

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

RECEIVED
Date Stamp
CITY CLERK
20 JUL 14 PM 3: 2
CITY OF COSTA MESA
BY [REDACTED]

CALIFORNIA FORM **460**

Page 1 of 11

For Official Use Only

Statement covers period

from 01/01/2020

through 06/30/2020

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

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
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1359386

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COSTA MESA DEMOCRATIC CLUB

STREET ADDRESS (NO P.O. BOX)
111 N. La Brea Ave., Suite 408

| | | | |
|------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Inglewood</u> | <u>CA</u> | <u>90301</u> | <u>(310) 817-6679</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
111 N. La Brea Ave., Suite 408

| | | | |
|------------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Inglewood</u> | <u>CA</u> | <u>90301</u> | |

OPTIONAL: FAX / E-MAIL ADDRESS
(310) 672-6679 / cine@politicalreportingplus.com

Treasurer(s)

NAME OF TREASURER
Jon Landis

MAILING ADDRESS
111 N. La Brea Ave., Suite 408

| | | | |
|------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Inglewood</u> | <u>CA</u> | <u>90301</u> | <u>(310) 817-6679</u> |

NAME OF ASSISTANT TREASURER, IF ANY
Ms. Cine D. Ivery

MAILING ADDRESS
111 N. La Brea Ave., Suite 408

| | | | |
|------------------|-----------|-------------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Inglewood</u> | <u>CA</u> | <u>90301-4604</u> | <u>(310) 817-6679</u> |

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 07/12/2020
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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 make expenditures on behalf of your candidacy.*

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| 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.*

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | | |
|----------------------------|------------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2020 | |
| through | 06/30/2020 | Page <u>3</u> of <u>11</u> |
| NAME OF FILER | | I.D. NUMBER |
| COSTA MESA DEMOCRATIC CLUB | | 1359386 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COSTA MESA DEMOCRATIC CLUB

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 1,805.00 | \$ 1,805.00 |
| 2. Loans Received Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 1,805.00 | \$ 1,805.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 99.00 | 99.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 1,904.00 | \$ 1,904.00 |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A | Column B |
|---|-------------|-------------|
| 6. Payments Made Schedule E, Line 4 | \$ 3,448.36 | \$ 3,448.36 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 3,448.36 | \$ 3,448.36 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | -75.00 | 0.00 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 99.00 | 99.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 3,472.36 | \$ 3,547.36 |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|-------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 3,087.85 |
| 13. Cash Receipts Column A, Line 3 above | 1,805.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 99.00 |
| 15. Cash Payments Column A, Line 8 above | 3,448.36 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 1,543.49 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

| | |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ 0.00 |
|---|---------|

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**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2020 | |
| through | 06/30/2020 | Page <u>4</u> of <u>11</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COSTA MESA DEMOCRATIC CLUB

I.D. NUMBER

1359386

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|---|---|------------------------------------|
| 01/29/2020 | Tom Arnold [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 25.00 Received through intermediary: ActBlue California 366 Summer St Somerville, MA 02144-3032 | 145.00 | |
| 01/29/2020 | Tom Arnold [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 20.00 | 145.00 | |
| 01/29/2020 | Flo Martin [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 20.00 | 120.00 | |
| 01/29/2020 | Flo Martin [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 100.00 | 120.00 | |
| 01/29/2020 | Bethany Webb [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Loan Officer/ Real Estate Agent Franklin Advantage, Inc. | 20.00 | 120.00 | |
| SUBTOTAL \$ | | | | 185.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 705.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,100.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,805.00

*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 A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|----------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2020 | |
| through | 06/30/2020 | Page 5 of 11 |
| NAME OF FILER | | I.D. NUMBER |
| COSTA MESA DEMOCRATIC CLUB | | 1359386 |

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|---|---|---|------------------------------------|
| 02/03/2020 | Lise Miller [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Property Manager Self-Employed - No Separate Business Name | 300.00 Received through intermediary: Anedot 5555 Hilton Ave., Suite 106 Baton Rouge, LA 70808 | 300.00 | |
| 02/06/2020 | Cassius Rutherford [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Account Manager Consensus, Inc. | 20.00 Received through intermediary: Anedot 5555 Hilton Ave., Suite 106 Baton Rouge, LA 70808 | 119.00 | |
| 02/07/2020 | Bethany Webb [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Loan Officer/ Real Estate Agent Franklin Advantage, Inc. | 100.00 Received through intermediary: Anedot 5555 Hilton Ave., Suite 106 Baton Rouge, LA 70808 | 120.00 | |
| 02/29/2020 | Tom Arnold [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 25.00 Received through intermediary: ActBlue California 366 Summer St Somerville, MA 02144-3132 | 145.00 | |
| 04/29/2020 | Tom Arnold [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 25.00 Received through intermediary: ActBlue California 366 Summer St Somerville, MA 02144-3132 | 145.00 | |
| SUBTOTAL \$ | | | | 470.00 | | |

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|----------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2020 | |
| through | 06/30/2020 | Page <u>6</u> of <u>11</u> |
| NAME OF FILER | | I.D. NUMBER |
| COSTA MESA DEMOCRATIC CLUB | | 1359386 |

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|---|--|---------------------------------------|
| 05/29/2020 | Tom Arnold [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 25.00 Received through intermediary: ActBlue California 366 Summer St Somerville, MA 02144-1132 | 145.00 | |
| 06/29/2020 | Tom Arnold [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 25.00 Received through intermediary: ActBlue California 366 Summer St Somerville, MA 02144-1132 | 145.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 50.00 | | |

*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 C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2020 | |
| through | 06/30/2020 | Page <u>7</u> of <u>11</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COSTA MESA DEMOCRATIC CLUB

I.D. NUMBER

1359386

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 05/12/2020 | Cassius Rutherford [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Account Manager Consensus, Inc. | Web-Site Design | 99.00 | 119.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 99.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 99.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 99.00

*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 | | CALIFORNIA FORM 460 |
| from | 01/01/2020 | |
| through | 06/30/2020 | Page <u>8</u> of <u>11</u> |
| NAME OF FILER | | I.D. NUMBER |
| COSTA MESA DEMOCRATIC CLUB | | 1359386 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COSTA MESA DEMOCRATIC CLUB

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 | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND 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 |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|--|-------------|
| Political Reporting Plus 111 N. La Brea Ave., Suite 408 Inglewood, CA 90301 | PRO | Political Accounting - 4th Quarter Billing | 250.00 |
| American Union Printing 1735 E Wilshire Ave #803 Santa Ana, CA 92705 | LIT | Post Cards Printing Expenses | 327.75 |
| City of Costa Mesa Parks & Community Services 77 Fair Drive Costa Mesa, CA 92626 | MTG | Meeting Room Rental | 1,487.50 |

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

SUBTOTAL \$ 2,065.25

Schedule E Summary

| | | |
|--|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 3,239.70 |
| 2. Unitemized payments made this period of under \$100 | \$ | 208.66 |
| 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 \$ | 3,448.36 |

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|----------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2020 | |
| through | 06/30/2020 | Page 9 of 11 |
| NAME OF FILER | | I.D. NUMBER |
| COSTA MESA DEMOCRATIC CLUB | | 1359386 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COSTA MESA DEMOCRATIC CLUB

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 | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND 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 |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|--|-------------|
| City of Costa Mesa Parks & Community Services 77 Fair Drive Costa Mesa, CA 92626 | CMP | | Room Rental | 75.00 |
| American Union Printing 1735 E Wilshire Ave #803 Santa Ana, CA 92705 | LIT | | Post Cards Printing Expenses | 655.50 |
| All We Print 6241 Warner Ave Huntington Beach, CA 92647 | CMP | | Campaign Banner | 193.95 |
| Political Reporting Plus 111 N. La Brea Ave., Suite 408 Inglewood, CA 90301 | PRO | | Political Accounting - 1st Quarter Billing | 250.00 |
| | | | | |

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

SUBTOTAL \$ 1,174.45

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

| | | |
|--------------------------------|---------------------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>01/01/2020</u> | through <u>06/30/2020</u> | |
| Page <u>10</u> of <u>11</u> | | I.D. NUMBER 1359386 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COSTA MESA DEMOCRATIC CLUB

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 | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND 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 |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| SUBTOTALS \$ | | | 0.00 \$ | 0.00 \$ | 0.00 \$ |

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

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.)..... **INCURRED TOTALS \$** 0.00
- 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.) **PAID TOTALS \$** 75.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -75.00
May be a negative number

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

| | |
|--|--------------------------------|
| Statement covers period from <u>01/01/2020</u> through <u>06/30/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>11</u> of <u>11</u> |
| | I.D. NUMBER 1359386 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COSTA MESA DEMOCRATIC CLUB

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule I Summary

| | | |
|---|-----------------|--------------|
| 1. Itemized increases to cash this period. | \$ | <u>0.00</u> |
| 2. Unitemized increases to cash of under \$100 this period. | \$ | <u>99.00</u> |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ | <u>0.00</u> |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ | <u>99.00</u> |