

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

**CALIFORNIA 460**  
**2001/02**  
**FORM**

Page 1 of 8  
For Official Use Only

Statement covers period  
from 1/1/2018  
through 6/30/2018

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

Date Stamp

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  
1392723

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Yes on H - Communities United to End Homelessness, Major funding by Mark Ridley-Thomas Committee for a Better L.A. with support from a coalition of Nonprofit Organizations, Businesses and Labor Orgs

STREET ADDRESS (NO P.O. BOX)

|                    |           |              |                       |
|--------------------|-----------|--------------|-----------------------|
| CITY               | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>Los Angeles</u> | <u>CA</u> | <u>90017</u> | <u>(213) 452-6565</u> |

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS  
(213) 452-6575 / sshin@kaufmanlegalgroup.com

**Treasurer(s)**

NAME OF TREASURER  
Vincent Harris

MAILING ADDRESS

|                  |           |              |                       |
|------------------|-----------|--------------|-----------------------|
| CITY             | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>Elk Grove</u> | <u>CA</u> | <u>95758</u> | <u>(916) 798-6696</u> |

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 under penalty of perjury under the laws of the State of California that the information contained herein and in the attached schedules is true and complete. I certify

Executed on 7/31/2018 By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

\_\_\_\_\_  
STANT TREASURER

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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?<br><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?<br><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  
Plan to Prevent and Combat Homelessness

|                                  |   |  |
|----------------------------------|---|--|
| BALLOT NO. OR LETTER<br><u>H</u> | JURISDICTION<br><u>Los Angeles County</u> | <input checked="" type="checkbox"/> SUPPORT<br><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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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 |           | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 1/1/2018  |                                |
| through                 | 6/30/2018 |                                |
| Page 3 of 8             |           | I.D. NUMBER<br>1392723         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on H - Communities United to End Homelessness, Major funding by Mark Ridley-Thomas Committee for a Better L.A. with support from a coalition of Nonprofit Organizations, Businesses and Labor Orgs

**Contributions Received**

|  | Column A<br>Total This Period<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>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                   | \$3,456.70 | \$3,456.70 |
| 7. Loans Made..... Schedule H, Line 3                      | \$0.00     | \$0.00     |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$3,456.70 | \$3,456.70 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$201.70   | \$201.70   |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | \$0.00     | \$0.00     |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10       | \$3,658.40 | \$3,658.40 |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yyyy) | Total to Date |
|----------------------------------|---------------|
|                                  |               |

**Current Cash Statement**

|  |              |
|--|--------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16     | \$363,867.84 |
| 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                      | \$3,456.70   |
| 16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15 | \$360,411.14 |
| 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 | \$201.70 |

\*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 | <b>CALIFORNIA FORM 460</b> |
| from 1/1/2018           |                            |
| through 6/30/2018       |                            |
| Page 4 of 8             |                            |

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NAME OF FILER

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I.D. NUMBER  
1392723

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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Kaufman Legal Group, APC<br><br>Los Angeles, CA 90017-5864          | PRO     |                        | \$500.00    |
| Kaufman Legal Group, APC<br><br>Los Angeles, CA 90017-5864          | PRO     |                        | \$500.00    |
| Kaufman Legal Group, APC<br><br>Los Angeles, CA 90017-5864          | PRO     |                        | \$500.00    |

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

**SUBTOTAL** \$1,500.00

**Schedule E Summary**

|   |                         |
|---|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$3,406.70              |
| 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.)..... | <b>TOTAL</b> \$3,456.70 |

**Schedule E  
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

|                         |           |                            |
|-------------------------|-----------|----------------------------|
| Statement covers period |           | <b>CALIFORNIA FORM 460</b> |
| from                    | 1/1/2018  |                            |
| through                 | 6/30/2018 | Page 5 of 8                |

SEE INSTRUCTIONS ON REVERSE

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I.D. NUMBER  
1392723

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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Kaufman Legal Group, APC<br><br>Los Angeles, CA 90017-5864          | PRO     |                        | \$500.00    |
| Kaufman Legal Group, APC<br><br>Los Angeles, CA 90017-5864          | PRO     |                        | \$500.00    |
| Kaufman Legal Group, APC<br><br>Los Angeles, CA 90017-5864          | OFC     |                        | \$100.10    |

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

**SUBTOTAL** \$1,100.10

**Schedule E Summary**

|   |                         |
|---|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$3,406.70              |
| 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.)..... | <b>TOTAL</b> \$3,456.70 |

**Schedule E  
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

|                         |           |                            |
|-------------------------|-----------|----------------------------|
| Statement covers period |           | <b>CALIFORNIA FORM 460</b> |
| from                    | 1/1/2018  |                            |
| through                 | 6/30/2018 | Page 6 of 8                |

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**NAME OF FILER**

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I.D. NUMBER  
1392723

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Kaufman Legal Group, APC<br><br>Los Angeles, CA 90017-5864          | OFC  |    |                        | \$100.20    |
| Kaufman Legal Group, APC<br><br>Los Angeles, CA 90017-5864          | OFC  |    |                        | \$106.10    |
| Kaufman Legal Group, APC<br><br>Los Angeles, CA 90017-5864          | OFC  |    |                        | \$100.30    |

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

**SUBTOTAL** \$306.60

**Schedule E Summary**

|   |                         |
|---|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$3,406.70              |
| 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.)..... | <b>TOTAL</b> \$3,456.70 |

**Schedule E  
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

|                         |           |                            |
|-------------------------|-----------|----------------------------|
| Statement covers period |           | <b>CALIFORNIA FORM 460</b> |
| from                    | 1/1/2018  |                            |
| through                 | 6/30/2018 | Page 7 of 8                |

SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

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I.D. NUMBER  
1392723

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Kaufman Legal Group, APC<br><br>Los Angeles, CA 90017-5864          | PRO     |                        | \$500.00    |

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

**SUBTOTAL** \$500.00

**Schedule E Summary**

|   |                         |
|---|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$3,406.70              |
| 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.)..... | <b>TOTAL</b> \$3,456.70 |

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

Amounts may be rounded to whole dollars.

SCHEDULE F

|                         |                            |
|-------------------------|----------------------------|
| Statement covers period | <b>CALIFORNIA FORM 460</b> |
| from 1/1/2018           |                            |
| through 6/30/2018       |                            |
| Page 8 of 8             |                            |

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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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE<br>BEGINNING OF THIS<br>PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID THIS<br>PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|--------------------------------|---|---------------------------------------|---|--|
| Kaufman Legal Group, APC<br>Los Angeles, CA 90017-5864                 | OFC                            | \$0.00  | \$100.20                              | \$0.00  | \$100.20   |
| Kaufman Legal Group, APC<br>Los Angeles, CA 90017-5864                 | OFC                            | \$0.00  | \$101.50                              | \$0.00  | \$101.50   |

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

|                  |        |          |        |          |
|------------------|--------|----------|--------|----------|
| <b>SUBTOTALS</b> | \$0.00 | \$201.70 | \$0.00 | \$201.70 |
|------------------|--------|----------|--------|----------|

**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.)         | <b>INCURRED TOTALS</b> | \$201.70                   |
| 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.) | <b>PAID TOTALS</b>     | \$0.00                     |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)  | <b>NET</b>             | \$201.70                   |
|   |                        | (May be a negative number) |