Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)		CITY CL	ERK	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from10/23/2016 through12/31/2016	Date of election if applicable: JAN 26 (Month, Day, Year) 11/08/2016 Date of election if applicable: JAN 26 OF CGS1	PN 3: 05	Page1 of16 For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 2, 3, and 4. Interpretation of the complete Parts 1, 3, and 4. Interpretation of the complete Parts 1, 3, and 4. Interpretation of the complete Parts 1, 3, and 4. Interpretation of the complete Parts 1, 3, and 4. Interpretation of the complete Parts 1, 3, and 4. Interpretation of the complete Parts 1, 3, and 4. Interpretation of the complete Parts 1, 3, and 4. Interpretation of the complete Parts 1, 3, and 4. Interpretation of the complete Parts 1, 3, and 4. Interpretation of the complete Parts 1, 3, and 4. Interpretation of the complete Parts 1, 3, and 4. Interpretation of the complete Parts 1, and 4,	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Specia Supple	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495
5. Committee information		Treasurer(s) NAME OF TREASURER Lysa Ray MAILING ADDRESS 603 E Alton Ave STE G CITY Santa Ana NAME OF ASSISTANT TREASURER, IF ANY	STATE ZIP COI CA 9270	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B 603 E Alton Ave STE G CITY Santa Ana CA 9270 OPTIONAL: FAX / E-MAIL ADDRESS lysaray.campaignservices@gmail.com	DE AREA CODE/PHONE	MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP COI	DE AREA CODE/PHONE
I. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	this statement and to the best of my kn a that the foregoing is true and correct.	owledge the information contained herein and in the	attached schedule	es is true and complete. I certify
Executed on	By Signature of Co	Signature of Syasurer or Assistant Treasurer on the state of the state	sible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Propo	onent	_
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Propo	onent	

FPPC Form 460 (Jan/2016)

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Recipient Committee Campaign Statement Cover Page — Part 2

	ORNIA ORM		160	THE PERSON NAMED IN
Page _	2	of _	16	

Officeholder or Candidate Controlled Committee			6.	Primarily Formed Ballot	Measure	Committee)	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Allan Mansoor								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND City Council Member: City of Costa Mes		LE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY STATE Costa Mesa CA	ZIP 92626		Identify the controlling offic	ceholder, car	ndidate, or s	tate measure	e proponent, if any.
Related Committees Not Included in th	nis Statement: List any co	mmittees		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PR	OPONENT		
not included in this statement that are controlled in contributions or make expenditures on behalf of y	our candidacy.	to receive		OFFICE SOUGHT OR HELD			DISTRICT NO). IF ANY
NAME OF TREASURER	CONTROLLED COMMIT	ILL	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	eholder Co	ommittee s primarily for	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (No	O P.O. BOX)			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		,	NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (No.	CONTROLLED COMMIT			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE		DE/PHONE		Attach	n continuatio	on sheets if i	necessary	

Campaign Disclosure Statement **Summary Page**

SEE INSTRUCTIONS ON REVERSE

Mansoor for City Council 2016

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMAF	RY PAGE	Ξ
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Statement covers period CALIFORNIA FORM 10/23/2016 from ____ through _____12/31/2016 Page ___3 ___ of ___16___ I.D. NUMBER

1385155

					1385155
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	8,898.00	\$	72,832.49	General Elections
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	8,898.00	\$	72,832.49	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		1,557.61	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$	8,898.00	\$	74,390.10	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4			\$	72,255.35	Candidates
7. Loans Made Schedule H, Line 3				0.00	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	46,490.41	\$	72,255.35	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		2,295.42		2,295.42	Date of Election Total to Date
10. Nonmonetary Adjustment		0.00		1,557.61	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	48,785.83	\$	76,108.38	/\$
Current Cash Statement					/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	38,169.55	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		8,898.00	an	nounts in Column A to the	
4. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	rresponding amounts m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
5. Cash Payments Column A, Line 8 above		46,490.41		oort. Some amounts in slumn A may be negative	- Sported in Soldhin B.
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	577.14	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.	-		ре	btracted from previous riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	e first report being filed this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	•
18. Cash Equivalents See instructions on reverse	\$	0.00		- its	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	2,295.42			
					FPPC Form 460 (Jan/2

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Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cove		CALIFOR FORM	
SEE INSTRUCTION	ONS ON REVERSE			through12/31/2	016	Page4	of16
	City Council 2016					I.D. NUMBER	l
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 I CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE IF REQUIRED)
11/07/2016	California Real Estate Political Action Committee (ID# 890106) 525 S. Virgil Ave. Los Angeles, CA 90020	□IND ⊠ COM □ OTH □ PTY □ SCC	Г	249.00	2.	49.00 G2016	\$249.00
10/25/2016	Patrick Dirk	IND COM OTH PTY SCC	CEO Troy Group	1,000.00	1,0	00.00 G2016	\$1,000.00
11/05/2016	Isabell Kerins	⊠IND □COM □OTH □PTY □SCC	Homemaker	100.00	10	00.00 G2016	\$100.00
10/24/2016	Mike Manclark	□IND □COM ☑OTH □PTY □SCC	CEO Mangic	2,500.00	2,50	00.00 G2016	\$2,500.00
10/29/2016	Nedrick McCune	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Commercial Property Manager Mariners Mile Co	4,000.00	11,50	00.00 G2016	\$11,500.00
			SUBTOTAL\$	7,849.00			
. Amount red (Include all . Amount red . Total mone	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contributions stary contributions received this period. 1 and 2. Enter here and on the Summary Page, Column	of less than \$	\$100 \$		IND - I COM - OTH - PTY -	Political Party	PTY or SCC) business entity)

						Statement cove from10/23/	2016	SCHEDULE A (CONT.) CALIFORNIA 460 FORM		
NAME OF FILER				through12/31/	2010		5 of	16		
	City Council 2016					1.D. NU				
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 CALENDAR Y (JAN. 1 - DEC	'EAR	ТО	ECTION DATE QUIRED)		
10/29/2016	Cathy Schroeder		Retired	500.00		00.00	G2016	\$500.00		
10/29/2016	Surat Singh		Owner Angel's Auto Spa	400.00	4	100.00	G2016	\$400.00		
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
	a	☐IND ☐COM ☐OTH								

SUBTOTAL\$

900.00

PTY scc

*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 SEE INSTRUCTIONS ON REVERSE	Amounts may be rounded to whole dollars.					rers period 3/2016 1/2016	CALIFO FOR	ORNIA 4	60
NAME OF FILER				tn	rough	172016	Page6		16
Mansoor for City Council 2016							138515		
CODES: If one of the following codes accurately describe 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 con MTG meetings ar OFC office experiments PET petition circum PHO phone bank POL polling and POS postage, de	nmunications and appearance ases ulating s survey resear	es	RAI RFI SAI TEL TRO	oradio airtime oreturned con campaign wo t.v. or cable a candidate tra staff/spouse t transfer betw voter registra	and production of tributions orkers' salaries uirtime and produ vel, lodging, and travel, lodging, a een committees	costs uction costs meals and meals of the sam	ne candidate/	'sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTI	ON OF PAYMENT			AMOUNTI	PAID
Anedot.com PO Box 84314 Baton Rouge, LA 70884			ce		· ·		-		137.10
Anedot.com PO Box 84314 Baton Rouge, LA 70884			cc processin	g .					2.25
Chase 6714 Grade In., BLdg 8 Louisville, KY 40213		СМР							150.26
* Payments that are contributions or independent expenditures n	nust also be summ	arized on S	chedule D.			SUB	BTOTAL\$		289.61
Schedule E Summary				<u>-</u>	<u>-</u>				
Itemized payments made this period. (Include all Schedule	E subtotals.)						\$	46,481	. 41
2. Unitemized payments made this period of under \$100			***************************************				\$ \$.00
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column (e).)				\$.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Er	nter here and on th	ne Summar	y Page, Colum	nn A, Line 6	5.)	ТОТ/	AL \$	46,490	.41

(Continuation Sheet) Payments Made Amounts may be round to whole dollars.				from	tatement covers period	CALIFOR	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				throu	igh 12/31/2016	- Page	7 of16
Mansoor for City Council 2016						1385155	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member.com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating curvey resear	es ·	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and product returned contributions campaign workers' salar t.v. or cable airtime and p candidate travel, lodging, staff/spouse travel, lodging transfer between commit voter registration	ion costs ies production costs and meals ng, and meals tees of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	·	CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Chase 5714 Grade Ln., BLdg 8 Bouisville, KY 40213		CMP		17.00			109.71
Clark Strategy Group 1495 Vineyard Dr. Luburn, CA 95603		LIT					8,696.51
Clark Strategy Group 1495 Vineyard Dr. Luburn, CA 95603		LIT					9,443.12
lark Strategy Group 1495 Vineyard Dr. Buburn, CA 95603	<u>. </u>	LIT			· · · · · · · · · · · · · · · · · · ·		2,464.75
Clark Strategy Group 495 Vineyard Dr. Suburn, CA 95603		LIT					5,122.38
Payments that are contributions or independent expenditures must al	so be summarized on	Schedule D.	<u> </u>			SUBTOTAL \$	25,836.47

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA Amounts may be rounded **Payments Made** to whole dollars. **FORM** 10/23/2016 from 12/31/2016 through of_ 16 SEE INSTRUCTIONS ON REVERSE Page __ 8 NAME OF FILER LD. NUMBER Mansoor for City Council 2016 1385155 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 meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OEC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Clark Strategy Group LIT 2,840,21 2495 Vineyard Dr. Auburn, CA 95603 Clark Strategy Group LIT 10,096,78 2495 Vinevard Dr. Auburn, CA 95603 Clark Strategy Group CNS 500.00 2495 Vineyard Dr. Auburn, CA 95603 Clark Strategy Group WER 2,000.00 2495 Vineyard Dr. Auburn, CA 95603 Clark Strategy Group PHO 484.96 2495 Vineyard Dr. Auburn, CA 95603 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 15,921.95

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Schedule E (Continuation Sheet)

SCHEDULE E (CONT.)

Statement covers period

Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE JAME OF FILER	Amounts may be to whole do			Statement covers period from10/23/2016 through12/31/2016	Page	9 of16
Mansoor for City Council 2016					1385155	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. COMP campaign consultants COMP campaign consultants COMP campaign consultants COMP campaign consultants COMP campaign paraphernalia/misc. COMP campaign consultants COMP campaign consultants COMP campaign consultants COMP civic donations COMP campaign paraphernalia/misc. COMP campaign paraphernalia/misc	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications I appearance ses ating urvey reseal very and me	es	rwise, describe the paymen RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and production TRC candidate travel, lodging, and TRS staff/spouse travel, lodging TSF transfer between committee VOT voter registration WEB information technology cos	on costs s oduction costs and meals g, and meals es of the sam	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
MH Meyer 560-1 Newbury Rd #212 lewbury Park, CA 91320 lewbury Marketing		POS				1,834.40
O W. Easy Street Unit 2 imi Valley, CA 93065		CMP				1,960.00
ysa Ray Campaign Services 03 E Alton Ave STE G anta Ana, CA 92705		PRO				250.00
ysa Ray Campaign Services 03 E Alton Ave STE G anta Ana, CA 92705		PRO				250.00
avid Mandoerfer		CMP				138.98
Payments that are contributions or independent expenditures must als	so be summarized on §	Schedule D.		S	UBTOTAL \$	4,433.38

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

CALIFORNIA 460 Statement covers period FORM 10/23/2016 through ____12/31/2016 Page _______ of ______ I.D. NUMBER

Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mansoor for City Council 2016 1385155

CODES: If one of the following codes accurately described 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	es the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns nces earch messenger services	RAD radio airtime ar returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra TSF transfer between VOT voter registration	nd production costs butions kers' salaries time and production costs el, lodging, and meals avel, lodging, and meals en committees of the sar	ne candidate/sponsor
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
Clark Strategy Group 2495 Vineyard Dr. Auburn, CA 95603	CNS	0.00	2,295.42	0.00	2,295.42

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	0.00\$	2,295.42\$	0.00\$	2,295.42

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.)	2,295.42
2. 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.)	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	2,295.42 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.

Statement covers period	CALIFORNIA 4 O O
from10/23/2016	CALIFORNIA 460
through12/31/2016	Page11 of16
	I.D. NUMBER
	1205155

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mansoor for City Council 2016 NAME OF AGENT OR INDEPENDENT CONTRACTOR

Clark Strategy Group

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 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 independent expenditure supporting/opposing others (explain)* IND 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 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
DMH Meyer 1560-1 Newbury Rd #212 Newbury Park, CA 91320	LIT		4,790.00
DMH Meyer 1560-1 Newbury Rd #212 Newbury Park, CA 91320	POS		2,688.87
DMH Meyer 1560-1 Newbury Rd #212 Newbury Park, CA 91320	LIT	x	4,140.00
DMH Meyer 1560-1 Newbury Rd #212 Newbury Park, CA 91320	POS		3,156.01
Attach additional information on appropriately labeled continuation she	pate		TOTAL* \$ 14.774.88

* 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.

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

14,774.88

TOTAL* \$

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

Amounts may be rounded to whole dollars.

SCHEDULE G (CONT.) Statement covers period CALIFORNIA 10/23/2016 **FORM** from_

SEE INSTRUCTIONS ON REVERSE	through12/31/2016
NAME OF FILER	

I.D. NUMBER

Page ____12___ of ___16__

1385155

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Mansoor for City Council 2016

Clark Strategy Group

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 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 postage, delivery and messenger services

professional services (legal, accounting) 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)

^{*} 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
DMH Meyer 1560-1 Newbury Rd #212 Newbury Park, CA 91320	LIT		4,295.00
DMH Meyer 1560-1 Newbury Rd #212 Newbury Park, CA 91320	POS		3,779.66
DMH Meyer 1560-1 Newbury Rd #212 Newbury Park, CA 91320	LIT	,	2,200.00
DMH Meyer 1560-1 Newbury Rd #212 Newbury Park, CA 91320	LIT		2,147.50
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 12,422.16

^{*} 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 (Continuation Sheet) Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G (CONT.)

State	ment covers period	CALIFORNIA 460
from	10/23/2016	FORM 46U
through	12/31/2016	Page13 of16
		I.D. NUMBER
		1385155

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mansoor for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Clark Strategy Group

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 phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings 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
DMH Meyer 1560-1 Newbury Rd #212 Newbury Park, CA 91320	POS			1,968.82
DMH Meyer 1560-1 Newbury Rd #212 Newbury Park, CA 91320	LIT			1,930.00
DMH Meyer 1560-1 Newbury Rd #212 Newbury Park, CA 91320	LIT			50.00
JC Evans 11230 Gold Express Drive Rancho Cordova, CA 95670	СМР			760.00

Attach additional information on appropriately labeled continuation sheets.

4,708.82

TOTAL* \$

^{*} 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 (Continuation Sheet)

SCHEDULE G (CONT.)

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from10/23/2016	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through 12/31/2016	Page 14 of 16
•			I.D. NUMBER
Mansoor for City Council 2016 NAME OF AGENT OR INDEPENDENT CONTRACTOR Clark Strategy Group	· · · · · · · · · · · · · · · · · · ·		1385155
CODES: If one of the following codes accurately describe	pes the payment, you may enter the code. O	therwise, describe the paymen	nt.
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	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	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and trassistant staff/spouse travel, lodging,	costs duction costs

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

TSF

VOT voter registration

^{*} 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
JC Evans 11230 Gold Express Drive Rancho Cordova, CA 95670	CMP			360.00
JC Evans 11230 Gold Express Drive Rancho Cordova, CA 95670	LIT			809.99
JC Evans 11230 Gold Express Drive Rancho Cordova, CA 95670	СМР			760.00
JC Evans	CMP			
11230 Gold Express Drive Rancho Cordova, CA 95670				400.00
Attach additional information on appropriately labeled continuat	ion sheets.		TOTAL* \$	2,329.99

^{*} 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.

transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

LEG

legal defense

campaign literature and mailings

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

Amounts may be rounded to whole dollars.

	SCHEDULE G (CONT.
Statement covers period	CALIFORNIA ACO
from10/23/2016	FORM 40U
through 12/31/2016	Page 15 of 16

 SEE INSTRUCTIONS ON REVERSE
 through 12/31/2016
 Page 15 of 16

 NAME OF FILER
 I.D. NUMBER

 Mansoor for City Council 2016
 1385155

Clark Strategy Group

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

	and paymond, you may onto allo dodo; otherwise, describe the payment.						
OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs		
	1 - 3	MTG	meetings and appearances		returned contributions		
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries		
	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		
	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals		
ND	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		
ĽŢ	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
Landslide Communications of NV 30011 Ivy Glenn Dr. Laguna Niguel, CA 92677	PHO		238
Landslide Communications of NV 30011 Ivy Glenn Dr. Laguna Niguel, CA 92677	РНО		173
USPS Sunflower Station , 9705	POS		1,100
Attach additional information on appropriately labeled continuation sheet	ts.		TOTAL* \$ 1,512

* 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 N	lade by an A	gent or Ind	ependent
Contractor (on Behalf o	This Com	mittee)

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA ACO
from 10/23/2016	FORM 460
through 12/31/2016	Page 16 of 16
	I.D. NUMBER

1385155

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mansoor for City Council 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

DMH Meyer

LIT

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

MBR member communications

petition circulating

MTG meetings and appearances

polling and survey research

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings

OFC office expenses PET PHO phone banks

postage, delivery and messenger services 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

transfer between committees of the same candidate/sponsor TSF VOT voter registration

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	Α	MOUNT PAID
USPS Sunflower Station , 9705	POS				1,834.4
	·				
					
ttach additional information on appropriately labeled continuation sheets.				TOTAL* \$	1,834.4

^{*} 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.