

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
FORM **460**

Date Stamp

LOS ANGELES CITY
ETHICS COMMISSION

JAN 26 2017

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>01/01/2017</u>	
through <u>01/21/2017</u>	<u>03/07/2017</u>

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

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1393580

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

LA Students for Change, Opposing Steve Zimmer for School Board 2017

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Encino	CA	91436	(916) 442-7757

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

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

OPTIONAL: FAX / E-MAIL ADDRESS

(916) 442-7759 / fppc@bmhlaw.com

Treasurer(s)

NAME OF TREASURER

Brian Hildreth

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

NAME OF ASSISTANT TREASURER, IF ANY

Ashlee N. Titus

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and under penalty of perjury under the laws of the State of California that the foregoing

contained herein and in the attached schedules is true and complete. I certify

Executed on 01/24/2017
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

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?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ 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

Steve Zimmer

OFFICE SOUGHT OR HELD

Board of Education

☐ SUPPORT
☒ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LA Students for Change, Opposing Steve Zimmer for School Board 2017

Statement covers period

from 01/01/2017

through 01/21/2017

CALIFORNIA
FORM **460**

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I.D. NUMBER

1393580

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 1,000,000.00	\$ 1,000,000.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 1,000,000.00	\$ 1,000,000.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 1,000,000.00	\$ 1,000,000.00

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

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

20. Contributions Received	\$		\$	
21. Expenditures Made	\$		\$	

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 0.00	\$ 0.00
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	50,509.05	50,509.05
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 50,509.05	\$ 50,509.05

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	\$ 0.00
13. Cash Receipts	Column A, Line 3 above	1,000,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	0.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,000,000.00

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

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

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 50,509.05

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

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2017</u> through <u>01/21/2017</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>8</u>		
NAME OF FILER LA Students for Change, Opposing Steve Zimmer for School Board 2017		I.D. NUMBER 1393580

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LA Students for Change, Opposing Steve Zimmer for School Board 2017

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)
01/18/2017	Richard J. Riordan Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur Self Employed - Richard J. Riordan	1,000,000.00 Received through intermediary: California Charter Schools Association Advocates Independent Expenditure Committee 455 Capitol Mall, Suite 600 Sacramento, CA 95814	1,000,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,000,000.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,000,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,000,000.00

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	01/01/2017	
through	01/21/2017	Page <u>5</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
LA Students for Change, Opposing Steve Zimmer for School Board 2017		1393580

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LA Students for Change, Opposing Steve Zimmer for School Board 2017

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/20/2017	Steve Zimmer Board of Education Los Angeles USD District: 04	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	I.IT	48,978.05	48,978.05	2017 \$48,978.05
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				48,978.05		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 48,978.05
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 48,978.05

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from 01/01/2017 through 01/21/2017		CALIFORNIA FORM 460
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NAME OF FILER LA Students for Change, Opposing Steve Zimmer for School Board 2017		I.D. NUMBER 1393580

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
West Coast Public Affairs, Inc. [REDACTED] Encino, CA 91436	IND LIT; Oppose; Steve Zimmer; LAUSD D04	0.00	48,978.05	0.00	48,978.05
Wilson, Paves & Associates Insurance Agency [REDACTED] Bakersfield, CA 93308	OFC	0.00	1,531.00	0.00	1,531.00
SUBTOTALS \$		0.00\$	50,509.05\$	0.00\$	50,509.05

* 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 \$** 50,509.05
- 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 \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 50,509.05
May be a negative number

Schedule G

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

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period from 01/01/2017 through 01/21/2017		CALIFORNIA FORM 460
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NAME OF FILER LA Students for Change, Opposing Steve Zimmer for School Board 2017		I.D. NUMBER 1393580
NAME OF AGENT OR INDEPENDENT CONTRACTOR West Coast Public Affairs, Inc.		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LA Students for Change, Opposing Steve Zimmer for School Board 2017

NAME OF AGENT OR INDEPENDENT CONTRACTOR

West Coast Public Affairs, Inc.

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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data, Inc. Norwalk, CA 90650	LIT		1,889.75
Red Printing & Mail Simi Valley, CA 93063	LIT		17,756.33
United States Postal Service Van Nuys, CA 91401	POS		24,879.42

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 44,525.50

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2017	
through	01/21/2017	Page 8 of 8
NAME OF FILER		I.D. NUMBER
LA Students for Change, Opposing Steve Zimmer for School Board 2017		1393580
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
Wilson, Paves & Associates Insurance Agency		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LA Students for Change, Opposing Steve Zimmer for School Board 2017

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Wilson, Paves & Associates Insurance Agency

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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United State Liability Insurance Company Wayne, PA 19087	OFC		1,197.90

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 1,197.90

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.