Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) Statement covers peri from04/01/2016		Date of election if applicable: (Month, Day, Year)	Date Stamp LOS ANGELES CI ETHICS COMMISS AUG 0 1 201	FO SION Page _	FORNIA 460 1 of 33 or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2016		RECEIVED		
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Committee	omplete Parts 1, 2, 3, and 4. 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 Ter Amendment (Explain bel)	mination)	Quarterly State Special Odd-Ye Supplemental F Statement - Att	ear Report Preelection
3. Committee Information	D. NUMBER 1381841 Healthcare Foundation	Treasurer(s) NAME OF TREASURER Beverly Grossman Palme MAILING ADDRESS CITY	STATE Z	CIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO Los Angeles CA 9002 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	24 (310)576-1233	Los Angeles NAME OF ASSISTANT TREASURI Fredric Woocher MAILING ADDRESS	CA ER, IF ANY	90024	(310) 576-1233
CITY STATE ZIP CO Los Angeles CA 9002 OPTIONAL: FAX / E-MAIL ADDRESS (310)319-0156 / bpalmer@strumwooch.com		CITY Los Angeles OPTIONAL: FAX/E-MAIL ADDRE	CA	ZIP CODE 90024	AREA CODE/PHONE (310)576-1233
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 07/29/2016 Date Executed on 07/29/2016 Date Executed on 07/29/2016 Executed on 07/29/2016 Executed on 07/29/2016		owledge the information contained here	ein and in the attached so	hedules is true	and complete. I certify
Date				F	PPC Form 460 (Jan/2016)

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

COVER P.	AGE - PART 2
CALIFORNIA	460
FORM	400
Page2 (of33

Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Balle	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE Neighborhood Integrity	y Initative		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI City of L	ON os Angeles	X SUPPORT☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or state meas	sure proponent, if an
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PE	ROPONENT	
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	u or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Can officeholder(s) or candidate(s)			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)			_		
CITY STATE ZIP	CODE AREA CODE/PHONE		Atta	ch continuati	ion sheets if necessar	у

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Current Cash Statement

NAME OF FILER

Amounts may be rounded to whole dollars.

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions

Schedule A, Line 3

Column B
CALENDAR YEAR
TOTAL TO DATE

Column B
CALENDAR YEAR
TOTAL TO DATE

Running in Both the State Primary and
General Elections

1. Monetary Contributions

Schedule A, Line 3

Schedule A, Line 3

Schedule A, Line 3

Column B
CALENDAR YEAR
Running in Both the State Primary and
General Elections

1. Monetary Contributions

1. Monetary Contributions

Schedule A, Line 3

Schedule A, Line 3

Total Total Todate

Running in Both the State Primary and
General Elections

 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

1/1 through 6/30 7/1 to Date

20. Contributions
Received \$ ____ \$ ____

1381841

 Expenditures 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)

21. Expenditures Made

Total to Date

\$_____

 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 \$

18. Cash Equivalents See instructions on reverse \$

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

9.

Cash Equivalents and Outstanding Debts

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).

0.00

To calculate Column B. add

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

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

	chedule A lonetary Contributions Received		ons Received Amounts may be rounded to whole dollars.		ers period	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through _06/30/20	016	Page _	_4 of33	
NAME OF FILER						I.D. NUM	BER	
Coalition t	o Preserve LA, Sponsored by AIDS Healthcare Found	ation				138184	1	
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 CALENDAR \ (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
04/10/2016	Marina del Rey, CA 90292	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Associate Professor West Coast University	100.00		100.00		
04/19/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	□IND □COM ☑OTH □PTY □SCC		100,000.00	1,023,	459.26		
04/20/2016	Karen Zimmerman La Crescenta, CA 91214	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	250.00	250.00			
04/23/2016	North Hollywood, CA 91607	⊠IND □COM □OTH □PTY □SCC	animator self	184.00		184.00		
05/06/2016	david barron Tujunga, CA 91042	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Code Enforcement LA Housing Community Investment Dept.	100.00		100.00		
			SUBTOTAL\$	100,634.00				
1. Amount re (Include a 2. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.) eceived this period – unitemized monetary contributions etary contributions received this period.				IND- COM OTH PTY	(other th – Other (e – Political F	t Committee an PTY or SCC) .g., business entity)	
(Add Line	s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.))TOTAL \$	629,554.55	(300	Ornali CO	na bator Committee	

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

Schedule A (Continuation Sheet)

Amounta may be rounded

SCHEDULE A (CONT.)

wonetary	Contributions Received	to whole		from 04/01/	G	ALIFORNIA FORM	460
				through 06/30/	2016 Pa	Page5 of33	
NAME OF FILER					1.1	D. NUMBER	
Coalition to	Preserve LA, Sponsored by AIDS Healthcare Founda	tion			1	381841	
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31	R TOD	ATE
05/12/2016	Dr. Susan Shapiro BEVERLY HILLS, CA 90212	⊠IND □COM □OTH □PTY □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 Los Angeles, CA 90027		Retired Professor/Artist Retired	100.00	100	.00	
05/17/2016	Cynthia Chvatal LOS ANGELES, CA 90020	☑IND □COM □OTH □PTY □SCC	Student Student	500.00	517	.00	
05/19/2016	joyce foster Los Angeles, CA 90024		Professor UCLA Anderson School	50.00	150	.00	
05/19/2016	Stephanie Zill Los Angeles, CA 90036	XIND ☐COM ☐OTH ☐PTY ☐SCC	Business Manager/CPA Stephanie Zill Accounting	100.00	100	.00	
			SUBTOTAL	934.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

wonetary	Contributions Neceived	to whole	dollars.	from04/01/	2016	CALIFC FOR	^{2 KNIA} 460
				through06/30/	2016	Page	6 of 33
NAME OF FILER						I.D. NUMB	ER
Coalition to	Preserve LA, Sponsored by AIDS Healthcare Founda	tion				1381841	
DATE RECEIVED	FULL NAME, STREET ADDRÉSS 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 I CALENDAR YE (JAN, 1 - DEC.	AR 31)	PER ELECTION TO DATE (IF REQUIRED)
05/24/2016	Amy Galaudet Los Angeles, CA 90048	IND COM OTH PTY SCC	Real Estate Amy Galaudet	100.00			
05/31/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	□IND □COM 図OTH □PTY □SCC		100,000.00	1,023,459.26		
05/31/2016	BL Press LLC Los Angeles, CA 90068	□IND □COM 図OTH □PTY □SCC		184.00	19	0.00	
06/07/2016	Jill Stewart WOODLAND HILLS, CA 91364	☑IND □COM □OTH □PTY □SCC	Campaign director Coalition to Preserve LA	66.00	45	6.00	
06/08/2016	Clayton Trussell Los Angeles, CA 90020-4612	IND COM OTH PTY SCC	Writer Gaumont Int.	300.00	30	0.00	
	50.00		SUBTOTAL	\$ 100,650.00			

*Contributor Codes

IND - Individual

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OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from.

04/01/2016

			through 06/30/2016		Page 7 of 33 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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
06/14/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	□IND □COM 図OTH □PTY □SCC		100,000.00			
06/15/2016	Mike Charlotte Molina Costa Mesa, CA 92626	XIND COM OTH PTY	Distributor JMC	250.00	29	50.00	
06/15/2016	Cynthia Chvatal LOS ANGELES, CA 90020	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Student Student	17,00	5	17.00	
06/15/2016	Michael Molina Costa Mesa, CA 92626	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	None Retired	100.00	10	00.00	
06/15/2016	Kate Wolf Los Angeles, CA 90042	IND □ COM □ OTH □ PTY □ SCC	Writer Self employed	500.00	5:	00.00	
			SUBTOTAL	\$ 100,867.00			

*Contributor Codes

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PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

			from04/01/	2016	FORM TOU
			through06/30/	2016 Pa	age 8 of 33
NAME OF FILER				1.1	D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundat	ion			1:	381841
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
06/17/2016 Jan Munroe Los Angeles, CA 90026	XIND ☐COM ☐OTH ☐PTY ☐SCC	None Retired	100.00	100.	00
06/17/2016 Annie Sperling Los Angeles, CA 90026	⊠IND □COM □OTH □PTY □SCC	Production designer Annie Sperling	100.00	100.	00
Jesse Monsour Los Angeles, CA 90029	XIND □ COM □ OTH □ PTY □ SCC	VFX Artist Rock Paper Scissors	100.00	100	00
Los Angeles, CA 90039	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Musician Self	184.00	184	00
06/21/2016 Niel Ruben Los Angeles, CA 90026	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Conscious Developer Self employed	180.00	180	.00
		SUBTOTAL \$	664.00		

*Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

wonetary	Contributions Received	to whole		Statement cove	Mark Control	FORM 46	60
				through 06/30/	2016	Page 9 of 33	_
NAME OF FILER						I.D. NUMBER	
Coalition to	Preserve LA, Sponsored by AIDS Healthcare Founda	ıtion				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 D CALENDAR YEA (JAN. 1 - DEC. C	AR TO DATE	
06/21/2016	Paul Wagner Topanga, CA 90290	IND COM OTH PTY SCC	Graphic Designer Self	100.00	12	5.00	
06/22/2016	Carl McKinzie Santa Monica, CA 90402	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney/Executive Carl McKinzie Law Offices	100.00	10	0.00	
06/23/2016	Michael Phelps Los Angeles, CA 90095	IND COM OTH PTY SCC	Professor UCLA	1,000.00	1,00	0.00	
06/23/2016	Jill Stewart WOODLAND HILLS, CA 91364	☑IND □COM □OTH □PTY □SCC	Campaign director Coalition to Preserve LA	184.00	45	6.00	
06/27/2016	Andrew J Carrollman Los Angeles, CA 90093	IND □ COM □ OTH □ PTY □ SCC	Requested Requested	100.00	10	0.00	
			SUBTOTAL	1,484.00			

*Contributor Codes

IND -- Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period

Wonetary	Contributions Received	to whole		Statement coverage from 04/01/	ers period	CALIF FC	ORM 460
				through06/30/	2016	Page _	of33
NAME OF FILER						I.D. NUM	MBER
Coalition to	Preserve LA, Sponsored by AIDS Healthcare Founda	ition				13818	41
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
06/28/2016	Richard Riordan Los Angeles, CA 90024	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired Retired	20,000.00	20,0	00.00	
06/28/2016	Simeon Slovacek Altadena, CA 91001	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor Cal State LA	200.00	2	00.00	
06/29/2016	Kathleen Bransfield Santa Monica, CA 90403		Realtor Kathleen Bransfield Realty	100.00	1	00.00	
06/29/2016	Paul Wagner Topanga, CA 90290	☑IND □COM □OTH □PTY □SCC	Graphic Designer Self	25.00	1	25.00	
06/30/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	□IND □COM 図OTH □PTY □SCC		300,000.00	1,023,4	59.26	
			SUBTOTAL\$	320,325.00			

*Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole dollars.		Statement covers period from04/01/2016		FORM 460		
				through06/30/	2016	Page11	of33	
NAME OF FILER						I.D. NUMBER		
Coalition to	Preserve LA, Sponsored by AIDS Healthcare Founda	tion		e		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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR 31) (IF	R ELECTION TO DATE REQUIRED)	
06/30/2016	BL Press LLC Los Angeles, CA 90068	□IND □COM 図OTH □PTY □SCC		6.00	19	0.00		
06/30/2016	Annie Gagen HOLLYWOOD, CA 90068	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Actor/teacher Various	100.00	16:	6.00		
06/30/2016	John Humphreville Los angeles, CA 90020-4736	IND COM OTH PTY SCC	Director Target Media Partners	100.00	10	0.00		
06/30/2016	Rusty Millar los Angeles, CA 90026-2702	⊠IND □COM □OTH □PTY □SCC	Dir Regulatory Affairs CH Biotech LLC	100.00	10	0.00		
		□IND □COM □OTH □PTY □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

Schedule Nonmone	C tary Contributions Received		Amounts may be rounded to whole dollars.		St	tatement covers p	1	CALIFO FOR	
SEE INSTRUCTIONAME OF FILER	NS ON REVERSE				throu	gh06/30/201	16	Page	12 of 33
Coalition to	Preserve I.A, Sponsored by AIDS Heal	chcare Foundat	ion					1381841	
DATE RÉCÉIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDAF (JAN 1 - D	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
,	DS Healthcare Foundation os Angeles, CA 90028	□IND □COM ☑OTH □PTY □SCC		Website/social media	L	2,925.00	1,023	,459.26	
	DS Healthcare Foundation os Angeles, CA 90028	□IND □COM ⊠OTH □PTY □SCC		Facebook ad		74.51	1,023	,459.26	
- A	IDS Healthcare Foundation os Angeles, CA 90028	□IND □COM ☑OTH □PTY □SCC		Press release/media advisory		885.00	1,023	,459.26	
I.c	DS Healthcare Foundation os Angeles, CA 90028 os Angeles Sentinel Invoice 3194	□IND □COM ⊠OTH □PTY □SCC		Bill Paid By 1 Party	Third	6,700.00	1,023	,459.26	
Attach addit	ional information on appropriately lab	eled continuat	ion sheets.	SUBTO	OTAL \$	10,584.51			

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 3. Total nonmonetary contributions received this period.

*Contributor Codes

IND -- Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

			SCH	EDUL	EC(CO	NT.
Staten	nent covers period	CALI	FORM	Alk	AC	0
from	04/01/2016		ORM	7.570	40	U
through_	06/30/2016	Page_	13	_ of .	33	
		I.D. NUM	MBER			

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1381841 Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUN17 PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) 1,023,459.26 04/14/2016 AIDS Healthcare Foundation Press 1,385.00 release/media COM advisory Los Angeles, CA 90028 MTO X PTY []SCC 04/14/2016 AIDS Healthcare Foundation 1,861.17 1,023,459.26 T-shirts □COM Los Angeles, CA 90028 X OTH **□PTY** □scc 04/21/2016 AIDS Healthcare Foundation Press release / 785.00 1,023,459,26 media advisory □COM Los Angeles, CA 90028 図OTH PTY SCC 04/21/2016 AIDS Healthcare Foundation Bill Paid By Third 18,755.25 1,023,459.26 Party COM Los Angeles, CA 90028 X OTH PTY □SCC 04/23/2016 ATDS Health Marching banner 103.55 1,023,459.26 []COM Los Angeles, CA 90028 X OTH PTY SCC Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 22,889.97

Amounts may be rounded to whole dollars.

SCHEDULE C (CONT.)

Statement covers period from 04/01/2016 CALIFORNIA 460

through 06/30/2016 Page 14 of 33I.D. NUMBER

	TIONS ON REVERSE				through 06/30/20	16 F	Page14 of	33
NAME OF FILE	R				97-	I.	.D. NUMBER	
Coalition	to Preserve LA, Sponsored by AIDS Healt.	hcare Foundat	ion			1	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)	DESCRIPTION (GOODS OR SERV		CUMULATIVE DATE CALENDAR \(\) (JAN 1 - DEC	YEAR //E RE	ELECTION DIDATE EQUIRED)
04/30/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	□IND □COM ⊠OTH □PTY □SCC		Advertising	11,253.15	1,023,4	459.26	
- 5	AIDS Healthcare Foundation Los Angeles, CA 90028	□IND □COM ⊠OTH □PTY □SCC		Advertising	3,500.00	1,023,4	459.26	
04/30/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	□IND □COM ⊠OTH □PTY □SCC		Reimbursement	915.09	1,023,4	459.26	
04/30/2016	AIDS Healthcare Foundation Los Angeles, CA 90028 billups Invoice 18276-P-001	□IND □COM ⊠OTH □PTY □SCC		Bill Paid By T Party	hird 5,013.00	1,023,	459.26	
05/02/2016	AIDS Healthcare Foundation Los Angeles, CA 90028	□IND □COM ☑OTH □PTY □SCC		Website/social media	3,060.00	1,023,	459.26	
Attach ad	ditional information on appropriately labe	led continuati	ion sheets	SUBTO	TAL \$ 23,741.24			

Amounts may be rounded to whole dollars.

SCHEDULE C (CONT.)

Statement covers period

from 04/01/2016

CALIFORNIA 460

FORM

Page 15 of 33

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation 1381841 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ FULL NAME, STREET ADDRESS AND PER ELECTION CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET ZIP CODE OF CONTRIBUTOR TO DATE CODE * GOODS OR SERVICES RECEIVED CALENDAR YEAR (IF SELF-EMPLOYED, ENTER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) 05/05/2016 AIDS Healthcare Foundation Press []IND 585.00 1,023,459.26 release/media COM Los Angeles, CA 90028 advisory X OTH PTY []SCC 05/17/2016 AIDS Healthcare Foundation Retail space 8,472.00 1,023,459.26 []IND □COM Los Angeles, CA 90028 X OTH PTY SCC 05/31/2016 AIDS Healthcare Foundation 3,500.00 Advertising 1,023,459,26 COM Los Angeles, CA 90028 X OTH PTY SCC 05/31/2016 AIDS Healthcare Foundation Advertising 22,506.30 []IND 1,023,459.26 □ COM Los Angeles, CA 90028 MTO[X] □ PTY SCC 05/31/2016 AIDS Healthcare Foundation Consulting 2,281,00 1,023,459,26 []COM Los Angeles, CA 90028 X OTH □ PTY □ SCC

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 37,344.30

Amounts may be rounded to whole dollars.

	SCHEDULE C (CONT.)
Statement covers period	CALIFORNIA AGO
from04/01/2016	FORM 40U
through06/30/2016	Page 16 of 33
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation 1381841 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR DESCRIPTION OF DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) 06/03/2016 AIDS Healthcare Foundation Website/social 2,025.00 1,023,459.26 media □COM Los Angeles, CA 90028 MTO[X] PTY [SCC 06/08/2016 AIDS Healthcare Foundation 1,023,459.26 Press 685.00 □IND release/media □ COM Los Angeles, CA 90028 advisory X OTH □ PTY □SCC 06/09/2016 AIDS Healthcare Foundation Bill Paid By Third 560.17 1,023,459.26 Party []COM Los Angeles, CA 90028 X OTH PTY Marquez-Graf Invoice 643 □SCC 06/28/2016 AIDS Healthcare Foundation Consulting 2,281.00 1,023,459.26 []COM Los Angeles, CA 90028 X OTH PTY SCC 06/30/2016 AIDS Healthcare Foundation 6,351.41 Advertising 1,023,459,26 □ COM Los Angeles, CA 90028 X OTH □ PTY SCC

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$

11,902.58

Amounts may be rounded to whole dollars.

		SC	HEDU	LE C (CON	Τ.
State	ment covers period	CALIFOR	RNIA	160	1
from	04/01/2016	FORM	1	400	4
through ₋	06/30/2016	Page17	of	33	
		I.D. NUMBER			_

SEE INSTRUC	TIONS ON REVERSE				throu	gh <u>06/30/201</u>	6	Page	17 of 33
NAME OF FILE	R		·					I.D. NUMBE	ER
Coalition	to Preserve LA, Sponsored by AIDS Heal	chcare Foundat	ion			Y	~	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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - E	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
06/30/2016 	AIDS Healthcare Foundation Los Angeles, CA 90028	□IND □COM 図OTH □PTY □SCC		Advertising		15,004.20	1,023	3,459.26	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately lab	eled continuati	on sheets.	SUBTO	TAL \$	15,004.20			

Schedule D SCHEDULE D **Summary of Expenditures** Statement covers period CALIFORNIA Amounts may be rounded Supporting/Opposing Other to whole dollars. **FORM** 04/01/2016 Candidates, Measures and Committees through $\frac{06/30/2016}{}$ Page 18 of 33 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation 1381841 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE DESCRIPTION TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 05/19/2016 Residocracy Land Use Voter Empowerment 5,000.00 5,000.00 Monetary (LUVE) Initiative Contribution Nonmonetary Contribution Independent Expenditure X Support Oppose [] Monetary Contribution Nonmonetary Contribution ☐ Independent Expenditure Support ☐ Oppose Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose SUBTOTAL \$ 5,000.00 Schedule D Summary

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

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period CA from04/01/2016	SCHEDULE E ALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE		through06/30/2016 Page Page Page Page Page Page Page Page	ge <u>19</u> of <u>33</u>
NAME OF FILER		I.C	D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthcare	Foundation	13	381841
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the payment, you may enter the code. C MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and meal TRS staff/spouse travel, lodging, and m	ls neals ne same candidate/sponsor
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 i		SUBTO	

1. Itemized payments made this period. (Include all Schedule E subtotals.)

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

0.00

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from04/01/2016	FORM TOO
through 06/30/2016	Page 20 of 33
	I.D. NUMBER
	1381841

Coalition to Preserve LA, Sponsored by ATDS 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 petition circulating TFI t.v. or cable airtime and production costs CVC civic donations PET candidate travel, lodging, and meals candidate filing/ballot fees phone banks TRC polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

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		11,000.0
* Payments that are contributions or independent expenditures must also be summ	orized on Schodule D		SUBTOTAL \$	47,970.2

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 460
from04/01/2016	FORM TOO
through06/30/2016	Page21 of33
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I.D. NUMBER
	1201041

CODES: If one of the following codes accurately describes campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunication d appearan nses llating s survey rese livery and r	RAD radio airtime and production cost nees RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production candidate travel, lodging, and me	on costs als meals the same candidate/sponsor
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	o be summarized or	Schedule	D. SUBTO	DTAL \$ 22,474.32

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from04/01/2016	FORM TOO
through06/30/2016	Page22 of33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

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 meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs phone banks candidate travel, lodging, and meals candidate filing/ballot fees PHO staff/spouse travel, lodging, and meals polling and survey research TRS FND fundraising events TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services legal defense professional services (legal, accounting) VOT voter registration LEG WEB information technology costs (internet, e-mail) campaign literature and mailings PRT. print ads NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 450.00 Hso Hkam WEB Fee for video Venice, CA 90291 PayPal OFC Merchant fee 32.86 San Jose, CA 95131 First Republic Bank Wire transfer fee 35.00 Los Angeles, CA 90017 Jill Stewart CNS 15,015.00 WOODLAND HILLS, CA 91364 LA Weekly PRT 4,400.00 Culver City, CA 90230 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 19,932.86

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

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

	SCHEDULE E (CON	۲.)
Statement covers period	CALIFORNIA 460	
from04/01/2016	FORM TOU	
through06/30/2016	Page 23 of 33	

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

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member communications meetings and appearances office expenses office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads MBR member communications RAD radio airtime and production costs returned contributions campaign workers' salaries tv. or cable airtime and production co candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meal TRS transfer between committees of the support voter registration were information technology costs (internet.)			•	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIP	TION 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 Santa Monica, CA 90403	e (ID# 1381356)	CTB			5,000.00
John Schwada		CNS	Media consulting		8,250.00
Los Angeles, CA 90049					
* Payments that are contributions or independent expenditures must als	o be summarized on	Cabadula D		\$ INTOTAL \$	14 600 42

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

Amounts may be rounded to whole dollars.

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

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from04/01/2016	FORM TOU
through06/30/2016	Page24 of33
	I.D. NUMBER
	1201041

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		nd appearar nses ulating s survey rese livery and r	nces	RFD SAL TEL TRC TRS TSF VOT	returned contrib campaign worke t.v. or cable airtii candidate travel, staff/spouse trav transfer betweer voter registration	ers' salaries me and production costs lodging, and meals rel, lodging, and meals n committees of the sam	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	•	CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
PayPal San Jose, CA 95131		OFC	Merchant fee				60.79
First Republic Bank Los Angeles, CA 90017		OFC	Wire transfer	c fee			35.00
PCI Consultants Calabasas, CA 91302	· · · · · · · · · · · · · · · · · · ·	PET					48,820.00
PCI Consultants Calabasas, CA 91302		PET				-	26,649.00
Melissa Breccia Los Angeles, CA 90027		CNS					500.00
* Payments that are contributions or independent expenditures must al	lso be summarized or	Schedule	D.			SUBTOTAL \$	76,064.79

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		Statement covers period	SCHEDULE E (CONT. CALIFORNIA 460 FORM Page 25 of 33
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		T F TO A T		I.D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthca	are Foundation			1381841
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and POS postage, de	nmunications Id appearances nses Ilating	RAI) radio airtime and producting returned contributions SAL campaign workers' salarite t.v. or cable airtime and producting trace candidate travel, lodging, staff/spouse travel, lodging.	on costs es roduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
PCI Consultants Calabasas, CA 91302		PET		28,154.0
First Republic Bank Los Angeles, CA 90017		OFC Wire transfer fe	e	35.00

28,154.00 35.00 Jill Stewart CNS 761.60 WOODLAND HILLS, CA 91364 First Republic Bank OFC Wire transfer fee 35.00 Los Angeles, CA 90017 Jill Stewart CNS 15,015.00 WOODLAND HILLS, CA 91364 SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 44,000.60

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

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.)
Statement covers period		CALIFORNIA 460
from	04/01/2016	FORM TOO
through	06/30/2016	Page26 of33
		I.D. NUMBER
		1221211

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation 1381841

compaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	municatior d appearan ses ating urvey rese very and	ns nces	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and protocomment of the candidate travel, lodging, and STSF transfer between committee VOT voter registration WEB information technology costs	duction costs and meals and meals ss of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	ESCRIPTION OF PAYMENT	AMOUNT PAID
Madalyn Barber Altadena, CA 91001	100000000000000000000000000000000000000	CNS			1,537.1
First Republic Bank		OFC	Wire transfer fo	ee	35.0
Los Angeles, CA 90017					·
Samantha Lee Los Angeles, CA 90039		WEB	Website re-desi	gn	2,000.0
		1,1			
PCI Consultants Calabasas, CA 91302		PET			29,008.0
Jav Beeber Los Angeles, CA 91423-4661	<u>.</u>	CNS			1,350.0
* Payments that are contributions or independent expenditures must als	o be summerized an	Sabadula	D	C)	IRTOTAL \$ 33,930.1

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from04/01/2016	FORM 400
through06/30/2016	Page 27 of 33
	I.D. NUMBER
	2201047

CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL. candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member col MTG meetings a OFC office experience PET petition circ PHO phone bank POL polling and POS postage, de	mmunications nd appearance nses ulating s survey resea	ces RAI ces RFC SAI TEL TRC arch TRS bessenger services TSF ggal, accounting) VO	oradio airtime and production cost returned contributions campaign workers' salaries t.v. or cable airtime and productic candidate travel, lodging, and most staff/spouse travel, lodging, and transfer between committees of	ion costs eals I meals I the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPT	ION OF PAYMENT	AMOUNT PAID
Daily Transcription Los Angeles, CA 90045		СМБ	English transcription	- debate audio	152.1
KBC Mailing Sun Valley, CA 91352		LIT			2,287.5
Pettet Printing Sun Valley, CA 91352		LIT	Printing brochures		9,101.5
United States Post Service Los Angeles, CA 90028		POS			7,500.0
Darralynn Hutson Los Angeles, CA 90018	:		Photographs		200.0

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA	160
from	04/01/2016	FORM	400
	06/20/2016		

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE	till ough	Page 28 of 33
NAME OF FILER		I.D. NUMBER
Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation		1381841

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs CVC civic donations petition circulating TEL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals FIL fundraising events POL: polling and survey research TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* IND voter registration LEG legal defense professional services (legal, accounting) VOT information technology costs (internet, e-mail) campaign literature and mailings PRT print ads WEB NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT AMOUNT PAID CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) KBC Mailing LIT 1,537.50 Sun Valley, CA 91352 LIT Printing 5,024.90 Sun Valley, CA 91352 Political Data Inc 780.00 POL Norwalk, CA 90650 United States Post Service POS 7,500.00 Los Angeles, CA 90028 PayPal OFC Merchant service fee 222.70 San Jose, CA 95131 st Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 15,065.10

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

						SCHEDULE F
Schedule F Accrued Expenses (Unpaid Bills)	Am	ounts may be rounded to whole dollars.	fro	Statement covers period	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE			thr	ough ^{06/30/2016}	Page29	of <u>33</u>
NAME OF FILER					I.D. NUMBER	
Coalition to Preserve LA, Sponsored by AIDS Healthca					1381841	
CODES: If one of the following codes accurately design	cribes the pa	yment, you may enter the code. (Otherwis	e, describe the paymer	nt.	
CMP campaign paraphernalia/misc.	MBR me	mber communications	RAD	radio airtime and production	costs	
CNS campaign consultants	MTG me	etings and appearances	RFD	returned contributions		
CTB contribution (explain nonmonetary)*	OFC off	ice expenses	SAL	campaign workers' salaries		
CVC civic donations	PET pef	tition circulating	TEL.	t.v. or cable airtime and prod		
FIL candidate filing/ballot fees	PHO pho	one banks	TRC	candidate travel, lodging, an-		
FND fundraising events	POL pol	ling and survey research	TRS	staff/spouse travel, lodging,		
IND independent expenditure supporting/opposing others (explain)*	POS pos	stage, delivery and messenger services	TSF	transfer between committee	s of the same candid	ate/sponsor

professional services (legal, accounting)

PRT print ads

VOT voter registration

WEB information technology costs (internet, e-mail)

Campaign neratare and manings	· · · · · · · · · · · · · · · · · · ·			•	
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	0.0
Los Angeles, Ca 90008	PRT	6,700.00	-6,700.00	0.00	0.0
Keith Plocek Los Angeles, CA 90066	WEB	500.00	0.00	500.00	0.0
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	7,700.00\$	-6,700.00\$	1,000.00\$	0.00

Schedule F Summary

legal defense

campaign literature and mailings

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 \$6	5,388.53
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 \$	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.)		4,088.53

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

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
through06/30/2016	Page30 of33
	I.D. NUMBER
	1381841

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 Lake Oswego, OR 97034-2821 Invoice 17295-S-004	Advertising	18,755.25	-18,755.25	0.00	0.00
billups Lake Oswego, OR 97034-2821	Advertising	5,013.00	-5,013.00	0.00	0.00
Marquez-Graf, S.C. Tijuana Baja Mexico, CA 22014	Spanish translation	560.17	-560.17	0.00	0.00
Keith Plocek 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.

	OCHEDOLET (CONT.)
Statement covers period	CALIFORNIA 460
from04/01/2016	PORM 100
through06/30/2016	Page 31 of 33
	I.D. NUMBER
	1381841

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
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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	
Cherilyn Smith Los Angeles, CA 90046	CNS Administrative assistant	0.00	1,512.00	0.00	1,512.00	
PCI Consultants Calabasas, CA 91302	PET	0.00	35,154.00	0.00	35,154.00	
PCI Consultants Calabasas, CA 91302	PET	0.00	52,941.00	0.00	52,941.00	
John Schwada 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.

Statement covers period	CALIFORNIA AGO
from04/01/2016	FORM 400
through 06/30/2016	Page32 of33
	I.D. NUMBER
	1381841

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
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.

		SCHEDULE G				
Statement covers period		CALIFORNIA AGO				
from	04/01/2016	FORM 40U				
through	06/30/2016	Page 33 of 33				
		I.D. NUMBÉR				
		1381841				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition to Preserve LA, Sponsored by AIDS Healthcare Foundation

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Jill Stewart

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwis	e, 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		campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees		phone banks		candidate travel, lodging, and meals
FND	fundraising events		polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*		F 0-, 7 0	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		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)		OR	DESCRIPTION OF PA	AYMENT	AMOUN'T F	
Jnited States Post Service	POS	Stamps				18.80
os Angeles, CA 90028						
						_
						
ttach additional information on appropriately labeled continuation sheets.				T	OTAL* \$	18.8

^{*} 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.