Recipient Committee
'The Campaign Statement
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

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

2. Type of Statement:
   - Pre-election Statement
   - Semi-annual Statement
   - Amendment (Explain below)

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Felipe Fuentes Reform CA Ballot Measure Committee

   STREET ADDRESS (NO P.O. BOX)

   CITY: Los Angeles
   STATE: CA
   ZIP CODE: 90017-0000
   AREA CODE/PHONE: 21345256565

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

   CITY: Los Angeles
   STATE: CA
   ZIP CODE: 90017-0000
   AREA CODE/PHONE: 21345256565

   OPTIONAL: FAX/EMAIL ADDRESS
   21345256575

   DATE: 01/22/2016
   NAME: Felipe Fuentes
   SIGNATURE: __________________________
   OFFICER/SECRETARY
   TITLE: __________________________

   DATE: 01/22/2016
   NAME: Felipe Fuentes
   SIGNATURE: __________________________
   OFFICER/SECRETARY
   TITLE: __________________________

   DATE: __________________________
   NAME: __________________________
   SIGNATURE: __________________________
   OFFICER/SECRETARY
   TITLE: __________________________

   DATE: __________________________
   NAME: __________________________
   SIGNATURE: __________________________
   OFFICER/SECRETARY
   TITLE: __________________________

4. Verification

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

Executed on 01/22/2016
By __________________________
NAME: Felipe Fuentes
SIGNATURE: __________________________
OFFICER/SECRETARY
TITLE: __________________________

FFPC Form 460 (June/01)
FFPC Toll-Free Helpline: 888/ASK-FFPC
State of California
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Felipe Fuentes

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Held: City Council Member City of Los Angeles 07

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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME
Felipe Fuentes for City Council 2013 Officeholder Account

NAME OF TREASURER
Felipe Fuentes

CONTROLLED COMMITTEE?
YES

COMMITTEE ADDRESS

CITY
Los Angeles

STATE
CA

ZIP CODE
90017

AREA CODE/PHONE
(213) 452-6565

6. 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
Felipe Fuentes

OFFICE SOUGHT OR HELD
Held: City Council Member City of Los Angeles 07

DISTRICT NO. IF ANY

7. Primarily Formed 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

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

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California
**Campaign Disclosure Statement - Summary Page**

**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>$0.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 7</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$0.00</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>$0.00</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>$6395.16</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 7</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$6395.16</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>$6395.16</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$17993.70</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$0.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$544.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$6395.16</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$12142.54</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yyyy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$0.00</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.
### Schedule E

**Payments Made**

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

**Statement covers period**

<table>
<thead>
<tr>
<th>from</th>
<th>through</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 / 5</td>
</tr>
</tbody>
</table>

**I.D. NUMBER**

| 1319901 |

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**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
- **PCL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RPD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** telephone and 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/sperson
- **VOT** voter registration
- **WEB** information technology costs (internet, email)

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**Name and Address of Payee or Creditor**

<table>
<thead>
<tr>
<th>PAYEE/COMPANY</th>
<th>ID</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaufman Legal Group</td>
<td></td>
<td>PRO</td>
<td></td>
<td>5856.00</td>
</tr>
<tr>
<td>Los Angeles   CA  90017</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaufman Legal Group</td>
<td></td>
<td>OFC</td>
<td></td>
<td>23.88</td>
</tr>
<tr>
<td>Los Angeles   CA  90017</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGP VAN, Inc.</td>
<td></td>
<td>OFC</td>
<td></td>
<td>515.28</td>
</tr>
<tr>
<td>Washington    DC  20005</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL** $ 6395.16

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**Schedule E Summary**

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) $ 6395.16
2. Unitized 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 $ 6395.16
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/21/2015</td>
<td>Felipe Fuentes Reform CA Ballot Measure Committee</td>
<td>Reimbursement from Officeholder Committee for Credit Card Payment</td>
<td>544.00</td>
</tr>
<tr>
<td></td>
<td>Los Angeles, CA 90017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule I Summary**

1. Increases to cash of $100 or more this period. .................................................. $ 544.00
2. Unitemized increases to cash under $100 this period. ........................................ $ 0.00
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 $ 544.00