> For Official Use Only | |

| | |
|--------------------------|---|
| Statement covers period | Date of election if applicable: (Month, Day, Year) |
| from <u>1/1/2017</u> | |
| through <u>6/30/2017</u> | |

SEE INSTRUCTIONS ON REVERSE

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

| | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall <i>(Also Complete Part 5)</i> | <input type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee <i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

| | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1387269

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Yes on Measure M - a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Stephen Kaufman

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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

| | |
|-------------------|----------|
| Executed on _____ | By _____ |
| Executed on _____ | By _____ |
| Executed on _____ | By _____ |
| Executed on _____ | By _____ |

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

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

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

Los Angeles County Traffic Improvement Plan

| | | |
|---------------------------|------------------------------------|--|
| BALLOT NO. OR LETTER M | JURISDICTION Los Angeles County | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|---------------------------|------------------------------------|--|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

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

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

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|------------------------------------|--------------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 1/1/2017 through 6/30/2017 | |
| Page 3 of 17 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure M - a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits

I.D. NUMBER

1387269

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 | \$0.00 |
| 2. Loans Received..... Schedule B, Line 3 | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2 | \$0.00 | \$0.00 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$0.00 | \$0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$0.00 | \$0.00 |

**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 | \$291,835.41 | \$291,835.41 |
| 7. Loans Made..... Schedule H, Line 3 | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$291,835.41 | \$291,835.41 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | -\$5,141.60 | \$694.20 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | \$0.00 | \$0.00 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10 | \$286,693.81 | \$292,529.61 |

**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 | \$381,226.03 |
| 13. Cash Receipts..... Column A, Line 3 above | \$0.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$1,240.29 |
| 15. Cash Payments..... Column A, Line 8 above | \$291,835.41 |
| 16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15 | \$90,630.91 |
| If this is a termination statement, Line 16 must be zero. | |
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$0.00 |

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

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 | \$694.20 |

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

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|--------------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from <u>1/1/2017</u> through <u>6/30/2017</u> | |
| Page <u>4</u> of <u>17</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. NUMBER

1387269

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 |
|---|---------|------------------------|-------------|
| Andrew Lewandowski | MTG | | \$180.00 |
| Fluor Corporation | RFD | | \$25,000.00 |
| Friends of Eric Garcetti Officeholder ID: 1234351 | MTG | | \$3,215.50 |

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

SUBTOTAL \$28,395.50

Schedule E Summary

| | |
|---|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$291,785.41 |
| 2. Unitemized payments made this period of under \$100..... | \$50.00 |
| 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 \$291,835.41 |

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

| | | |
|-------------------------|-----------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2017 | |
| through | 6/30/2017 | |
| Page 5 of 17 | | |

NAME OF FILER

Yes on Measure M - a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits

I.D. NUMBER

1387269

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 |
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| 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 |
|---|---------|------------------------|----------------------------|
| Vance Hickin | WEB | | \$144.00 |
| Jon Endow Photography | OFC | | \$4,300.00 |
| Kaufman Legal Group, APC | PRO | | \$735.00 |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | | SUBTOTAL \$5,179.00 |

Schedule E Summary

| | |
|---|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$291,785.41 |
| 2. Unitemized payments made this period of under \$100..... | \$50.00 |
| 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 \$291,835.41 |

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure M - a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits

**CALIFORNIA
FORM 460**

Page 6 of 17

Statement covers period
from 1/1/2017
through 6/30/2017

I.D. NUMBER
1387269

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 |
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| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-----------------|
| Kaufman Legal Group, APC | OFC | | \$165.57 |
| Kaufman Legal Group, APC | OFC | | \$109.12 |
| Kaufman Legal Group, APC | OFC | | \$106.60 |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | | |
| SUBTOTAL | | | \$381.29 |

Schedule E Summary

| | |
|---|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$291,785.41 |
| 2. Unitemized payments made this period of under \$100..... | \$50.00 |
| 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 \$291,835.41 |

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|-------------------------|-----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2017 | |
| through | 6/30/2017 | Page 7 of 17 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure M - a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits

I.D. NUMBER

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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 |
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| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Kaufman Legal Group, APC | OFC | | \$207.68 |
| Kaufman Legal Group, APC | PRO | | \$4,901.20 |
| Kaufman Legal Group, APC | PRO | | \$176.50 |

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

SUBTOTAL \$5,285.38

Schedule E Summary

| | |
|---|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$291,785.41 |
| 2. Unitemized payments made this period of under \$100..... | \$50.00 |
| 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 \$291,835.41 |

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | | |
|-------------------------|-----------|----------------------------|---------|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 1/1/2017 | Page | 8 of 17 |
| through | 6/30/2017 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure M - a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits

I.D. NUMBER

1387269

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 |
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| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|------------------------------|
| RDJ Strategic Advisors, LLC | FND | | \$657.80 |
| RDJ Strategic Advisors, LLC | CNS | | \$100,000.00 |
| RDJ Strategic Advisors, LLC | CNS | | \$150,000.00 |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | | SUBTOTAL \$250,657.80 |

Schedule E Summary

| | |
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| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$291,835.41 |

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|-------------------------|-----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2017 | |
| through | 6/30/2017 | |
| Page 9 of 17 | | I.D. NUMBER 1387269 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. NUMBER
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- | | | |
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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Yusef Robb | WEB | | \$1,078.00 |
| Sharon Aronson-Rill | MTG | | \$243.00 |
| Sheridan Lennon French | MTG | | \$202.50 |

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SUBTOTAL \$1,523.50

Schedule E Summary

| | |
|---|---------------------------|
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| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$291,835.41 |

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|-------------------------|-----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2017 | |
| through | 6/30/2017 | |
| Page 10 of 17 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

- | | | |
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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Tyler Messner | MTG | | \$232.50 |
| Charlotte White | MTG | | \$130.44 |

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SUBTOTAL \$362.94

Schedule E Summary

| | |
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| 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 \$291,835.41 |

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

. Amounts may be rounded
to whole dollars.

SCHEDULE F

| | | |
|-------------------------|-----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2017 | |
| through | 6/30/2017 | Page 11 of 17 |

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NAME OF FILER

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| 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 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Andrew Lewandowski | MTG | \$180.00 | \$0.00 | \$180.00 | \$0.00 |
| Richard Jacobs | WEB - Accrued in Error | \$20.00 | (\$20.00) | \$0.00 | \$0.00 |
| Jon Endow Photography | OFC | \$4,300.00 | \$0.00 | \$4,300.00 | \$0.00 |
| SUBTOTALS | | \$4,500.00 | -\$20.00 | \$4,480.00 | \$0.00 |

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

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 | \$674.20 |
| 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 | \$5,815.80 |
| 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 | (\$5,141.60) |
| | | (May be a negative number) |

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

Amounts may be rounded to whole dollars.

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure M - a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits

| | | |
|-------------------------|-----------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2017 | |
| through | 6/30/2017 | Page 12 of 17 |

I.D. NUMBER
1387269

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 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 |
|--|--------------------------------|---|------------------------------------|--|--|
| Kaufman Legal Group, APC | PRO | \$0.00 | \$214.50 | \$0.00 | \$214.50 |
| Kaufman Legal Group, APC | OFC | \$0.00 | \$100.20 | \$0.00 | \$100.20 |
| Kaufman Legal Group, APC | PRO | \$0.00 | \$279.00 | \$0.00 | \$279.00 |
| SUBTOTALS | | \$0.00 | \$593.70 | \$0.00 | \$593.70 |

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

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 | \$674.20 |
| 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 | \$5,815.80 |
| 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 | (\$5,141.60) |
| | | (May be a negative number) |

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

. Amounts may be rounded
to whole dollars.

SCHEDULE F

| | | |
|-------------------------|-----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2017 | |
| through | 6/30/2017 | Page 13 of 17 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure M - a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits

I.D. NUMBER
1387269

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 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Kaufman Legal Group, APC | OFC | \$0.00 | \$100.50 | \$0.00 | \$100.50 |
| RDJ Strategic Advisors, LLC | POS | \$657.80 | \$0.00 | \$657.80 | \$0.00 |
| Sharon Aronson-Rill | MTG | \$243.00 | \$0.00 | \$243.00 | \$0.00 |
| SUBTOTALS | | \$900.80 | \$100.50 | \$900.80 | \$100.50 |

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

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 | \$674.20 |
| 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 | \$5,815.80 |
| 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 | (\$5,141.60) |
| | | (May be a negative number) |

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

Amounts may be rounded
to whole dollars.

SCHEDULE F

| | | |
|-------------------------|-----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2017 | |
| through | 6/30/2017 | Page 14 of 17 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure M - a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits

I.D. NUMBER
1387269

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 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Sheridan Lennon French | MTG | \$202.50 | \$0.00 | \$202.50 | \$0.00 |
| Tyler Messner | MTG | \$232.50 | \$0.00 | \$232.50 | \$0.00 |

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

| | | | | |
|------------------|----------|--------|----------|--------|
| SUBTOTALS | \$435.00 | \$0.00 | \$435.00 | \$0.00 |
|------------------|----------|--------|----------|--------|

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 | \$674.20 |
| 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 | \$5,815.80 |
| 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 | (\$5,141.60) |
| | | (May be a negative number) |

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

Amounts may be rounded to whole dollars.

SCHEDULE G

| | | |
|-------------------------|-----------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2017 | |
| through | 6/30/2017 | Page 15 of 17 |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|------------------------|
| NAME OF FILER Yes on Measure M - a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits | I.D. NUMBER 1387269 |
|---|------------------------|

| |
|---|
| NAME OF AGENT OR INDEPENDENT CONTRACTOR Yusef Robb |
|---|

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 |
|---|---------|------------------------|-------------|
| Nationbuilder | WEB | | \$1,078.00 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1,078.00

* 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

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

. Amounts may be rounded to whole dollars.

SCHEDULE G

| | | | |
|-------------------------|-----------|----------------------------|----------|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 1/1/2017 | Page | 16 of 17 |
| through | 6/30/2017 | | |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|------------------------|
| NAME OF FILER Yes on Measure M - a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits | I.D. NUMBER 1387269 |
|---|------------------------|

| |
|--|
| NAME OF AGENT OR INDEPENDENT CONTRACTOR Friends of Eric Garcetti Officeholder |
|--|

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 |
|---|---------|------------------------|-------------|
| Xian Restaurant | MTG | | \$3,215.50 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3,215.50

* 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

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded to whole dollars.

SCHEDULE I

| | |
|-------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 1/1/2017 | |
| through 6/30/2017 | |
| Page 17 of 17 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure M - a Coalition of Mayor Eric Garcetti, concerned citizens, labor organizations, businesses and non-profits

I.D. NUMBER
1387269

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|--|------------------------|----------------------------|
| 04/24/2017 | Carrick Consulting | Refund | \$1,109.85 |
| 01/06/2017 | Wanda America Investment Holding Co. Ltd | Bank Error | \$300,000.00 |
| 01/06/2017 | Wanda America Investment Holding Co. Ltd | Reversal of Bank Error | -\$300,000.00 |
| 01/12/2017 | Charlotte White | Check Not Negotiated | \$130.44 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$1,240.29

Schedule I Summary

| | |
|--|-------------------------|
| 1. Itemized increases to cash this period..... | \$1,240.29 |
| 2. Unitemized increases to cash of under \$100 this period..... | \$0.00 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e))..... | \$0.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... | TOTAL \$1,240.29 |