Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Statement covers period
from 02/19/2017
through 03/01/2017

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

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

☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall (Also Complete Part 5)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

Primary Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored (Also Complete Part 6)

Primary Formed Candidate/Officeholder Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

2. Type of Statement:
☐ Preliminary Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preliminary Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1392870

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
Citizens for Responsible Los Angeles Marijuana Laws, Yes on M, No on N, a committee of business owners, police officers, labor organizations, and neighborhood council leaders

STREET ADDRESS (NO P.O. BOX)
Los Angeles, CA 90024

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
Los Angeles, CA 90024

MAILING ADDRESS
Los Angeles, CA 90024

OPTIONAL: FAX / E-MAIL ADDRESS
(310)319-0156 / bpalmer@strumwooch.com

Treasurer(s)

NAME OF TREASURER
Beverly Groesman Palmer

MAILING ADDRESS
Los Angeles, CA 90024 (310)576-1233

NAME OF ASSISTANT TREASURER, IF ANY
Fredric Woccher

MAILING ADDRESS
Los Angeles, CA 90024 (310)576-1233

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 03/03/2017

By [Signature]
Treasurer

By [Signature]
Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature]
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By [Signature]
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposition M: Cannabis Regulation After Citizen Input, Taxation and Enforcement</td>
<td>M</td>
</tr>
<tr>
<td>JURISDICTION</td>
<td>SUPPORT OPPPOSE</td>
</tr>
<tr>
<td>City of Los Angeles</td>
<td>SUPPORT OPPPOSE</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT OPPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT OPPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT OPPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>Initiative Ordinance N: Cannabis Activity Permits, Regulation and Taxation (Initiative Ordinance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER N</td>
<td>JURISDICTION</td>
</tr>
<tr>
<td></td>
<td>City of Los Angeles</td>
</tr>
<tr>
<td>SUPPORT/OPPOSE</td>
<td>Oppose</td>
</tr>
</tbody>
</table>
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$95,350.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$95,350.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$95,350.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule E, Line 4</th>
<th>$44,000.00</th>
<th>$335,683.81</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$44,000.00</td>
<td>$335,683.81</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$44,000.00</td>
<td>$335,683.81</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Previous Summary Page, Line 16</th>
<th>$27,316.19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>Column A, Line 3</td>
<td>$95,350.00</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$95,350.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>$44,000.00</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$78,666.19</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule B, Part 2</th>
<th>$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>See instructions on reverse</td>
<td>$0.00</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

---

**Note:** The 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.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/21/2017</td>
<td>UCBA Trade Association</td>
<td></td>
<td></td>
<td>50,000.00</td>
<td>135,000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Los Angeles, CA 90017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/24/2017</td>
<td>California Teamsters Public Affairs Council Issues</td>
<td></td>
<td></td>
<td>5,000.00</td>
<td>30,000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sacramento, CA 95814</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/01/2017</td>
<td>Louis M. Barrie</td>
<td></td>
<td>Sales</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>West Hills, CA 91304</td>
<td></td>
<td>IMBarrie &amp; Associates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/01/2017</td>
<td>Eaze Solutions, Inc.</td>
<td></td>
<td></td>
<td>5,000.00</td>
<td>5,000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>San Francisco, CA 94111</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/01/2017</td>
<td>Noah Simon</td>
<td></td>
<td>Sales</td>
<td>250.00</td>
<td>250.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sherman Oaks, CA 91423</td>
<td></td>
<td>Wholesale MMJ</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 60,350.00

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals) ................................................................. $ 95,350.00

2. Amount received this period – unitemized monetary contributions of less than $100 .................................................. $ 0.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1)............................................... TOTAL $ 95,350.00

---

*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

---

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/01/2017</td>
<td>UCBA Trade Association, Los Angeles, CA 90017</td>
<td></td>
<td>□ IND □ COM □ OTH □ PTY □ SCC</td>
<td>25,000.00</td>
<td>135,000.00</td>
<td></td>
</tr>
<tr>
<td>03/01/2017</td>
<td>UCBA Trade Association, Los Angeles, CA 90017</td>
<td></td>
<td>□ IND □ COM □ OTH □ PTY □ SCC</td>
<td>50,000.00</td>
<td>135,000.00</td>
<td></td>
</tr>
</tbody>
</table>

This check received on 2/21 was lost in the mail on the way to the bank. A stop payment was made and it is being replaced by the $50k contribution made this date.

| 03/01/2017    | UCBA Trade Association, Los Angeles, CA 90017                                                  |                  | □ IND □ COM □ OTH □ PTY □ SCC                                                              | -50,000.00                 | 135,000.00                                      |                                  |
| 03/01/2017    | UCBA Trade Association, Los Angeles, CA 90017                                                  |                  | □ IND □ COM □ OTH □ PTY □ SCC                                                              | 10,000.00                  | 135,000.00                                      |                                  |

SUBTOTAL: $35,000.00

*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 E
## Payments Made

**Amounts may be rounded to whole dollars.**

**Statement covers period**

from 02/19/2017  
through 03/01/2017

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1392870</th>
</tr>
</thead>
</table>

## SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

Citizens for Responsible Los Angeles Marijuana Laws, Yes on M, No on N, a committee of business owners, police officers, labor organizations, and neighborhood council leaders

**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
- 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
- PHD 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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County Democratic Party - Issues and Advocacy</td>
<td>LIT</td>
<td></td>
<td>20,000.00</td>
</tr>
<tr>
<td>Los Angeles, CA 90010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diverse Strategies for Organizing</td>
<td>CNS</td>
<td></td>
<td>5,000.00</td>
</tr>
<tr>
<td>Los Angeles, CA 90041</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bernard Dory</td>
<td>CNS</td>
<td></td>
<td>7,000.00</td>
</tr>
<tr>
<td>Los Angeles, CA 90056</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**

32,000.00

## Schedule E Summary

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

   $ 44,000.00

2. Unitimated payments made this period of under $100

   $ 0.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

   $ 0.00

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

   TOTAL $ 44,000.00

---

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

www.fppc.ca.gov
### Schedule E (Continuation Sheet)

**Payments Made**

Amounts may be rounded to whole dollars.

**Statement covers period**

from 02/19/2017  
through 03/01/2017

**NAME OF FILER**
Citizens for Responsible Los Angeles Marijuana Laws, Yes on M, No on N, a committee of business owners, police officers, labor organizations, and neighborhood council leaders

**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.
- **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
- **PHD**: 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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darby Levin, Studio City, CA 91604</td>
<td>CNS</td>
<td></td>
<td>5,500.00</td>
</tr>
<tr>
<td>Samantha Stevens, Van Nuys, CA 91405</td>
<td>CNS</td>
<td></td>
<td>6,500.00</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL** $ 12,000.00

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