Recipient Committee Campaign Statement	Type or print in i	nk.	Date Stamp RECI	EIVED BY	COVER PAGE IFGENIA 1011/02
(Government Code Sections 84200-84216.5)		0012-2	LOS ANG	ELES COUP	DANKE COLUMN
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 10/01/2012 through 10/20/2012	Date of election if applicable: (Month, Day, Year)	2013 AUG CAMPAI DISCLOS	3 FINANCE	13/2/ For Official Use Only 01/4 6-10367
1. Type of Recipient Committee: All Comm		2. Type of Stateme	<u></u>	<u> </u>	
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5.) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	 ☒ Ballot Measure Committee ☒ Primary Formed ☒ Controlled ☒ Sponsored (Also Complete Part 6.) ☐ Primary Formed Candidate/Officeholder Committee (Also Complete Part 7.) 	□ Pre-election States □ Semi-annual States □ Termination States ☑ Amendment (Explanation)	ment ment ment	☐ Special ☐ Supplen Stateme	ly Statement Odd-Year Report nental Preelection ent - Attach Form 495
3. Committee Information	I.D.NUMBER 1343686	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTED YES ON B - Major Funding by the AIDS Healthcare Foundation	<u> </u>	NAME OF TREASURER Lyle Honig			····
STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS			
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	вох – -	NAME OF ASSISTANT TREASU	RER, IF ANY	-	
CITY STATE ZIP C	ODE AREA CODE/PHONE	MAILING ADDRESS			
OPTIONAL: FAX/E-MAIL ADDRESS		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		OPTIONAL: FAX/E-MAIL ADDRE	:ss		
DATE		lifornia that the foregoing is true		erein and in the	attached schedules

Executed on	7/22/12	Ву	Lyle Honig
Executed on	Alz 2 DATE	Ву	SIGNATURE OF THE ASURER OF THE ASURER Michael Weinstein
Executed on	DATE	Ву	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on	DATE	Rv	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
	DATE	٠,	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT



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

	olled Committee	U	6. Ballot Measure Cor	nmittee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
			County of Los Angeles Sat	er Sex in the	Adult Film		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	IX	SUPPORT OPPOSE
				STW			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	r) CITY STATE	ZIP	Identify the controlling office	holder, candi	date, or state	measure propo	nent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PF	ROPONENT		
Related Committees Not Included in the not included in the not included in this statement that are controlled by your contributions or to make expenditures on behalf of your process.	ou or are primarily formed to receive	ittees	OFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY
COMMITTEE NAME	I.D.NUMBER	7	. Primarily Formed C		List names	of officeholder(s) or candidate(s) fo
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	T
NAME OF TREASURER	CONTROLLED COMMITTE	E?					SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O.BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT
CITY STATE	ZIP CODE AREA CODE	PHONE					OPPOSE
COMMITTEE NAME	I.D.NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
							OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTE	E?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O.BOX)				<u></u>		<u> </u>
CITY STATE	ZIP CODE AREA CODE	PHONE	Attach	continuation	sheets if nece	essary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AIDS Healthcare Foundation Los Angeles County FAIR Committee

1343686

Contributions Received	COlumn A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
 Monetary Contributions Loans Received SUBTOTAL CASH CONTRIBUTIONS Nonmonetary Contributions TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 	\$ 425000.00 0.00 \$ 425000.00 64545.23 489545.23	\$ 1975000.00	1/1 through 6/30 7/1 to Date 20. Contribution Received \$ 0.00 \$ 0.00 21. Expenditures Made \$ 0.00 \$ 0.00
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 7 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 307959.36 0.00 \$ 307959.36 1504.42 64545.23 \$ 374009.01	\$ <u>1804609.10</u> 0.00	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Previous Summary Page, Line 16 13. Cash Receipts	\$ 53350.26 425000.00 0.00 307959.36 \$ 170390.90 \$ 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	\$\$\$\$\$\$
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00 \$ 0.00 \$ 38225.04	carry over the amounts from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (June/01 FPPC Toll-Free Helpline: 866/ASK-FPP)

Schedule	Α	
Monetary	Contributions	Received

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

Statement covers period

from______

through______

4 / 21

SCHEDULE A

SEE INSTRUCTION	NS ON REVERSE	through					
NAME OF FILER AIDS Healthcar	I.D. Number 1343686						
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/05/2012	AIDS Healthcare Foundation	IND COM OTH PTY SCC		200000.00	213530	9.48	
Rcpt Dt: 10/18/2012	AIDS Healthcare Foundation ID:	IND COM OTH PTY SCC		225000,00	213530	9.48	

	SUBTOTAL \$	425000.00	
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$	425000.00	*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
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.)	TOTAL \$	425000.00	PTY - Political Party SCC - Small Contributor Committee

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

scneaule	3 C			orint in ink.					SCHEDULE C						
Nonmon	etary Contributions Received			to whole dollars.		Statement covers period		CALIFO							
EE INSTRUCTION	ONS ON REVERSE				throu	ıgh		5	/ 21						
AME OF FILER								I.D. Numi	ber						
IDS Healthc	are Foundation Los Angeles County FAIR Co	mmittee						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 CALEND (JAN 1 -	TE	PER ELECTION TO DATE (IF REQUIRED)						
opt Dt: 09/2012	AIDS Healthcare Foundation	IND COM XOTH PTY SCC		Press Release		Press Release		Press Release		Press Release		459.41	213	5309.48	
Rept Dt: 10/12/2012	AIDS Healthcare Foundation	IND COM SOTH PTY SCC		Press Release		459.41	213	5309.48							
Rcpt Dt: 10/18/2012	AIDS Healthcare Foundation	IND COM OTH PTY SCC		Press Release		459.41	213	5309.48							
Rept Dt: 10/08/2012	AIDS Healthcare Foundation	IND COM IND OTH PTY SCC		Billboard Place	ment	52580.00	213	5309.48							
Attach add	litional information on appropriately labeled	d continuation	sheets.	SUBT	OTAL \$	>									
Schedule	C Summary					•									
	eceived this period - nonmonetary contributed in Schedule C subtotals.)				\$ _	64545.23	1	ontributor Co							
	eceived this period - unitemized nonmone					0.00	co	DM- Recipie	nt Committee nan PTY or SCC)						
	monetary contributions received this perions 1 and 2. Enter here and on the Summa		mn A, Lines 4 and 10.)	тот	AL \$ _	64545.23	PI	Y - Political	Party ontributor Committee						

Schedule	e C	Type or print in ink.				_		SCHEDULE C			
Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers period from			CALIFORNIA FORM		460	
	ONS ON REVERSE				thro	ugh		<u> </u>	/ 21		
NAME OF FILER AIDS Healtho	are Foundation Los Angeles County FAIR Cor	nmittee						I.D. Numl			
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 CALEND (JAN 1 -	TIVE TO			
ept Dt: 3/17/2012	AIDS Healthcare Foundation	IND COM SOTH PTY SCC		Billboard Placement		ement 2112.00		5309.48			
Rcpt Dt: 10/14/2012	AIDS Healthcare Foundation	IND COM STORY		Salary 475.00		2135309.48					
Rcpt Dt: 10/19/2012	AIDS Healthcare Foundation	IND COM STY CTY		Consulting Fee	S	5000.00	213	5309.48			
Rcpt Dt 10/19/2012	AIDS Healthcare Foundation -	IND COM SOTH PTY SCC		Consulting Fee	es	3000.00	213	5309.48			
Attach add	litional information on appropriately labeled	l continuation	sheets.	SUBT	OTAL	\$		ingana signification and		and the second of the second of	
Schedule	C Summary			-							
(Include a 2. Amount r 3. Total non	eceived this period - nonmonetary contribution of the contribution of the contribution of the contributions received this period is 1 and 2. Enter here and on the Summar	ary contributi	ons of less than \$100		\$ _			ontributor Co D - Individu DM- Recipie - (other th FH - Other TY - Political CC - Small C	al nt Commit nan PTY o	r SCC)	

Schedul	e C			orint in lnk.				SCHEDULE (
Nonmonetary Contributions Received			Amounts may be rounded to whole dollars. from			Statement covers period			california 46			
					throu	gh		7	/ 21			
SEE INSTRUCTI NAME OF FILER	IONS ON REVERSE				L			I.D. Numl	ber			
AIDS Healtho	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	CALEND	ATIVE TO ATE AR YEAR DEC 31)	TO	LECTION DATE QUIRED)		
opt Dt: 1/05/2012	AIDS Healthcare Foundation	IND COM X OTH PTY SCC		Legal Fees & E	xpense	afo[11964.00]	nfo[213	5309.48]				
Rcpt Dt: 10/05/2012	AIDS Healthcare Foundation	IND COM X OTH PTY		Legal Fees & E	xpense	- info[75.72]	info[213	5309.48]				
	·											
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL \$	64545.23				- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12		
							Management of the second	and the second second second second second				
	e C Summary received this period - nonmonetary contribu	itions of \$100	or more				[*c	Sandriib udan C				
	all Schedule C subtotals.)				\$ _		IN	Contributor C ID - Individu	al			
2. Amount	received this period - unitemized nonmone	ary contributi	ons of less than \$100		\$ _		1	OM-Recipie - (other th				
	nmonetary contributions received this perioes 1 and 2. Enter here and on the Summar		mn A, Lines 4 and 10.)	ТОТ	`AL\$_		l P	TH - Other TY - Political CC - Small C	Party Contribute	r Committee		

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

	SCHEDULE
Statement covers period	Cautosin Alego
from	Anne de la casa de la c
through	8 / 21
	I.D. NUMBER
	1010000

SEE INSTRUCTIONS ON REVERSE	through	8/21
NAME OF FILER		I.D. NUMBER
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 con	munication	ns	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and	d appearar	nces	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expens	ses		SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circu	lating		TEL	t.v. or cable airtime and production c	osts
FIL	candidate filing/ballot fees	PHO	phone banks	1		TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and s	urvey rese	arch	TRS	staff/spouse travel, lodging, and mea	ıls
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, del	ivery and m	nessenger services	TSF	transfer between committees of the s	same candidate/sponsor
LEG	legal defense	PRO	professional	services (I	egal, accounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads			WEB	information technology costs (interne	et, email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION C	F PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER I.D.		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aarrow, Inc.	ID:	PRT	· ·	1646.00
 Adam Cohen	ID:	CNS		1225.00
 Associated Press	ID:	MTG		1675.00

* 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 all Schedule E subtotals.)	\$ <u> 307959.36</u>
2.	Unitemized payments made this period of under \$100.	\$ 0.00
	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)	\$ 307959.36

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

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

	SCHEDULE
Statement covers period	100 F2 F2 100 100 100 100 100 100 100 100 100 10
from	
through	9/21
	I.D. NUMBER
	1

	<u> </u>	
SEE INSTRUCTIONS ON REVERSE	through	9/21
NAME OF FILER		I.D. NUMBER
AIDS Healthcare Foundation Los Angeles County FAIR Committee		1343686

ID:

CODI	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			ns	RAD	radio airtime and production costs		
CNS	campaign consultants	MTG	meetings and	d appearar	nces	RFD	returned contributions		
CTB	contribution (explain nonmonetary)*	OFC	office expens	ses		SAL	campaign workers' salaries		
۷C		PET	petition circu	lating			t.v. or cable airtime and production of		
FIL	candidate filing/ballot fees	PHO	•			TRC	candidate travel, lodging, and meals		
FND	fundraising events	POL		•		TRS	staff/spouse travel, lodging, and me		
IND	independent expenditure supporting/opposing others (explain)*	POS		•	nessenger services	TSF	transfer between committees of the	same candidate/sponsor	
LEG	legal defense		•	services (I	egal, accounting)	VOT	voter registration	-4:IV	
LIT	campaign literature and mailings	PRT	print ads			VVED	information technology costs (intern	et, email)	
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION OF	PAYMENT	AMOUNT PAID	
•	California Justice Voter Guide	ID:		LIT	Slate Mailer			2500.00	
	Californians Vote Green	ID:		LIT	Slate Mailer			6000.00	
					I				

LIT

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

SU	BT	OT	`AL	\$
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Schedule E Summary

Colby Poster Printing

- 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).)\$ _____

11372.95

Schedule E

Type or print in ink. Amounts may be rounded

	20UEDOFE E
Statement covers period	CALIFORNIA 460
from	
through	10 / 21
	I.D. NUMBER

Payments Made	to whole dollars.	from	THURW - TOO
SEE INSTRUCTIONS ON REVERSE		through	10 / 21
NAME OF FILER			I.D. NUMBER
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. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants RFD returned contributions MTG meetings and appearances CTB contribution (explain nonmonetary)* SAL campaign workers' salaries OFC office expenses **CVC** civic donations 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 independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense PRO professional services (legal, accounting) VOT voter registration LEG campaign literature and mailings WEB information technology costs (internet, email) LIT PRT print ads NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER LD. NUMBER) CNS 3000.00 Darren Edwards ID: 181 81 MTG Miki Jackson ID: 898.49 OFC Miki Jackson ID: **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).)\$ **___**_

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

	SCHEDULE E
Statement covers period	wastede alem
from	
through	11 / 21
	I.D. NUMBER
	40,40000

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 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

COD	23. If one of the following codes accurately describes the	ic payi	nent, your	nay enter	the code. Other	si Wise, acsorib	e die paymont.	
СМР	campaign paraphernalia/misc.	MBR	member con	nmunication	ıs	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings an	d appearan	ces	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expen	ses		SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circu	lating		TEL	t.v. or cable airtime and production c	osts
FIL	candidate filing/ballot fees	PHO	phone banks	s		TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and s	survey rese	arch	TRS	staff/spouse travel, lodging, and mea	ıls
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, del	ivery and m	nessenger services	TSF	transfer between committees of the s	same candidate/sponsor
LEG	legal defense	PRO	professional	services (le	egal, accounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads	`		WEB	information technology costs (interne	t, email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION O	F PAYMENT	AMOUNT PAID
 	Jay Pettet Printing	ID:		LIT				34155.11

Jay Pettet Printing	ID:	C. C.	04100.11
Jeffrey Taylor	ID:	LIT	2250.00
KBC Mailing	ID:	LIT	18200.00

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 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 Summary

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

	SUPERULE E
Statement covers period	[0/4450] 418(0]
from	
through	12 / 21
	I.D. NUMBER
	1242606

SEE INSTRUCTIONS ON REVERSE				through	12/21
NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee					I.D. NUMBER 1343686
CODES: If one of the following codes accurately describes t	he payment, you	may enter t	he code. Otherwi	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	MTG meetings at OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de	office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)		RAD radio airtime and produ RFD returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodgin TRS staff/spouse travel, lodg TSF transfer between comm VOT voter registration WEB information technology	ries I production costs g, 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 DE	ESCRIPTION OF PAYMENT	AMOUNT PAID
Los Angeles County Community Democrat	ID:	LIT	Slate Mailer		8000.00
NBC Universal	ID:	TEL			40000.00
Park LaBrea News/Beverly Press	ID:	LIT			750.00
* Payments that are contributions or independent expenditures must a	lso he summarized o	n Schedule D	<u></u>	S	UBTOTAL \$

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 Summary

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

	SCHEDULE E
Statement covers period	CONTROL / TRAN
from	Form F1977
through	13 / 21
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE				through	_ 13/21		
NAME OF FILER					I.D. NUMBER		
AIDS Healthcare Foundation Los Angeles County FAIR Committee)				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	aries It production costs						
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	PRT print ads	CODE C	DR DE	SCRIPTION OF PAYMENT	AMOUNT PAID		
Political Data. Inc.	ID:	OFC			2105.00		
Probolsky Research LLC	ID:	POL			10000.00		
Republican Voters Checklist	ID:	LIT	Slate Mailer		6000.00		
* Payments that are contributions or independent expenditures must a	* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTO						

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).)\$ <u>____</u>

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

	SCHEDULE E
Statement covers period	GANGERSON ALEXON
from	
through	14/21
	I.D. NUMBER
	4040000

SEE INSTRUCTIONS ON REVERSE	through	14 / 21
NAME OF FILER		I.D. NUMBER
AIDS Healthcare Foundation Los Angeles County FAIR Committee		1343686

CMP CNS CTB ;VC FIL FND IND LEG LIT	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing legal defense campaign literature and mailings	MTG OFC PET PHO POL	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 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 candidate VOT voter registration WEB information technology costs (internet, email)			
	NAME AND ADDRESS OF PA (IF COMMITTEE, ALSO ENTER		•	CODE	OR	DESCRIPTION O	FPAYMENT	AMOUNT PAID
	Rick Taylor & Associates	ID:		CNS				16000.00
	TAXI Productions, Inc.	ID:	***************************************	RAD				19500.00
	The Big Red Bus Company	ID:		LIT				3000.00

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.)	

Schedule	E
Payments	Made

AIDS Healthcare Foundation Los Angeles County FAIR Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE
	Statement covers period	PARTONIA ALBON
	from	
	through	15/21
_		I.D. NUMBER
		1343686

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBE

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	
)VC	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 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	
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)	
	NAME AND ADDRESS OF DAVES OD CREDITOR					

zii danipaigii illoratara ana maninga	THE PHILLIP	TTED Information Commonly Code (Internet, Citizal)					
NAME AND ADDRESS OF PAYEE O		CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID			
Time Warner Cable Media Sales	ID:	TEL		60000.00			
U.S. Postmaster	ID:	POS		59500.00			

Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBIUIAL \$	307959.36
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).)	\$	
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	

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- 0	ויו	-16	-17	il.	Е	

Schedule	₽F		
Accrued	Expenses	(Unpaid	Bills)

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period	CALIEODNIA 4 CO
from	CALIFORNIA 460
through	16 / 21
	I.D. NUMBER

NAME OF FILER AIDS Healthcare Foundation Los Ange	les County FAIR Committee				1.D. NUM 13436	
CODES: If one of the following co	odes accurately describes	the payment, you may ent	er the code. Otherw	vise, describe the pay		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations IL candidate filling/ballot fees ND fundraising events IND independent expenditure supporting LEG legal defense LIT campaign literature and mailings		MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services (PRT print ads	ons inces earch messenger services	RAD radio airtin RFD returned c SAL campaign TEL t.v. or cabl TRC candidate TRS staff/spous TSF transfer be VOT voter regis	ne and production costs ontributions workers' salaries le airtime and production travel, lodging, and meal se travel, lodging, and metween committees of the	s eals same candidate/sponso
NAME AND ADDRESS OF PA (IF COMMITTEE, ALSO ENTER	YEE OR CREDITOR	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
Exigent Consulting	ID:	CNS	0.00	2500.00	0.00	2500.00
Miki Jackson	ID:	OFC	30.30	0.00	30.30	0.00
Miki Jackson	ID:	MTG	181.81	0.00	181.81	0.00
* Payments that are contributions or independent of summarized on Schedule D.	endent expenditures must also b	e SUBTOTALS	\$	\$	\$	\$
Schedule F Summary 1. Total accrued expenses incurre accrued expenses of \$100 or m				INCL	IRRED TOTALS \$	18756.25
Total accrued expenses paid the accrued expenses of \$100 or m	is period. (Include all Sche	edule F, Column (c) subtot	als for payments on		PAID TOTALS \$_	
Net change this period. Subtract on the Summary Page, Column	t Line 2 from Line 1. En	ter the difference here and	, 		NET \$	1504 42
21. 2.2 2 22., 1 23 2, 22 1111					7	May be a negative number.

9/	าม		n	11	I E	E
- 50		_		U		_

Schedule	e F		
Accrued	Expenses	(Unpaid	Bills)

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

Statement covers period	CALIFORNIA 460
through	17/21
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE					through			17/21
NAME OF FILER					<u> </u>		I.D. NUN	IBER
AIDS Healthcare Foundation Los Angeles	County FAIR Committee						134368	36
CODES: If one of the following code	es accurately describes	the payme	ent you may ente	er the code. Otherw	ise describe the pay	ment	101000	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CIL candidate filing/ballot fees IND fundraising events IND independent expenditure supporting/op LEG legal defense LIT campaign literature and mailings	· .	MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs PHO phone banks TRC candidate travel, lodging, and meals POL polling and survey research TRS staff/spouse travel, lodging, and meals POS postage, delivery and messenger services PRO professional services (legal, accounting) VOT voter registration PRT print ads RAD radio airtime and production costs returned contributions 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 candidat VOT voter registration WEB information technology costs (internet, email)				s als same candidate/sponso		
NAME AND ADDRESS OF PAYEI (IF COMMITTEE, ALSO ENTER I.D.	E OR CREDITOR NUMBER)		CODE OR TION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT P THIS PERIO (ALSO REPORT)	סכ	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaufman Legal Group	ID:	OFC		614.01	168.75		75.72	707.04
Kaufman Legal Group	ID:	PRO		30894.50	15737.50	119	964.00	34668.00
Mark McGrath	ID:	CNS	·	5000.00	0.00	50	00.00	0.00
* Payments that are contributions or independs	ent expenditures must also be	·	SUBTOTALS	\$	\$	\$,	\$
Schedule F Summary								
Total accrued expenses incurred the accrued expenses of \$100 or more.					INCU	RRED TOTA	ALS\$_	
Total accrued expenses paid this paccrued expenses of \$100 or more						PAID TOTA	ALS\$_	
3. Net change this period. Subtract on the Summary Page, Column A,	Line 2 from Line 1. Enter Line 9.)	er the diffe	erence here and			1	NET \$	

May be a negative number. FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

SCH	(FDI	11	= 1	F

Schedule	∍F		
Accrued	Expenses	(Unpaid	Bills)

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

Statement covers period	CALIFORNIA 460
through	_ 18/21
	I.D. NUMBER
	1343686

SEE INSTRUCTIONS ON REVERSE

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 communications	RAD	radio airtime and production costs
	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
· TIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
ND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	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
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR 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
ID: Transperfect Translations International	LIT	0.00	350.00	0.00	350.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	36720.62\$	18756.25\$	17251.83 \$	38225.04

Schedule F Summary

 Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 	
accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$ _

. 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 \$

3.	Net change this period.	ubtract Line 2 from Line 1. Enter the difference here and
	on the Summary Page,	olumn A, Line 9.)

	•	_	 	•	
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NET\$

May be a negative number.

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

Schedule G		Tyne	or print in ink.			SCHEDULE G
Payments Made by an Agent or Independent			s may be rounded	Statement covers period	CALIFORN	A ACO
Contractor (on Behalf of This Committee)		to w	/hole dollars.	from	FORM	
SEE INSTRUCTIONS ON REVERSE				through	. 19/2	1
NAME OF FILER					I.D. NUMBER	
AIDS Healthcare Foundation Los Angeles County FAIR Committee					1343686	
NAME OF AGENT OR INDEPENDENT CONTRACTOR		-				
Time Warner Cable Media Sales						
CODES: If one of the following codes accurately describes the	he payment, yo	u may ente	er the code. Otherv	vise, 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 * Payments that are contributions or Independent expenditures must also be sur	MBR member of meetings a office experience office experience of petition cir. PHO phone bar polling and postage, depression profession print ads	ommunication and appearan enses culating nks d survey rese lelivery and m nal services (le	arch lessenger 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 TRS staff/spouse travel, lodg TSF transfer between comm VOT voter registration WEB information technology of the staff is a staff is	ries production costs g, and meals ling, and meals ittees of the same	•
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT	A	MOUNT PAID
BET	D :	TEL				2158.00
BRVO-TV II	D:	TEL				18880.00
FNT-TV		TEL				18128.00

			_1]
BRVO-TV	,	ID:	TEL	18880.00
ENT-TV		ID:	TEL	18128.00
MNBC-TV	30	ID:	Tel	12760.00
TLC-TV	_	ID:	TEL	7791.00

^{*} 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.

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

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

AIDS Healthcare Foundation Los Angeles County FAIR Committee

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

	SCHEDULE G
Statement covers period from through	california 460
through	20 / 21
	I.D. NUMBER
	1343686

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AIDS	Healt	hcare	Found	lation

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AIDS Healthcare Foundation			
CODES: If one of the following codes accurately describes	the payment, you may enter the code. Othe	rwise, 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	
VC 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 supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate	:/spons
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration	•
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)	
* Payments that are contributions or independent expenditures must also be	summarized on Schedule D.		
NAME AND ADDRESS OF PAYER OR CREDITOR			

NAME AND ADDRESS OF PA (IF COMMITTEE, ALSO ENTER		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Billups: Worldwide	ID:	LIT		54692.00
Darren James	ID:	SAL		3000.00
Mark McGrath	ID:	CNS		5000.00
	1D:			
	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.

		Type or print in ink.			SCHE			
Payments Made by an Agent or Independen Contractor (on Behalf of This Committee)			State from	Statement covers period from		NIA 460		
SEE INSTRUCTIONS ON REVERSE					through		21/21	
NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee						I.D. NUMBER 1343686	sar ^{ia}	
NAME OF AGENT OR INDEPENDENT CONTRACTOR								
TAXI Productions, Inc.								
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 * Payments that are contributions or independent expenditures must also be set.	MBR member commended meetings at OFC office expenses petition circles and policy profession PRT member commended meetings at the office expenses petition circles and profession profession profession meetings and profession professi	ommunication and appearan- enses culating nks d survey resea delivery and m nal services (le	s ces arch essenger services	erwise, descri RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime and product returned contributions campaign workers' salari t.v. or cable airtime and p candidate travel, lodging staff/spouse travel, lodgi transfer between commit voter registration	ies production costs , and meals ng, and meals ttees of the sam	e candidate/spons	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID	
KJLH Radio	ID:	RAD					19500.00	
								

	 TOTAL	•
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.