Recipient Committee
Campaign Statement
Cover Page

(State covers period
from ______ to ______)
(Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [X] Primarily Formed Ballot Measure Committee
   - [ ] Recall
   - [ ] Controlled
   - [ ] Sponsored
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Candidate/Officeholder Committee

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): ____________________________________________
   CITY: Los Angeles
   STATE: CA
   ZIP CODE: 90024
   AREA CODE/PHONE: (310) 576-1233
   Mailing Address (If Different) No. And Street Or P.O. Box: __________________________
   CITY: Los Angeles
   STATE: CA
   ZIP CODE: 90024
   AREA CODE/PHONE: (310) 576-1233
   Optional: Fax / E-mail Address: (310) 319-0156 / bpalmer@strumwooc.com

2. Type of Statement:
   - [X] Semi-Annual Statement
   - [ ] Preelection Statement
   - [ ] Termination Statement:
     - (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below) __________________________

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

   Executed on _______ 2017
  ertificate __________________________
   By __________________________
   Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on _______ 2017
   Certificate __________________________
   By __________________________
   Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

   Executed on _______ 2017
   Certificate __________________________
   By __________________________
   Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

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

www.netfile.com
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</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>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE? (YES or NO)</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>COMMITTEE NAME</td>
<td>I.D. NUMBER</td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE? (YES or NO)</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

| NAME OF BALLOT MEASURE | Proposition M: Cannabis Regulation After Citizen Input, Taxation and Enforcement. |
| BALLOT NO. OR LETTER | JURISDICTION |
| M | City of Los Angeles |

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

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT |
| 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMITTEE NAME</td>
<td>I.D. NUMBER</td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE? (YES or NO)</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
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<tr>
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<td>NAME OF TREASURER</td>
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<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</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</td>
<td>N</td>
</tr>
<tr>
<td>JURISDICTION</td>
<td>City of Los Angeles</td>
</tr>
<tr>
<td>SUPPORT/OPOSE</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>$50,500.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule D, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$50,500.00</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>$50,500.00</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$102,055.32</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$102,055.32</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$102,055.32</td>
</tr>
</tbody>
</table>

## Current Cash Statement

12. Beginning Cash Balance | Previous Summary Page, Line 16 | $76,666.19 |
13. Cash Receipts | Column A, Line 3 above | $50,500.00 |
14. Miscellaneous Increases to Cash | Schedule I, Line 4 | $0.00 |
15. Cash Payments | Column A, Line 8 above | $102,055.32 |
16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $27,110.87 |

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

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* | Date of Election (mm/dd/yy) | Total to Date |

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

## 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 | $0.00 |
## Schedule A
Monetary Contributions Received

Amelots may be rounded to whole dollars.

**STATEMENT COVERS PERIOD**
- From 03/02/2017
- Through 06/30/2017

**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

**ID NUMBER**
1392970

### Date Received
<table>
<thead>
<tr>
<th>Date</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>03/03/17</td>
<td>East Solutions, Inc.</td>
<td></td>
<td></td>
<td>10,000.00</td>
<td>15,000.00</td>
<td></td>
</tr>
<tr>
<td>03/03/17</td>
<td>McAllister Garfield, P.C.</td>
<td></td>
<td></td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
<tr>
<td>03/06/17</td>
<td>UFCW Western States Council</td>
<td></td>
<td></td>
<td>20,000.00</td>
<td>20,000.00</td>
<td></td>
</tr>
<tr>
<td>03/07/17</td>
<td>UCBW Trade Association</td>
<td></td>
<td></td>
<td>20,000.00</td>
<td>55,000.00</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $**

50,500.00

### Schedule A Summary

1. Amount received this period – Itemized monetary contributions.
   (Include all Schedule A subtotals.) .................................................. $ 50,500.00

2. Amount received this period – Unitized 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 $ 50,500.00

*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

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### Schedule E Payments Made

Amounts may be rounded to whole dollars.

**Statement covers period**
- from 03/02/2017
- through 06/30/2017

**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

**ID: NUMBER**
1392870

**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
- PL candidate filing/ballot fees
- RND 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)

<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, CA 90049</td>
<td>WEB</td>
<td>Online advertising</td>
<td>24,000.00</td>
</tr>
<tr>
<td>Los Angeles, CA 90049</td>
<td>WEB</td>
<td>Online advertising</td>
<td>10,000.00</td>
</tr>
<tr>
<td>Larry Levine &amp; Associates</td>
<td>CNS</td>
<td></td>
<td>40,000.00</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 74,000.00

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 102,055.32
2. Unitemized 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 $ 102,055.32

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## Schedule E
(Continuation Sheet)
Payments Made

**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

**I.D. NUMBER**
1392870

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

- CWP: 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
- RAD: radio airtime and production costs
- RFD: returned contributions
- OFC: office expenses
- PET: petition circulating
- POL: polling and survey research
- PCD: postage, delivery and messenger services
- PHO: phone banks
- PRO: professional services (legal, accounting)
- PRI: print ads
- 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
- TSB: transfer between committees of the same candidate/sponsor
- VOT: voter registration
- W&B: information technology costs (internet, e-mail)

### NAME AND ADDRESS OF PAYEE
(If Committee, also enter I.D. Number)

1. **Larry Levine & Associates**
   - Sherman Oaks, CA 91413
   - Code: CNS
   - Description of Payment: Campaign Consultants
   - Amount Paid: 20,000.00

2. **York Creative Advertising & Design**
   - Salt Spring Island, BC V1M
   - Code: LIT
   - Description of Payment: Campaign Literature and Mailings
   - Amount Paid: 150.00

3. **Strumwasser & Woocher LLP**
   - Los Angeles, CA 90024
   - Code: PRO
   - Description of Payment: Professional Services (legal, accounting)
   - Amount Paid: 7,905.32

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

**SUBTOTAL $**
28,055.32