

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Statement covers period
from 7/1/2022
through 9/24/2022

Date of election if applicable:
(Month, Day, Year)
11/8/2022

Date Stamp
RECEIVED
SEP 30 2022

CALIFORNIA 2001/02 FORM 460

Page 1 of 9
For Official Use Only

City Clerk's Office
City of Laguna Beach, CA

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
1441800

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Yes on Measure R and S - Citizens for a Sustainable Laguna Beach,
Sponsored by Unite Here Local 11

STREET ADDRESS (NO P.O. BOX)
777 S. Figueroa St. Suite 4050

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
sshin@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER
Susan Minato

MAILING ADDRESS
464 S. Lucas Ave., Ste. 201

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90017</u>	<u>(213) 481-8530</u>

NAME OF ASSISTANT TREASURER, IF ANY
Kurt Petersen

MAILING ADDRESS
464 S. Lucas Avenue, Suite 201

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90017</u>	<u>(213) 481-8530</u>

OPTIONAL: FAX/E-MAIL ADDRESS

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

Executed on <u>9/29/2022</u> DATE	By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	By _____ 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? <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
 Hotel Worker Protection Ordinance Initiative & Initiative to Create the Hotel Development Overlay Zoning District and Require Voter Approval for Hotel Development Projects

BALLOT NO. OR LETTER S	JURISDICTION City of Laguna Beach	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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

NAME OF OFFICEHOLDER OR CANDIDATE	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

**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
Initiative to Create the Hotel Development Overlay

BALLOT NO. OR LETTER R	JURISDICTION City of Laguna Beach	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

OFFICE SOUGHT OR HELD _____ DISTRICT NO. IF ANY _____

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 <u>7/1/2022</u>	
through <u>9/24/2022</u>	
Page <u>4</u> of <u>9</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11

I.D. NUMBER

1441800

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	\$26,000.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$0.00	\$26,000.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$0.00	\$26,000.00

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

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

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$4,913.86	\$26,395.29
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$4,913.86	\$26,395.29
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$13,219.20	\$13,219.20
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$18,133.06	\$39,614.49

**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	\$18,747.40
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	\$4,913.86
16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15	\$13,833.54

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

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

18. Cash Equivalents..... See instructions on reverse	\$0.00
19. Outstanding Debts..... Add Line 2+Line 9 in Column B above	\$13,219.20

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

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

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from <u>7/1/2022</u>	
through <u>9/24/2022</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11

I.D. NUMBER

1441800

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 OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/15/2022	UNITE HERE Local 11 (Nonprofit 501 (c) (5)) 464 Lucas Ave # 201 Los Angeles, CA 90017-2074 ID: 1405171	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Memo: \$602.26 Legal & Treasury Fees and Expenses Paid by	\$0.00	\$26,000.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

\$0.00

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$0.00

2. Amount received this period -unitemized nonmonetary contributions of less than \$100..... \$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$0.00

*Contributor Codes
IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>7/1/2022</u> through <u>9/24/2022</u>	
Page <u>6</u> of <u>9</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11	I.D. NUMBER 1441800
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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 |
| 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
Charlie Carnow 464 Lucas Ave Ste 201 Los Angeles, CA 90017-2074	TRS		\$203.52
Image Cube 15840 Monte St Ste 109 Sylmar, CA 91342-7670	POS		\$1,614.55
Image Cube 15840 Monte St Ste 109 Sylmar, CA 91342-7670	LIT		\$2,322.03
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$4,140.10

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$4,913.86
2. Unitemized payments made this period of under \$100.....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$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 \$4,913.86

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from <u>7/1/2022</u>	
through <u>9/24/2022</u>	
Page <u>7</u> of <u>9</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11	I.D. NUMBER 1441800
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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 |
| 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
Carly Kirchen 464 Lucas Ave # 201 Los Angeles, CA 90017-2074	OFC		\$249.63
Mailing Pros Inc. 5261 Business Dr Huntington Beach, CA 92649-1221	LIT		\$344.71
Danielle Wilson 464 Lucas Ave Ste 201 Los Angeles, CA 90017-2074		Voter Data	\$179.42

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$773.76

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$4,913.86
2. Unitemized payments made this period of under \$100.....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$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	\$4,913.86

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

. Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from <u>7/1/2022</u>	
through <u>9/24/2022</u>	
	Page <u>8</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11	I.D. NUMBER 1441800
---	------------------------

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 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864	PRO	\$0.00	\$665.50	\$0.00	\$665.50
Kaufman Legal Group 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864	OFC	\$0.00	\$53.70	\$0.00	\$53.70
Worker Power PAC 1021 S 7th Ave Ste 202 Phoenix, AZ 85007-3760 ID: C00756569	Field Program Expenses	\$0.00	\$12,500.00	\$0.00	\$12,500.00

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$0.00	\$13,219.20	\$0.00	\$13,219.20
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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	<u>\$13,219.20</u>
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	<u>\$0.00</u>
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	<u>\$13,219.20</u> (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	7/1/2022	
through	9/24/2022	Page 9 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11	I.D. NUMBER 1441800
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NAME OF AGENT OR INDEPENDENT CONTRACTOR Image Cube

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
United States Postal Service 475 Lenfant Plz SW Rm 4012 Washington, DC 20260-0004	POS		\$1,614.55

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1,614.55

* 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