

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from <u>04/01/2016</u> through <u>06/30/2016</u>	Date of election if applicable: (Month, Day, Year) _____	Date Stamp LOS ANGELES CITY ETHICS COMMISSION AUG 01 2016 RECEIVED	CALIFORNIA FORM 460 Page <u>1</u> of <u>33</u> For Official Use Only
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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 type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input checked="" type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

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
(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)

_____ | |

3. Committee Information

I.D. NUMBER
1381841

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

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90024</u>	<u>(310) 576-1233</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90024</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

(310) 319-0156 / bpalmer@strumwooch.com

Treasurer(s)

NAME OF TREASURER

Beverly Grossman Palmer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90024</u>	<u>(310) 576-1233</u>

NAME OF ASSISTANT TREASURER, IF ANY

Fredric Woocher

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90024</u>	<u>(310) 576-1233</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

Executed on 07/29/2016
Date

By _____

Executed on 07/29/2016
Date

By _____

Executed on 07/29/2016
Date

By _____

Executed on 07/29/2016
Date

By _____

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

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 33

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?

☐ YES ☐ 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?

☐ YES ☐ 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
Neighborhood Integrity Initiative

BALLOT NO. OR LETTER

JURISDICTION

City of Los Angeles

☒ SUPPORT
☐ 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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 04/01/2016 through 06/30/2016	CALIFORNIA FORM 460
Page 3 of 33	I.D. NUMBER 1381841

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 629,554.55	\$ 835,777.55
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 629,554.55	\$ 835,777.55
4. Nonmonetary Contributions	Schedule C, Line 3	121,466.80	223,459.26
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 751,021.35	\$ 1,059,236.81

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

6. Payments Made	Schedule E, Line 4	\$ 294,678.49	\$ 478,620.98
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 294,678.49	\$ 478,620.98
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	64,088.53	96,416.95
10. Nonmonetary Adjustment	Schedule C, Line 3	121,466.80	223,459.26
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 480,233.82	\$ 798,497.19

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$
____/____/____	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 22,280.51
13. Cash Receipts	Column A, Line 3 above	629,554.55
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	294,678.49
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 357,156.57

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	\$ 96,416.95

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 Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 04/01/2016
through 06/30/2016

CALIFORNIA
FORM 460

Page 4 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

I.D. NUMBER

1381841

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/10/2016	Katherine Conway Marina del Rey, CA 90292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Professor West Coast University	100.00	100.00	
04/19/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100,000.00	1,023,459.26	
04/20/2016	Karen Zimmerman La Crescenta, CA 91214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	250.00	250.00	
04/23/2016	Kathleen Curry North Hollywood, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	animator self	184.00	184.00	
05/06/2016	david barron Tujunga, CA 91042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Code Enforcement LA Housing Community Investment Dept.	100.00	100.00	

SUBTOTAL \$ 100,634.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 625,864.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 3,690.55

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 629,554.55

*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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from 04/01/2016	through 06/30/2016	
Page 5 of 33		I.D. NUMBER 1381841

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/12/2016	Dr. Susan Shapiro [REDACTED] BEVERLY HILLS, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist Reg Dietitian/Nutritionist Eating Dis Specialis Dr. Susan Shapiro, PhD, MS, RDN, FAND, CAMS-I	184.00	184.00	
05/16/2016	Barbara Thomason [REDACTED] Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Professor/Artist Retired	100.00	100.00	
05/17/2016	Cynthia Chvatal [REDACTED] LOS ANGELES, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student Student	500.00	517.00	
05/19/2016	Joyce Foster [REDACTED] Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor UCLA Anderson School	50.00	150.00	
05/19/2016	Stephanie Zill [REDACTED] Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Manager/CPA Stephanie Zill Accounting	100.00	100.00	
SUBTOTAL \$				934.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 6 of 33

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

I.D. NUMBER

1381841

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/24/2016	Amy Galaudet Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Amy Galaudet	100.00	100.00	
05/31/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100,000.00	1,023,459.26	
05/31/2016	BL Press LLC Los Angeles, CA 90068	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		184.00	190.00	
06/07/2016	Jill Stewart WOODLAND HILLS, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Campaign director Coalition to Preserve LA	66.00	456.00	
06/08/2016	Clayton Trussell Los Angeles, CA 90020-4612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Gaumont Int.	300.00	300.00	
SUBTOTAL \$				100,650.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2016		
through 06/30/2016		Page 7 of 33
NAME OF FILER		I.D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		1381841

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/14/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100,000.00	1,023,459.26	
06/15/2016	Mike Charlotte Molina Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Distributor JMC	250.00	250.00	
06/15/2016	Cynthia Chvatal LOS ANGELES, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student Student	17.00	517.00	
06/15/2016	Michael Molina Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	100.00	100.00	
06/15/2016	Kate Wolf Los Angeles, CA 90042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Self employed	500.00	500.00	
SUBTOTAL \$				100,867.00		

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2016	through 06/30/2016	
		Page 8 of 33
NAME OF FILER		I.D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		1381841

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/17/2016	Jan Munroe Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	100.00	100.00	
06/17/2016	Annie Sperling Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Production designer Annie Sperling	100.00	100.00	
06/20/2016	Jesse Monsour Los Angeles, CA 90029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VFX Artist Rock Paper Scissors	100.00	100.00	
06/20/2016	Douglas Tornquist Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Musician Self	184.00	184.00	
06/21/2016	Niel Ruben Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Conscious Developer Self employed	180.00	180.00	
SUBTOTAL \$				664.00		

***Contributor Codes**

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 9 of 33

NAME OF FILER	I.D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation	1381841

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/21/2016	Paul Wagner [REDACTED] Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Graphic Designer Self	100.00	125.00	
06/22/2016	Carl McKinzie [REDACTED] Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Executive Carl McKinzie Law Offices	100.00	100.00	
06/23/2016	Michael Phelps [REDACTED] Los Angeles, CA 90095	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor UCLA	1,000.00	1,000.00	
06/23/2016	Jill Stewart [REDACTED] WOODLAND HILLS, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Campaign director Coalition to Preserve LA	184.00	456.00	
06/27/2016	Andrew J Carrollman [REDACTED] Los Angeles, CA 90093	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Requested Requested	100.00	100.00	
SUBTOTAL \$				1,484.00		

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 SCC -- Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 10 of 33

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

I.D. NUMBER

1381841

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/28/2016	Richard Riordan Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	20,000.00	20,000.00	
06/28/2016	Simeon Slovacek Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Cal State LA	200.00	200.00	
06/29/2016	Kathleen Bransfield Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Kathleen Bransfield Realty	100.00	100.00	
06/29/2016	Paul Wagner Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Graphic Designer Self	25.00	125.00	
06/30/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300,000.00	1,023,459.26	
SUBTOTAL \$				320,325.00		

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 OTH -- Other (e.g., business entity)
 PTY -- Political Party
 SCC -- Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 11 of 33

NAME OF FILER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation	I.D. NUMBER 1381841
------------------------------------------------------------------------------------	------------------------

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2016	BL Press LLC Los Angeles, CA 90068	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		6.00	190.00	
06/30/2016	Annie Gagen HOLLYWOOD, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Actor/teacher Various	100.00	166.00	
06/30/2016	John Humphreville Los angeles, CA 90020-4736	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Target Media Partners	100.00	100.00	
06/30/2016	Rusty Millar los Angeles, CA 90026-2702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dir Regulatory Affairs CH Biotech LLC	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				306.00		

***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

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>04/01/2016</u> through <u>06/30/2016</u>		CALIFORNIA FORM 460
Page <u>12</u> of <u>33</u>		
NAME OF FILER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		I.D. NUMBER 1381841

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

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)
04/01/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Website/social media	2,925.00	1,023,459.26	
04/05/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook ad	74.51	1,023,459.26	
04/08/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Press release/media advisory	885.00	1,023,459.26	
04/13/2016	AIDS Healthcare Foundation Los Angeles, CA 90028 Los Angeles Sentinel Invoice 3194	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Paid By Third Party	6,700.00	1,023,459.26	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 10,584.51

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 121,466.80
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 121,466.80

*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

Schedule C (Continuation Sheet)
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period from <u>04/01/2016</u> through <u>06/30/2016</u>		CALIFORNIA FORM 460
Page <u>13</u> of <u>33</u>		
NAME OF FILER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		I.D. NUMBER 1381841

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

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)
04/14/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Press release/media advisory	1,385.00	1,023,459.26	
04/14/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		T-shirts	1,861.17	1,023,459.26	
04/21/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Press release / media advisory	785.00	1,023,459.26	
04/21/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Paid By Third Party	18,755.25	1,023,459.26	
04/23/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Marching banner	103.55	1,023,459.26	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 22,889.97

Schedule C (Continuation Sheet)
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 14 of 33
NAME OF FILER		I.D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		1381841

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

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)
04/30/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Advertising	11,253.15	1,023,459.26	
04/30/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Advertising	3,500.00	1,023,459.26	
04/30/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Reimbursement	915.09	1,023,459.26	
04/30/2016	AIDS Healthcare Foundation Los Angeles, CA 90028 billups Invoice 18276-P-001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Paid By Third Party	5,013.00	1,023,459.26	
05/02/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Website/social media	3,060.00	1,023,459.26	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 23,741.24

Schedule C (Continuation Sheet)
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 15 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1381841

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

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)
05/05/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Press release/media advisory	585.00	1,023,459.26	
05/17/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Retail space	8,472.00	1,023,459.26	
05/31/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Advertising	3,500.00	1,023,459.26	
05/31/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Advertising	22,506.30	1,023,459.26	
05/31/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Consulting	2,281.00	1,023,459.26	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 37,344.30

Schedule C (Continuation Sheet)
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2016		
through 06/30/2016		Page 16 of 33
NAME OF FILER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		I.D. NUMBER 1381841

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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)
06/03/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Website/social media	2,025.00	1,023,459.26	
06/08/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Press release/media advisory	685.00	1,023,459.26	
06/09/2016	AIDS Healthcare Foundation Los Angeles, CA 90028 Marquez-Graf Invoice 643	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Paid By Third Party	560.17	1,023,459.26	
06/28/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Consulting	2,281.00	1,023,459.26	
06/30/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Advertising	6,351.41	1,023,459.26	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 11,902.58

Schedule C (Continuation Sheet)
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2016	through 06/30/2016	
Page 17 of 33		I.D. NUMBER
		1381841

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

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)
06/30/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Advertising	15,004.20	1,023,459.26	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 15,004.20

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from 04/01/2016 through 06/30/2016		CALIFORNIA FORM 460 Page 18 of 33
I.D. NUMBER 1381841		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/19/2016	Residocracy Land Use Voter Empowerment (LUVe) Initiative	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		5,000.00	5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				5,000.00		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 5,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 5,000.00

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 19 of 33
NAME OF FILER		I.D. NUMBER
Coalition to Preserve IA, Sponsored by AIDS Healthcare Foundation		1381841

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve IA, Sponsored by AIDS Healthcare Foundation

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 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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Keith Plocek Los Angeles, CA 90066	WEB		500.00
Keith Plocek Los Angeles, CA 90066	WEB		500.00
Keith Plocek Los Angeles, CA 90066	WEB		300.00

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

SUBTOTAL \$ 1,300.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 294,678.49
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 \$ 294,678.49

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 20 of 33
NAME OF FILER		I.D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		1361841

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Melissa Breccia Los Angeles, CA 90027	CNS			390.00
George Abrahams Los Angeles, CA 90068	OFC	Reimbursement		721.70
The Pico Youth and Family Center Santa Monica, CA 90405	CVC			2,500.00
PCI Consultants Calabasas, CA 91302	PET			33,358.50
John Schwada Los Angeles, CA 90049	CNS	Media consulting		11,000.00

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

SUBTOTAL \$ 47,970.20

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 21 of 33
NAME OF FILER		I.D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		1381841

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

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 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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
John Schwada Los Angeles, CA 90049	CNS		Media consulting	2,750.00
Ace Attorney Service Los Angeles, CA 90071	POS		Messenger services	166.76
First Republic Bank Los Angeles, CA 90017	OFC		Stop payment fee	8.00
Ace Attorney Service Los Angeles, CA 90071	POS		Messenger services	93.88
The Monaco Group Santa Ana, CA 92705	PET			19,455.68

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

SUBTOTAL \$ 22,474.32

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 22 of 33
NAME OF FILER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		I.D. NUMBER 1381841

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

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 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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hso Hkam [REDACTED] Venice, CA 90291	WEB		Fee for video	450.00
PayPal [REDACTED] San Jose, CA 95131	OFC		Merchant fee	32.86
First Republic Bank [REDACTED] Los Angeles, CA 90017	OFC		Wire transfer fee	35.00
Jill Stewart [REDACTED] WOODLAND HILLS, CA 91364	CNS			15,015.00
LA Weekly [REDACTED] Culver City, CA 90230	PRT			4,400.00

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

SUBTOTAL \$ 19,932.86

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 23 of 33
NAME OF FILER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		I.D. NUMBER 1381841

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Melissa Breccia Los Angeles, CA 90027	CNS			760.00
Jill Stewart WOODLAND HILLS, CA 91364	CNS			389.42
Keith Plocek Los Angeles, CA 90066	WEB			300.00
Residocracy Land Use Voter Empowerment (LUVE) Initiative (ID# 1381356) Santa Monica, CA 90403	CTB			5,000.00
John Schwada Los Angeles, CA 90049	CNS		Media consulting	8,250.00

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

SUBTOTAL \$ 14,699.42

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 24 of 33
NAME OF FILER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		I.D. NUMBER 1381841

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PayPal [REDACTED] San Jose, CA 95131	OFC		Merchant fee	60.79
First Republic Bank [REDACTED] Los Angeles, CA 90017	OFC		Wire transfer fee	35.00
PCI Consultants [REDACTED] Calabasas, CA 91302	PET			48,820.00
PCI Consultants [REDACTED] Calabasas, CA 91302	PET			26,649.00
Melissa Breccia [REDACTED] Los Angeles, CA 90027	CNS			500.00

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

SUBTOTAL \$ 76,064.79

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 25 of 33
NAME OF FILER		I.D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		1381841

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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
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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
PCI Consultants [REDACTED] Calabasas, CA 91302	PET			28,154.00
First Republic Bank [REDACTED] Los Angeles, CA 90017	OFC		Wire transfer fee	35.00
Jill Stewart [REDACTED] WOODLAND HILLS, CA 91364	CNS			761.60
First Republic Bank [REDACTED] Los Angeles, CA 90017	OFC		Wire transfer fee	35.00
Jill Stewart [REDACTED] WOODLAND HILLS, CA 91364	CNS			15,015.00

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

SUBTOTAL \$ 44,000.60

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 26 of 33
NAME OF FILER		I.D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		1381841

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

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
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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 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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Madalyn Barber [REDACTED] Altadena, CA 91001	CNS			1,537.10
First Republic Bank [REDACTED] Los Angeles, CA 90017	OFC		Wire transfer fee	35.00
Samantha Lee [REDACTED] Los Angeles, CA 90039	WEB		Website re-design	2,000.00
PCI Consultants [REDACTED] Calabasas, CA 91302	PET			29,008.00
Jay Beeber [REDACTED] Los Angeles, CA 91423-4661	CNS			1,350.00

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

SUBTOTAL \$ 33,930.10

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 27 of 33
I.D. NUMBER		1381841

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Coalition to Preserve IA, Sponsored by AIDS Healthcare Foundation

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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
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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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
Daily Transcription [REDACTED] Los Angeles, CA 90045	CMP		English transcription - debate audio	152.10
KBC Mailing [REDACTED] Sun Valley, CA 91352	LIT			2,287.50
Pettet Printing [REDACTED] Sun Valley, CA 91352	LIT		Printing brochures	9,101.50
United States Post Service [REDACTED] Los Angeles, CA 90028	POS			7,500.00
Darralynn Hutson [REDACTED] Los Angeles, CA 90018			Photographs	200.00

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

SUBTOTAL \$ 19,241.10

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page 28 of 33
NAME OF FILER		I.D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		1381841

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KBC Mailing [REDACTED] Sun Valley, CA 91352	LIT			1,537.50
Better Printing [REDACTED] Sun Valley, CA 91352	LIT	Printing		5,024.90
Political Data Inc. [REDACTED] Norwalk, CA 90650	POL			780.00
United States Post Service [REDACTED] Los Angeles, CA 90028	POS			7,500.00
PayPal [REDACTED] San Jose, CA 95131	OFC	Merchant service fee		222.70

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

SUBTOTAL \$ 15,065.10

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/01/2016	
through	06/30/2016	Page <u>29</u> of <u>33</u>
NAME OF FILER		I.D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		1381841

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

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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 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, 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
Keith Plocek Los Angeles, CA 90066	WEB	500.00	0.00	500.00	0.00
Los Angeles Sentinel, Inc. Los Angeles, Ca 90008	PRT	6,700.00	-6,700.00	0.00	0.00
Keith Plocek Los Angeles, CA 90066	WEB	500.00	0.00	500.00	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	7,700.00\$	-6,700.00\$	1,000.00\$
					0.00

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 \$** 65,388.53
- 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 \$** 1,300.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 64,088.53
May be a negative number

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>04/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM 460
Page <u>30</u> of <u>33</u>	I.D. NUMBER <u>1381841</u>

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

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 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, e-mail)

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

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
billups [REDACTED] Lake Oswego, OR 97034-2821 Invoice 17295-S-004	Advertising	18,755.25	-18,755.25	0.00	0.00
billups [REDACTED] Lake Oswego, OR 97034-2821	Advertising	5,013.00	-5,013.00	0.00	0.00
Marquez-Graf, S.C. [REDACTED] Tijuana Baja Mexico, CA 22014	Spanish translation	560.17	-560.17	0.00	0.00
Keith Plocek [REDACTED] Los Angeles, CA 90066	WEB	300.00	0.00	300.00	0.00
SUBTOTALS \$		24,628.42 \$	-24,328.42 \$	300.00 \$	0.00

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>04/01/2016</u> through <u>06/30/2016</u>		CALIFORNIA FORM 460 Page <u>31</u> of <u>33</u>
NAME OF FILER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		
		I.D. NUMBER 1381841

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 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, e-mail)

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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
Cherilyn Smith [REDACTED] Los Angeles, CA 90046	CNS Administrative assistant	0.00	1,512.00	0.00	1,512.00
PCI Consultants [REDACTED] Calabasas, CA 91302	PET	0.00	35,154.00	0.00	35,154.00
PCI Consultants [REDACTED] Calabasas, CA 91302	PET	0.00	52,941.00	0.00	52,941.00
John Schwada [REDACTED] Los Angeles, CA 90049	CNS Media consulting	0.00	2,750.00	0.00	2,750.00
SUBTOTALS \$		0.00 \$	92,357.00 \$	0.00 \$	92,357.00

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from 04/01/2016 through 06/30/2016		CALIFORNIA FORM 460
Page 32 of 33		
NAME OF FILER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		I.D. NUMBER 1381841

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 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, e-mail)

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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
John Schwada Los Angeles, CA 90049	CNS Media consulting	0.00	2,750.00	0.00	2,750.00
John Schwada Los Angeles, CA 90049	CNS Media consulting	0.00	80.00	0.00	80.00
Cherilyn Smith Los Angeles, CA 90046	CNS Administrative assistant	0.00	1,134.00	0.00	1,134.00
SUBTOTALS \$		0.00 \$	3,964.00 \$	0.00 \$	3,964.00

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 04/01/2016
through 06/30/2016

SCHEDULE G
CALIFORNIA FORM 460

Page 33 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

I.D. NUMBER

1381841

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Jill Stewart

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

CVP 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 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	PRI 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 Post Service Los Angeles, CA 90028	POS		Stamps	18.80

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 18.80

* 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.