

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp  
**LOS ANGELES CITY ETHICS COMMISSION**

CALIFORNIA FORM 460

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

MAY 10 2013

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For Official Use Only

RECEIVED

Statement covers period from 04/07/2013 through 05/04/2013

SEE INSTRUCTIONS ON REVERSE

### 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officemaker, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officemaker Committee (Also Complete Part 7)

### 2. Type of Statement:

- Prelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Prelection Statement - Attach Form 495

### 3. Committee Information

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

YES ON D/NO ON F. CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS. MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS' GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

I.D. NUMBER 1355691

### Treasurer(s)

NAME OF TREASURER

BRADLEY HERTZ

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

LOS ANGELES, CA 91364 (213) 300-4345

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

CITY STATE ZIP CODE AREA CODE/PHONE

SAN FRANCISCO, CA 94108

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

LOS ANGELES, CA 91364 (818) 593-2949

NAME OF ASSISTANT TREASURER, IF ANY

JAMES R. SHUTON

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

SAN FRANCISCO, CA 94108 (415) 732-7700

OPTIONAL: FAX / E-MAIL ADDRESS

### 4. Verification

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

Executed on 5/8/13 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent

Type or print in ink.

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| COMMITTEE NAME    | I.D. NUMBER   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE  
MEDICAL MARIJUANA REGULATION AND TAXATION

BALLOT NO. OR LETTER \_\_\_\_\_ JURISDICTION \_\_\_\_\_  
D 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<br><input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT<br><input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT<br><input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT<br><input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

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

**CALIFORNIA 460  
FORM**  
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Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE  
MEDICAL MARIJUANA REGULATION AND TAXATION

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 PROPOONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

Statement covers period  
from 04/07/2013  
through 05/04/2013

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I.D. NUMBER  
1355691

## Contributions Received

|                                 | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions       | Schedule A, Line 3 \$ 144,938.00                           | \$ 232,297.00                              |
| 2. Loans Received               | Schedule B, Line 3 125,000.00                              | 125,000.00                                 |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | Add Lines 1 + 2 269,938.00                                 | \$ 357,297.00                              |
| 4. Nonmonetary Contributions    | Schedule C, Line 3 57,959.75                               | 121,432.75                                 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 327,897.75                                 | \$ 478,729.75                              |

## 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 \$ 296,315.66 | \$ 303,293.83 |
| 7. Loans Made                      | Schedule H, Line 3 0.00          | 0.00          |
| 8. SUBTOTAL CASH PAYMENTS          | Add Lines 6 + 7 296,315.66       | \$ 303,293.83 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 -116,166.82   | 186,399.80    |
| 10. Nonmonetary Adjustment         | Schedule C, Line 3 57,959.75     | 121,432.75    |
| 11. TOTAL EXPENDITURES MADE        | Add Lines 6 + 9 + 10 238,108.59  | \$ 611,126.38 |

## 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 \$ 80,380.83                |
| 13. Cash Receipts                   | Column A, Line 3 above 269,938.00                          |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 0.13                                    |
| 15. Cash Payments                   | Column A, Line 8 above 296,315.66                          |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14, then subtract Line 15 \$ 54,003.30 |

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

## 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 \$ 311,399.80 |

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON D/NO ON F. CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

I.D. NUMBER  
1355691

Statement covers period  
from 04/07/2013  
through 05/04/2013

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| 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) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 04/08/2013         | CULLEN'S HERBAL HEALING CENTER<br>[REDACTED]<br>VALLEY VILLAGE, CA 91607-4622                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 5,000.00                    | 11,000.00   |                                    |
| 04/09/2013         | PATIENTS AND CAREGIVERS LOS ANGELES<br>[REDACTED]<br>NORTH HOLLYWOOD, CA 91606                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,000.00                    | 3,000.00  |                                    |
| 04/10/2013         | CALIFORNIA PATIENTS ALLIANCE A COOPERATIVE CORPORATION<br>[REDACTED]<br>LOS ANGELES, CA 90046 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 1,000.00  |                                    |
| 04/10/2013         | LIVING EARTH WELLNESS CENTER<br>[REDACTED]<br>LOS ANGELES, CA 90006                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 625.00  |                                    |
| 04/12/2013         | ADVANCED PATIENTS' COLLECTIVE<br>[REDACTED]<br>HOLLYWOOD, CA 90028                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 2,000.00                    | 4,000.00  |                                    |
| <b>SUBTOTAL \$</b> |   |   |  | <b>9,000.00</b>             |   |                                    |

## Schedule A Summary

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 144,725.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 213.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 144,938.00**

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period  
from 04/07/2013  
through 05/04/2013

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I.D. NUMBER

1355691

NAME OF FILER  
YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY  
PATIENTS - GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 04/12/2013         | GREENHOUSE HERBAL CENTER, LLC<br>[REDACTED]<br>LOS ANGELES, CA 90027                         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 2,500.00  |                                    |
| 04/12/2013         | THE COMPASSION NETWORK, LLC<br>[REDACTED]<br>VENICE, CA 90291                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 3,000.00                    | 14,000.00   |                                    |
| 04/16/2013         | CALIFORNIA ORGANIC TREATMENT CENTER, INC.<br>[REDACTED]<br>LOS ANGELES, CA 90038             | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,500.00                    | 1,500.00  |                                    |
| 04/16/2013         | COMPASSIONATE PATIENT RESOURCES INC.<br>[REDACTED]<br>THAZANA, CA 91356                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 3,000.00                    | 8,000.00  |                                    |
| 04/16/2013         | GREATER LOS ANGELES COLLECTIVE ALLIANCE<br>[REDACTED]<br>WEST HOLLYWOOD, CA 90046            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,000.00                    | 1,000.00  |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | 9,000.00                    |   |                                    |

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period

from 04/07/2013  
through 05/04/2013

**CALIFORNIA  
FORM 460**

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NAME OF FILER

YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

I.D. NUMBER  
1355691

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 04/16/2013         | SUN VALLEY CARE GIVERS<br>[REDACTED]<br>SUN VALLEY, CA 91352                                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 2,000.00                    | 3,000.00  |                                    |
| 04/17/2013         | UFCW WESTERN STATES COUNCIL ISSUES EDUCATION FUND (#97101)<br>[REDACTED]<br>BUENA PARK, CA 90620 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 25,000.00                   | 212,601.41  |                                    |
| 04/18/2013         | CAREGIVER 108, INC.<br>[REDACTED]<br>LOS ANGELES, CA 90024-2813                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 4,000.00                    | 25,000.00   |                                    |
| 04/18/2013         | THE GREEN EARTH FARMACIE INC<br>[REDACTED]<br>VNN NUYS, CA 91405                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,000.00                    | 25,000.00   |                                    |
| 04/18/2013         | RICK WATERS<br>[REDACTED]<br>LOS ANGELES, CA 90038   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | MANAGER<br>HOLLYWOOD HOLISTIC, INC.  | 2,000.00                    | 8,000.00  |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | 34,000.00                   |   |                                    |

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 04/07/2013  
through 05/04/2013

CALIFORNIA  
FORM  
**460**

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I.D. NUMBER

1355691

NAME OF FILER  
YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 04/21/2013         | B.E.A.C.H. CENTER INC.<br>[REDACTED]<br>PLAYA DEL REY, CA 90293                              | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 200.00                      | 1,700.00  |                                    |
| 04/21/2013         | HERDAL SOLUTIONS LLC<br>[REDACTED]<br>TARZANA, CA 91356                                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,000.00                    | 1,000.00  |                                    |
| 04/21/2013         | HOLISTIC PAIN RELIEF, INC<br>[REDACTED]<br>LOS ANGELES, CA 90057                             | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 3,000.00                    | 21,000.00   |                                    |
| 04/21/2013         | PATIENTS AND CAREGIVERS LOS ANGELES<br>[REDACTED]<br>NORTH HOLLYWOOD, CA 91606               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,000.00                    | 3,000.00  |                                    |
| 04/21/2013         | THE GREENHOUSE<br>[REDACTED]<br>SHERMAN OAKS, CA 91403                                       | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 200.00                      | 500.00  |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>5,400.00</b>             |   |                                    |

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

Statement covers period  
from 04/07/2013  
through 05/04/2013

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 04/22/2013         | ADVANCED PATIENTS' COLLECTIVE<br>[REDACTED]<br>HOLLYWOOD, CA 90028                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 2,000.00                    | 4,000.00  |                                    |
| 04/23/2013         | BARR CORPORATION<br>[REDACTED]<br>LOS ANGELES, CA 90026                                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,000.00                    | 1,000.00  |                                    |
| 04/23/2013         | S.N.F. ADMINISTRATIVE SERVICES CORP.<br>[REDACTED]<br>LOS ANGELES, CA 90041                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 2,000.00                    | 10,000.00   |                                    |
| 04/23/2013         | CAREGIVER 108, INC.<br>[REDACTED]<br>LOS ANGELES, CA 90024-2813                              | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 3,000.00                    | 25,000.00   |                                    |
| 04/23/2013         | DELITA-9 T.H.C.<br>[REDACTED]<br>TORRANCE, CA 90501  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 4,000.00                    | 5,000.00  |                                    |
| <b>SUBTOTAL \$</b> |  |   |  |                             | 12,000.00   |                                    |

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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period

from 04/07/2013

through 05/04/2013

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| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 04/23/2013         | ROBERT FEDOR<br>[REDACTED]<br>WOODLAND HILLS, CA 91364                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | LAND USE CONSULTANT<br><br>ADVANTAGE PLANNING  | 5,000.00                    | 5,000.00  |                                    |
| 04/23/2013         | [REDACTED]<br>GREENHOUSE HERBAL CENTER, LLC<br>LOS ANGELES, CA 90027                         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 2,500.00  |                                    |
| 04/23/2013         | ARMAN KHACHATRYAN<br>[REDACTED]<br>VAN NUYS, CA 91406  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | OWNER<br><br>KUSHISM INC   | 2,500.00                    | 2,500.00  |                                    |
| 04/23/2013         | PERENNIAL HOLISTIC WELLNESS CENTER, INC.<br>[REDACTED]<br>STUDIO CITY, CA 91604              | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,400.00                    | 2,500.00  |                                    |
| 04/23/2013         | RIO SANTOS, LLC<br>[REDACTED]<br>LOS ANGELES, CA 90066                                       | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 5,000.00                    | 5,000.00  |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | 14,400.00                   |   |                                    |

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period

from 04/07/2013

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| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER ID. 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 04/23/2013         | OLEG SHPIVALNY<br>[REDACTED]<br>WEST HOLLYWOOD, CA 90069                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | OPERATION MANAGER<br><br>MED X   | 1,000.00                    | 2,500.00  |                                    |
| 04/23/2013         | SUN VALLEY CARE GIVERS<br>[REDACTED]<br>SUN VALLEY, CA 91352                                   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,000.00                    | 3,000.00  |                                    |
| 04/23/2013         | THE COMPASSION NETWORK, LLC<br>[REDACTED]<br>VENICE, CA 90291                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 5,000.00                    | 14,000.00   |                                    |
| 04/24/2013         | HOLISTIC PAIN RELIEF, INC<br>[REDACTED]<br>LOS ANGELES, CA 90057                               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 3,000.00                    | 21,000.00   |                                    |
| 04/24/2013         | SELAN LAW FIRM<br>[REDACTED]<br>CALABASAS, CA 91302  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 5,000.00                    | 5,000.00  |                                    |
| <b>SUBTOTAL \$</b> |  |   |  |                             | 15,000.00   |                                    |

\*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 A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT)

Statement covers period

from 04/07/2013

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I.D. NUMBER

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NAME OF FILER  
YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY  
PATIENTS, GREATER LOS ANGELES COLLECTIVE AFFAIRANCE & AMERICANS FOR SAFE ACCESS

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(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) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 04/26/2013         | B.E.A.C.H. CENTER INC.<br>[REDACTED]<br>PLAYA DEL REY, CA 90293                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,500.00                    | 1,700.00  |                                    |
| 04/26/2013         | LIVING EARTH WELLNESS CENTER<br>[REDACTED]<br>LOS ANGELES, CA 90006                             | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 125.00                      | 625.00  |                                    |
| 04/29/2013         | DISCOUNT CAREGIVERS, INC.<br>[REDACTED]<br>CANOGA PARK, CA 91304                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 2,500.00                    | 2,500.00  |                                    |
| 04/29/2013         | GREEN DRAGON CAREGIVERS, INC.<br>[REDACTED]<br>VAN NUYS, CA 91405                               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 5,000.00                    | 5,000.00  |                                    |
| 04/29/2013         | HOLISTIC PAIN RELIEF, INC<br>[REDACTED]<br>LOS ANGELES, CA 90057                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 7,000.00                    | 21,000.00   |                                    |
| <b>SUBTOTAL \$</b> |   |   |  | 16,125.00                   |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other (other than PTY or SCC)  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period

from 04/07/2013

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I.D. NUMBER

1355691

| NAME OF FILER      | YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS' GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS | 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) |
|--------------------|---|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 04/29/2013         | NEW AGE COMPASSION CARE CENTER  |               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 2,500.00  |                                    |
| 04/29/2013         | WOODLAND HILLS, CA 91364  |               |  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | MANAGER<br>HOLLYWOOD HOLISTIC, INC.  | 2,000.00                    | 8,000.00  |                                    |
| 04/30/2013         | LOS ANGELES, CA 90038   |               |  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | MANAGER<br>CAREGIVER 108, INC.   | 3,000.00                    | 25,000.00   |                                    |
| 04/30/2013         | GREENHOUSE HERBAL CENTER, LLC   |               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 2,500.00  |                                    |
| 04/30/2013         | THE GREENHOUSE  |               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 300.00                      | 500.00  |                                    |
| <b>SUBTOTAL \$</b> |   |               |  |   |  | <b>6,300.00</b>             |   |                                    |

\*Contributor Codes  
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COM - Recipient Committee  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

| NAME OF FILER   | STATEMENT COVERS PERIOD  | I.D. NUMBER   | PER ELECTION TO DATE (IF REQUIRED)   |
|---|--|---|--|
| YES OR D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS |  |   |  |
| 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) |
| 05/02/2013  | TREVOR ANNONE<br>[REDACTED]<br>LOS ANGELES, CA 90025-2074                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | DIRECTOR<br>MELROSE HERBAL COLLECTIVE  |
| 05/02/2013  | COMPASSION UNION INC.<br>[REDACTED]<br>LOS ANGELES, CA 90023                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |
| 05/02/2013  | COMPASSIONATE PATIENT RESOURCES INC.<br>[REDACTED]<br>TARZANA, CA 91356                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |
| 05/02/2013  | CULLEN'S HERBAL HEALING CENTER<br>[REDACTED]<br>VALLEY VILLAGE, CA 91607-4622                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |
| 05/02/2013  | GREENHOUSE HERBAL CENTER, LLC<br>[REDACTED]<br>LOS ANGELES, CA 90027                         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |
| <b>SUBTOTAL \$</b>  |  |   | 15,000.00  |

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period  
from 04/07/2013  
through 05/04/2013

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I.D. NUMBER  
1355691

NAME OF FILER  
YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY  
PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 05/02/2013         | PATIENTS AND CAREGIVERS LOS ANGELES<br>[REDACTED]<br>NORTH HOLLYWOOD, CA 91606               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,000.00                    | 3,000.00  |                                    |
| 05/02/2013         | OLEG SHIPTALNY<br>[REDACTED]<br>WEST HOLLYWOOD, CA 90069                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | OPERATION MANAGER<br>MED X   | 500.00                      | 2,500.00  |                                    |
| 05/02/2013         | STRAIN BAILEA CAREGIVERS, INC.<br>[REDACTED]<br>ENCINO, CA 91316                             | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1,000.00                    | 2,500.00  |                                    |
| 05/02/2013         | DEREK VIELHANEK<br>[REDACTED]<br>NORTH HOLLYWOOD, CA 91602                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | MANAGER<br>CALIFORNIA COMPASSIONATE CARE NETWORK   | 6,000.00                    | 6,000.00  |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | 8,500.00                    |   |                                    |

\*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 B - Part 1  
Loans Received**

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

SCHEDULE B - PART 1

**CALIFORNIA 460  
FORM**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY  
PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

I.D. NUMBER  
1355691

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  |  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*                                | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN            | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE |
|---|--|---|--|------------------------------------|--|--|----------------------------------|---|---|
|   |  |   | \$   | \$                                 | \$   | \$   | \$                               | \$  |   |
| UNITED FOOD AND COMMERCIAL WORKERS LOCAL 770<br>[REDACTED]<br>LOS ANGELES, CA 90005<br>LOAN   |  |   | 0.00   | 125,000.00                         | 0.00<br><input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | 125,000.00   | %<br>RATE                        | 125,000.00<br>04/30/2013<br>DATE INCURRED | 212,601.41<br>PER ELECTION**            |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  |   | \$   | \$                                 | \$   | \$   | %<br>RATE                        | \$  | CALENDAR YEAR                           |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |  |   | \$   | \$                                 | \$   | \$   | %<br>RATE                        | \$  | CALENDAR YEAR                           |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |  |   | \$   | \$                                 | \$   | \$   | %<br>RATE                        | \$  | CALENDAR YEAR                           |
| <b>SUBTOTALS</b>  |  |   | <b>\$ 125,000.00</b>                             | <b>\$ 125,000.00</b>               | <b>\$ 0.00</b>   | <b>\$ 125,000.00</b>                               | <b>0.00</b>                      | <b>\$ 0.00</b>                            | <b>0.00</b>                             |

(Enter (g) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 125,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 125,000.00**  
Enter the net here and on the Summary Page, Column A, Line 2.

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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.



**Schedule C  
Nonmonetary Contributions Received**

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

Statement covers period  
from 04/07/2013  
through 05/04/2013

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

I.D. NUMBER  
1355691

| 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 CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|--|--|--------------------------|--|------------------------------------|
| 04/17/2013         | LOS ANGELES COUNTY FEDERATION OF LABOR AFL-CIO ISSUES & INITIATIVES (#1302429)<br>[REDACTED]<br>LOS ANGELES, CA 90006 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | NON-MONETARY CONTRIBUTION OF FIELD PROGRAM | 23,500.00                | 58,231.34                                    |                                    |
| 04/30/2013         | LOS ANGELES COUNTY FEDERATION OF LABOR AFL-CIO ISSUES & INITIATIVES (#1302429)<br>[REDACTED]<br>LOS ANGELES, CA 90006 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | NON-MONETARY CONTRIBUTION OF FIELD PROGRAM | 23,500.00                | 58,231.34                                    |                                    |
| 05/02/2013         | LOS ANGELES COUNTY FEDERATION OF LABOR AFL-CIO ISSUES & INITIATIVES (#1302429)<br>[REDACTED]<br>LOS ANGELES, CA 90006 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | NON-MONETARY CONTRIBUTION OF FIELD PROGRAM | 1,333.34                 | 58,231.34                                    |                                    |
| 05/04/2013         | UNITED FOOD AND COMMERCIAL WORKERS LOCAL 770<br>[REDACTED]<br>LOS ANGELES, CA 90005                                   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | NON-MONETARY CONTRIBUTION OF STAFF TIME    | 9,626.41                 | 212,601.41                                   |                                    |
| <b>SUBTOTAL \$</b> |   |   |  |  | <b>57,959.75</b>         |  |                                    |

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

- Amount received this period - itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 57,959.75
- 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 \$** 57,959.75

\*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 E Payments Made

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

Statement covers period

from 04/07/2013

through 05/04/2013

Page 17 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

I.D. NUMBER

1355691

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

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)        | CODE OR | DESCRIPTION OF PAYMENT   | AMOUNT PAID |
|--|---------|--|-------------|
| PAYPAL, INC.<br>██████████<br>CHICAGO, IL 60677-4001                       | OFC     | MBR member communications<br>MTG meetings and appearances<br>OFC office expenses<br>PET petition circulating<br>PHO phone banks<br>POL polling and survey research<br>POS postage, delivery and messenger services<br>PRO professional services (legal, accounting)<br>PRI print ads | 186.65      |
| VOTER GUIDE SLATE CARDS (#1319578)<br>██████████<br>LONG BEACH, CA 90808   | LIT     |  | 5,000.00    |
| BUDGET WATCHDOGS NEWSLETTER (#1345115)<br>██████████<br>TORRANCE, CA 90501 | LIT     |  | 5,000.00    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 10,186.65**

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 296,295.66
- Unitemized payments made this period of under \$100 ..... \$ 20.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 296,315.66**

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

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

Statement covers period  
from 04/07/2013  
through 05/04/2013

Page 18 of 35

**CALIFORNIA 460  
FORM**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

I.D. NUMBER  
1355691

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings

- 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 costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                     | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID      |
|---|------|----|------------------------|------------------|
| CALIFORNIA VOTER GUIDE (#595004)<br>[REDACTED]<br>TERRANCE, CA 90501                    | LIT  |    |                        | 5,000.00         |
| CALIFORNIA VOTE GREEN (#1323171)<br>[REDACTED]<br>LOS ANGELES, CA 90064                 | LIT  |    |                        | 1,000.00         |
| CITIZENS FOR GOOD GOVERNMENT (#599010)<br>[REDACTED]<br>COVINA, CA 91722                | LIT  |    |                        | 1,500.00         |
| CONTINUING THE REPUBLICAN REVOLUTION (#598041)<br>[REDACTED]<br>NEWPORT BEACH, CA 92660 | LIT  |    |                        | 9,000.00         |
| DEMOCRATIC VOTERS CHOICE (#595002)<br>[REDACTED]<br>COVINA, CA 91722                    | LIT  |    |                        | 8,000.00         |
| <b>SUBTOTAL \$</b>  |      |    |                        | <b>24,500.00</b> |

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

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

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

**CALIFORNIA 460  
FORM**

Statement covers period  
from 04/07/2013  
through 05/04/2013  
Page 19 of 35

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
1355691

YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- 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 costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| EDUCATE YOUR VOTE (#1345655)<br>[REDACTED]<br>CARLSBAD, CA 92009                   | LIT  |    |                        | 9,000.00    |
| ELECTION DIGEST (#1345303)<br>[REDACTED]<br>SHERMAN OAKS, CA 91423                 | LIT  |    |                        | 13,000.00   |
| LOS ANGELES VOTER GUIDE COMMITTEE (#591001)<br>[REDACTED]<br>LOS ANGELES, CA 90064 | LIT  |    |                        | 1,300.00    |
| VOTER NEWSLETTER (#1355767)<br>[REDACTED]<br>SHERMAN OAKS, CA 91403                | LIT  |    |                        | 13,000.00   |
| PAYPAL, INC.<br>[REDACTED]<br>CHICAGO, IL 60677-4001                               | OFC  |    |                        | 30.00       |
| <b>SUBTOTAL \$</b>   |      |    | <b>36,330.00</b>       |             |

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

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

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

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

- OMP 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 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 costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| NO PARTY PREFERENCE VOTER GUIDE (#1324245)                          |      |    |                        |             |
| [REDACTED]<br>SACRAMENTO, CA 95841                                  | LIT  |    |                        | 3,400.00    |
| NO PARTY PREFERENCE VOTER GUIDE (#1324245)                          |      |    |                        |             |
| [REDACTED]<br>SACRAMENTO, CA 95841                                  | LIT  |    |                        | 3,400.00    |
| MEENO, INC.   |      |    |                        |             |
| [REDACTED]<br>LOS ANGELES, CA 90031                                 | LIT  |    |                        | 2,725.00    |
| PAYPAL, INC.  |      |    |                        |             |
| [REDACTED]<br>CHICAGO, IL 60677-4001                                | OFC  |    |                        | 3.35        |
| PAYPAL, INC.  |      |    |                        |             |
| [REDACTED]<br>CHICAGO, IL 60677-4001                                | OFC  |    |                        | 3.76        |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 9,532.11**

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

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

Statement covers period  
from 04/07/2013 through 05/04/2013

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I.D. NUMBER  
1355691

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

C/P campaign paraphernalia/misc.  
 C/S campaign consultants  
 C/B contribution (explain nonmonetary)\*  
 C/V civic donations  
 F/L candidate filing/ballot fees  
 F/D fundraising events  
 I/D independent expenditure supporting/opposing others (explain)\*  
 L/E legal defense  
 L/I campaign literature and mailings

MBR member communications  
 MITG 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 costs  
 TRC candidate travel, lodging, and meals  
 TRS staff/spouse travel, lodging, and meals  
 TSF transfer between committees of the same candidate/sponsor  
 VOT voter registration  
 WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| WOMAN'S VOICE (#1293667)  | LIT  |    |                        | 13,310.00   |
| LAGUNA NIGUEL, CA 92677   |      |    |                        |             |
| CALIFORNIA LATINO VOTERS' GUIDE (#1322246)                          | LIT  |    |                        | 5,750.00    |
| LOS ANGELES, CA 90041   |      |    |                        |             |
| COPS VOTER GUIDE (#599014)  | LIT  |    |                        | 20,000.00   |
| FOLSOM, CA 95630  |      |    |                        |             |
| ELECTION DIGEST (#1345303)  | LIT  |    |                        | 20,750.00   |
| SHERMAN OAKS, CA 91423  |      |    |                        |             |
| PAYPAL, INC.  | OFC  |    |                        | 72.80       |
| CHICAGO, IL 60677-4001  |      |    |                        |             |
| <b>SUBTOTAL \$</b>  |      |    |                        | 59,882.80   |

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

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

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

SCHEDULE E (CONT.)

**CALIFORNIA 460  
FORM**

Page 22 of 35

I.D. NUMBER  
1355691

Statement covers period  
from 04/07/2013  
through 05/04/2013

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| OMP | 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)              | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| REPUBLICAN VOTER CHECKLIST (#598002)<br>[REDACTED]<br>TORRANCE, CA 90501         | LIT     |                        | 1,579.00    |
| CALIFORNIANS VOTE GREEN (#1323171)<br>[REDACTED]<br>LOS ANGELES, CA 90064        | LIT     |                        | 5,000.00    |
| DEMOCRATS FOR A BETTER CALIFORNIA (#1220415)<br>[REDACTED]<br>TORRANCE, CA 90501 | LIT     |                        | 5,100.00    |
| VOTER NEWSLETTER (#1355767)<br>[REDACTED]<br>SHERMAN OAKS, CA 91403              | LIT     |                        | 17,500.00   |
| YOUR BALLOT GUIDE (#588011)<br>[REDACTED]<br>SHERMAN OAKS, CA 91403              | LIT     |                        | 4,350.00    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 33,529.00**

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

Type or print in ink.  
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**CALIFORNIA 460  
FORM**

Statement covers period  
from 04/07/2013  
through 05/04/2013

Page 23 of 35

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER

1355691

YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

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- 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

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| BUDGET WATCHDOGS NEWSLETTER (#1375115)<br>[REDACTED]<br>TORRANCE, CA 90501         | LIT  |    |                        | 10,706.00   |
| CALIFORNIA LATINOS VOTERS' GUIDE (#1322246)<br>[REDACTED]<br>LOS ANGELES, CA 90041 | LIT  |    |                        | 5,750.00    |
| CALIFORNIA VOTER GUIDE (#595004)<br>[REDACTED]<br>TORRANCE, CA 90501               | LIT  |    |                        | 9,912.00    |
| CITIZENS FOR GOOD GOVERNMENT (#599010)<br>[REDACTED]<br>COVINA, CA 91722           | LIT  |    |                        | 6,421.60    |
| DEMOCRATIC VOTERS CHOICE (#595002)<br>[REDACTED]<br>COVINA, CA 91722               | LIT  |    |                        | 14,134.50   |
| <b>SUBTOTAL \$</b>   |      |    |                        | 46,924.10   |

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



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

Type or print in ink.  
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Statement covers period  
from 04/07/2013  
through 05/04/2013

Page 24 of 35

**CALIFORNIA 460  
FORM**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

I.D. NUMBER  
1355691

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- 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
- 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 costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID      |
|--|---------|------------------------|------------------|
| EDUCATE YOUR VOTE (#1345655)<br>[REDACTED]<br>CARLSBAD, CA 92009   | LIT     |                        | 14,000.00        |
| LOS ANGELES COUNTY DEMOCRATIC PARTY ISSUES AND ADVOCACY COMMITTEE (#744554)<br>[REDACTED]<br>LOS ANGELES, CA 90010 | PRO     |                        | 18,790.00        |
| LOS ANGELES VOTER GUIDE COMMITTEE (#591001)<br>[REDACTED]<br>LOS ANGELES, CA 90064                                 | LIT     |                        | 2,516.00         |
| VOTER GUIDE SLATE CARDS (#1319578)<br>[REDACTED]<br>LONG BEACH, CA 90808   | LIT     |                        | 10,000.00        |
| PAYPAL, INC.<br>[REDACTED]<br>CHICAGO, IL 60677-0001   | OFC     |                        | 105.00           |
| <b>SUBTOTAL \$</b>   |         |                        | <b>45,411.00</b> |

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

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

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

Statement covers period  
from 04/07/2013  
through 05/04/2013

**CALIFORNIA 460  
FORM**

Page 25 of 35

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

I.D. NUMBER  
1355591

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings

- 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 costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID      |
|---|------|----|------------------------|------------------|
| CA LAW ENFORCEMENT VOTER GUIDE (#598005)<br>[REDACTED]<br>LOS ANGELES, CA 90010 | LIT  |    |                        | 6,000.00         |
| INDEPENDENT VOTERS LEAGUE (#568034)<br>[REDACTED]<br>LOS ANGELES, CA 90010      | LIT  |    |                        | 4,000.00         |
| JOHN F. KENNEDY ALLIANCE (#590011)<br>[REDACTED]<br>LOS ANGELES, CA 90010       | LIT  |    |                        | 20,000.00        |
| <b>SUBTOTAL \$</b>  |      |    |                        | <b>30,000.00</b> |

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

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

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

Statement covers period  
from 04/07/2013  
through 05/04/2013

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CALIFORNIA FORM **460**

I.D. NUMBER  
1355691

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

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- 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
- 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 costs
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- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                  | CODE OR<br>DESCRIPTION OF PAYMENT  | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|--|---|---------------------------------------|---|--|
| CONTINUING THE REPUBLICAN REVOLUTION (#598041)<br>[REDACTED]<br>NEWPORT BEACH, CA 92660 | LIT  | 9,000.00  | 0.00                                  | 9,000.00  | 0.00   |
| SUTTON LAW FIRM<br>[REDACTED]<br>SAN FRANCISCO, CA 94108                                | PRO BRAD HERTZ,<br>COMMITTEE TREASURER, AND<br>JAMES R. SUTTON,<br>COMMITTEE ASSISTANT<br>TREASURER, ARE PARTNERS<br>OF PAYEE. | 10,095.28   | 0.00                                  | 0.00  | 10,095.28  |
| VOTER GUIDE SLATE CARDS (#1319578)<br>[REDACTED]<br>LORE BEACH, CA 90608                | LIT  | 15,000.00   | 0.00                                  | 15,000.00   | 0.00   |
| <b>SUBTOTALS \$</b>   |  | <b>34,095.28 \$</b>                                       | <b>0.00 \$</b>                        | <b>24,000.00 \$</b>                                     | <b>10,095.28</b>   |

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

**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 \$** 101,777.28
- 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 \$** 217,944.10
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -116,166.82  
May be a negative number

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

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

SCHEDULE F (CONT.)

Statement covers period  
from 04/07/2013  
through 05/04/2013

**CALIFORNIA 460  
FORM**

Page 27 of 35

I.D. NUMBER  
1355691

NAME OF FILER  
YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY  
PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- PRO 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 costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| ELECTION DIGEST (#1345303)   | LIT                               | 33,750.00   | 0.00                                  | 33,750.00   | 0.00   |
| [REDACTED]<br>STANBURY CARS CA 91723                                   | LIT                               | 14,912.00   | 0.00                                  | 14,912.00   | 0.00   |
| CALIFORNIA VOTER GUIDE (#595004)                                       | LIT                               | 15,706.00   | 0.00                                  | 15,706.00   | 0.00   |
| [REDACTED]<br>TORRANCE CA 90501  | LIT                               | 7,921.60  | 0.00                                  | 7,921.60  | 0.00   |
| BUDGET WATCHDOGS NEWSLETTER (#1345115)                                 | LIT                               |   |                                       |   |  |
| [REDACTED]<br>TORRANCE CA 90501  | LIT                               |   |                                       |   |  |
| CITIZENS FOR GOOD GOVERNMENT (#599010)                                 | LIT                               |   |                                       |   |  |
| [REDACTED]<br>COVINA CA 91722  | LIT                               |   |                                       |   |  |

**SUBTOTALS \$ 72,289.60 \$ 0.00 \$ 72,289.60 \$ 0.00**

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

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

SCHEDULE F (CONT.)

Statement covers period  
from 04/07/2013  
through 05/04/2013

CALIFORNIA **460**  
FORM

Page 28 of 35

NAME OF FILER

YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

I.D. NUMBER  
1355691

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

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

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 costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)            | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ONE) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|--|--|
| DEMOCRATIC VOTERS CHOICE (#595002)<br>[REDACTED]<br>SOUTHERN CA 92122             | LIT                               | 22,134.50   | 0.00                                  | 22,134.50  | 0.00   |
| EDUCAPE YOUR VOTE (#1345655)<br>[REDACTED]<br>CARLSBAD CA 92009                   | LIT                               | 23,000.00   | 0.00                                  | 23,000.00  | 0.00   |
| CALIFORNIANS VOTE GREEN (#1323171)<br>[REDACTED]<br>LOS ANGELES CA 90064          | LIT                               | 6,000.00  | 0.00                                  | 6,000.00   | 0.00   |
| LOS ANGELES VOTER GUIDE COMMITTEE (#591001)<br>[REDACTED]<br>LOS ANGELES CA 90064 | LIT                               | 3,816.00  | 0.00                                  | 3,816.00   | 0.00   |

**SUBTOTALS \$ 54,950.50 \$ 0.00 \$ 54,950.50 \$ 0.00**

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

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

Statement covers period  
from 04/07/2013  
through 05/04/2013

Page 29 of 35

I.D. NUMBER  
1355691

NAME OF FILER  
YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY  
PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| VOTER NEWSLETTER (#1355767)<br>[REDACTED]                              | LIT                               | 30,500.00   | 0.00                                  | 30,500.00   | 0.00   |
| SHIRMAN OAKS CA 91403  |                                   |   |                                       |   |  |
| SG6A CAMPAIGNS<br>[REDACTED]   | CNS                               | 30,000.00   | 0.00                                  | 0.00  | 30,000.00  |
| PASADENA CA 91101  |                                   |   |                                       |   |  |
| COPS VOTER GUIDE (#599014)<br>[REDACTED]                               | LIT                               | 20,000.00   | 0.00                                  | 20,000.00   | 0.00   |
| FOLSOM CA 95630  |                                   |   |                                       |   |  |
| MEENO, INC.<br>[REDACTED]  | LIT                               | 2,725.00  | 0.00                                  | 2,725.00  | 0.00   |
| LOS ANGELES CA 90031   |                                   |   |                                       |   |  |
| <b>SUBTOTALS \$</b>  |                                   | <b>83,225.00 \$</b>                                       | <b>0.00 \$</b>                        | <b>53,225.00 \$</b>                                     | <b>30,000.00</b>   |

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

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

Statement covers period  
from 04/07/2013  
through 05/04/2013

**CALIFORNIA 460  
FORM**

Page 30 of 35

NAME OF FILER: YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS  
I.D. NUMBER: 1355691

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

- |     |   |     |   |
|-----|---|-----|---|
| MBR | member communications                     | RAD | radio airtime and production costs                        |
| MTG | meetings and appearances                  | RFD | returned contributions                                    |
| OFC | office expenses                           | SAL | campaign workers' salaries                                |
| PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| PRO | professional services (legal, accounting) | VOT | voter registration  |
| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CODE OR<br>DESCRIPTION OF PAYMENT  | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|--|---|---------------------------------------|---|--|
| DEMOCRATS FOR A BETTER CALIFORNIA (#1220415)<br>[REDACTED]<br>TORNORRIDGE CA 90001 | LIT  | 5,100.00  | 0.00                                  | 5,100.00  | 0.00   |
| NO PARTY PREFERENCE VOTER GUIDE (#1324245)<br>[REDACTED]<br>SACRAMENTO CA 95841    | LIT  | 3,400.00  | 0.00                                  | 3,400.00  | 0.00   |
| NO PARTY PREFERENCE VOTER GUIDE (#1324245)<br>[REDACTED]<br>SACRAMENTO CA 95841    | LIT  | 3,400.00  | 0.00                                  | 3,400.00  | 0.00   |
| SUTTON LAW FIRM<br>[REDACTED]<br>SAN FRANCISCO CA 94108                            | PRO BRAD HERTZ,<br>COMMITTEE TREASURER,<br>AND JAMES R. SUTTON,<br>COMMITTEE ASSISTANT,<br>COMMITTEE ARE<br>TREASURER, ARE<br>PARTNERS OF PAYEE. | 44,527.24   | 0.00                                  | 0.00  | 44,527.24  |

**SUBTOTALS \$ 56,427.24 \$ 0.00 \$ 11,900.00 \$ 44,527.24**

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

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

SCHEDULE F (CONT.)

**CALIFORNIA 460  
FORM**

Statement covers period  
from 04/07/2013  
through 05/04/2013

Page 31 of 35

NAME OF FILER: YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

I.D. NUMBER  
1355691

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

- |     |   |     |   |
|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | VOT | voter registration  |
| LIT | campaign literature and mailings                              | 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                         | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| REPUBLICAN VOTER CHECKLIST (#598002)<br>[REDACTED]<br>TORRANCE CA 90501                        | LIT                               | 1,579.00  | 0.00                                  | 1,579.00  | 0.00   |
| DEMOCRATIC PARTY OF THE SAN FERNANDO VALLEY (#791828)<br>[REDACTED]<br>WOODLAND HILLS CA 91364 | LIT                               | 0.00  | 3,500.00                              | 0.00  | 3,500.00   |
| GOODWIN SIMON STRATEGIC RESEARCH, INC.<br>[REDACTED]<br>CULVER CITY CA 90232                   | POL                               | 0.00  | 8,696.00                              | 0.00  | 8,696.00   |
| SGWA CAMPAIGNS<br>[REDACTED]<br>PASADENA CA 91101  | CNS                               | 0.00  | 30,000.00                             | 0.00  | 30,000.00  |

**SUBTOTALS \$ 1,579.00 \$ 42,196.00 \$ 1,579.00 \$ 42,196.00**



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

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

Statement covers period  
from 04/07/2013  
through 05/04/2013

Page 32 of 35

**CALIFORNIA 460  
FORM**

I.D. NUMBER  
1355691

NAME OF FILER  
PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MITG 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 costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF PAYMENT  | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|---|---|---------------------------------------|---|--|
| SUTTON LAW FIRM<br>[REDACTED]<br>SAN FRANCISCO CA 94108                | PRO BRAD HERTZ (FRER,<br>CONJUGAL PARTNER,<br>COMMUNITY CARE ASSOCIATION,<br>TREASURER, AND<br>PARTNERS OF PAYEE. | 0.00  | 22,454.50                             | 0.00  | 22,454.50  |
| TOWNSEND COMMUNICATIONS<br>[REDACTED]<br>REDONDO BEACH CA 90277        | CNS   | 0.00  | 12,000.00                             | 0.00  | 12,000.00  |
| TOWNSEND COMMUNICATIONS<br>[REDACTED]<br>REDONDO BEACH CA 90277        | CNS   | 0.00  | 12,000.00                             | 0.00  | 12,000.00  |
| CITIZENS FOR WATERS (#1271833)<br>[REDACTED]<br>LOS ANGELES CA 90010   | LIT   | 0.00  | 10,000.00                             | 0.00  | 10,000.00  |
| <b>SUBTOTALS \$</b>  |   | <b>0.00 \$</b>  | <b>56,454.50 \$</b>                   | <b>0.00 \$</b>  | <b>56,454.50</b>   |

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

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

Statement covers period  
from 04/07/2013  
through 05/04/2013  
Page 33 of 35  
I.D. NUMBER  
1355691

NAME OF FILER  
YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY  
PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MITG 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 costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT   | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|---|---|---------------------------------------|---|--|
| SUTTON LAW FIRM<br>[REDACTED]<br>SAN FRANCISCO CA 94108                | PRO BRAD HERTZ,<br>COMMITTEE TREASURER,<br>AND JAMES R. SUTTON,<br>COMMITTEE ASSISTANT,<br>TREASURER, ARE<br>PARTNERS OF PAYEE. | 0.00  | 3,126.78                              | 0.00  | 3,126.78   |
|  |   |   |                                       |   |  |
|  |   |   |                                       |   |  |
|  |   |   |                                       |   |  |
| <b>SUBTOTALS \$</b>  |   | <b>0.00 \$</b>  | <b>3,126.78 \$</b>                    | <b>0.00 \$</b>  | <b>3,126.78</b>  |

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

CALIFORNIA  
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

Statement covers period  
from 04/07/2013  
through 05/04/2013

Page 34 of 35

I.D. NUMBER

1355691

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 0.00

**Schedule I Summary**

1. Itemized increases to cash this period. .... \$ 0.00
2. Unitemized increases to cash of under \$100 this period. .... \$ 0.13
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... \$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** 0.13

Additional Comments  
For Form 460

ADDITIONAL COMMENTS

CALIFORNIA  
FORM 460

Page 35 of 35

I.D. NUMBER  
1355691

NAME OF FILER  
YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UFCW LOCAL 770 & SPONSORED BY  
PATIENTS' GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS

FULL COMMITTEE NAME: YES ON D/NO ON F, CITIZENS' COALITION TO PROTECT PATIENTS & NEIGHBORHOODS, MAJOR FUNDING BY UNITED FOOD & COMMERCIAL WORKERS  
LOCAL 770 AND SPONSORED BY PATIENTS, GREATER LOS ANGELES COLLECTIVE ALLIANCE & AMERICANS FOR SAFE ACCESS