

City Ethics Commission
 200 N Spring Street
 City Hall — 24th Floor
 Los Angeles, CA 90012
 Mail Stop 129
 (213) 978-1960

IE Communication Notification (LAUSD)

CEC Form 57-L

Filer Information

- Original filing
 Amended filing (original filed on _____)

NAME OF FILER (<i>Committee name, if applicable</i>)	ID NUMBER (<i>for committees</i>)
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STREET ADDRESS

CITY, STATE, ZIP CODE	PHONE NUMBER
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E-MAIL

- Type of Communication: Independent Expenditure
 Member Communication

Communication Information

A separate form is required for each communication. If the communication supports or opposes more than one candidate, separate forms must also be filed for each candidate, and the spending amounts reported on page 2 of this form must be apportioned among them.

Purpose: Support or Oppose the following LAUSD candidate:

Type of communication: Mailing Telephone Radio Television
 Other: _____

Date first distributed: _____ Number of distributions: _____

A copy of the communication must be attached to this form. Los Angeles Charter § 803(s)(2) specifies the types of copies that must be filed. If the communication is not available when this form must be filed, the form must be amended to include the communication within one business day after the communication becomes available.

Certification

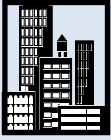
I certify under penalty of perjury under the laws of the City of Los Angeles and the state of California that I am the filer or an agent of the filer, that the communication listed above was not behested by a candidate who benefitted from it, and that all information reported through this form is true and complete.

 Date Filer/Agent Signature: _____

Filer/Agent Name (please print): _____

 Date Treasurer Signature (for committees): _____

Treasurer Name (please print): _____



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Spending Information

In the spaces below, identify the amount of spending per payee that was made or incurred for the candidate identified on page 1. Use additional sheets or boxes if necessary.

Page ____ of ____

DATE (made or incurred)	AMOUNT (made or incurred)	PAYEE (name and address)

PAYEE SERVICES (all services provided by payee for reported amount)

PAYEE VENDORS (name and address of each vendor used by payee for reported amount)

1. _____
2. _____
3. _____

DATE (made/incurred)	AMOUNT (made/incurred)	PAYEE (name and address)

PAYEE SERVICES (all services provided by payee for reported amount)

PAYEE VENDORS (name and address of each vendor used by payee for reported amount)

1. _____
2. _____
3. _____

DATE (made/incurred)	AMOUNT (made/incurred)	PAYEE (name and address)

PAYEE SERVICES (all services provided by payee for reported amount)

PAYEE VENDORS (name and address of each vendor used by payee for reported amount)

1. _____
2. _____
3. _____



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NAME OF FILER (*Committee name, if applicable*)

ID NUMBER (*for committees*)

Contributions Made

Persons making independent expenditure communications to support or oppose LAUSD candidates are required to disclose all contributions of \$100 or more that they made to any LAUSD candidate or candidate committee in the current calendar year. Please check one of the following boxes:

I did not make any reportable contributions.

I made the following reportable contributions (use additional sheets if necessary): Page ____ of ____

CANDIDATE OR COMMITTEE NAME	DATE CONTRIBUTED	AMOUNT CONTRIBUTED
OFFICE SOUGHT (INCLUDING DISTRICT NUMBER)		

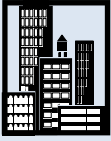
CANDIDATE OR COMMITTEE NAME	DATE CONTRIBUTED	AMOUNT CONTRIBUTED
OFFICE SOUGHT (INCLUDING DISTRICT NUMBER)		

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NAME OF FILER (Committee name, if applicable)

ID NUMBER (for committees)

Contributions Received

Committees must report information about contributions of \$100 or more that they received since the later of the last campaign statement they filed or the first day of the calendar year. This does not apply to contributions earmarked for non-LAUSD purposes. Please check one of the following boxes.

I did not receive any reportable contributions.

I received the following reportable contributions (use additional sheets if necessary): Page ____ of ____

CONTRIBUTOR'S FULL NAME	DATE RECEIVED	AMOUNT RECEIVED
CONTRIBUTOR'S ADDRESS: _____		
CONTRIBUTOR'S EMPLOYER / OCCUPATION: _____		

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CONTRIBUTOR'S ADDRESS: _____		
CONTRIBUTOR'S EMPLOYER / OCCUPATION: _____		

CONTRIBUTOR'S FULL NAME	DATE RECEIVED	AMOUNT RECEIVED
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CONTRIBUTOR'S FULL NAME	DATE RECEIVED	AMOUNT RECEIVED
CONTRIBUTOR'S ADDRESS: _____		
CONTRIBUTOR'S EMPLOYER / OCCUPATION: _____		