

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84218.5)

COVER PAGE

RECORDED Date Stamp 2344 22 MAY -2 11:3	CALIFORNIA FORM 460
Page <u>1</u> of <u>14</u>	For Official Use Only

Statement covers period from <u>01/01/2022</u> through <u>04/23/2022</u>	Date of election if applicable: (Month, Day, Year) <u>06/07/2022</u>
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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
1446135

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
CHASE FOR CITY COUNCIL 2022

STREET ADDRESS (NO P.O. BOX)
1 W. Manchester Blvd., Suite 700

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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

Treasurer(s)

NAME OF TREASURER
Cine D. Ivery

MAILING ADDRESS
1 W Manchester Blvd Suite 700

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
Michelle Moore Sanders

MAILING ADDRESS
1 W Manchester Blvd., Suite 700

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Inglewood</u>	<u>CA</u>	<u>90301</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 APR 27 2022
 Executed on APR 27 2022

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

Cassandra Chase

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

City Council Member City of Lakewood District 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1 W. Manchester Blvd., Suite 700 Inglewood CA 90301

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2022</u>	CALIFORNIA FORM 460
through <u>04/23/2022</u>	
Page <u>3</u> of <u>14</u>	I.D. NUMBER <u>1446135</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CHASE FOR CITY COUNCIL 2022

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 3,916.47	\$ 3,916.47
2. Loans Received	Schedule B, Line 3	5,000.00	5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 8,916.47	\$ 8,916.47
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 8,916.47	\$ 8,916.47

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 3,459.41	\$ 3,459.41
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 3,459.41	\$ 3,459.41
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 3,459.41	\$ 3,459.41

**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	\$ 0.00
13. Cash Receipts	Column A, Line 3 above	8,916.47
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	3,459.41
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5,457.06

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

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.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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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	\$ 5,000.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	04/23/2022	Page 4 of 14
NAME OF FILER		I.D. NUMBER
CHASE FOR CITY COUNCIL 2022		1446135

SEE INSTRUCTIONS ON REVERSE

CHASE FOR CITY COUNCIL 2022

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)
03/21/2022	Marisa Perez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board Deputy Gateway Cities Council of Governments	102.90 <small>Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816</small>	102.90	
03/22/2022	Joy Janes 5710 Harmony Way [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	518.45 <small>Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816</small>	518.45	
04/05/2022	Emily Zahn [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager ActBlue	100.00 <small>Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816</small>	100.00	
04/06/2022	Marissa Roy [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Public Rights Project	103.94 <small>Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816</small>	103.94	
04/10/2022	Lindsey Nitta [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director CA Women Lead	100.00 <small>Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816</small>	100.00	
SUBTOTAL \$				925.29		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,187.11
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 729.36
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,916.47

*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	01/01/2022	
through	04/23/2022	Page <u>5</u> of <u>14</u>
NAME OF FILER		I.D. NUMBER
CHASE FOR CITY COUNCIL 2022		1446135

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)
04/13/2022	Marisela Cervantes [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Self Employed - No Separate Business Name	200.00 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	200.00	
04/15/2022	Christine Villegas [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Afordable Housing Developer Mariposa Development	250.00 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	250.00	
04/18/2022	Andrew Henderson [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 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	100.00	
04/19/2022	Amanda Bettinelli [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Department of Justice	103.94 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	103.94	
04/19/2022	Xochitl Casillas [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student Affairs The Claremont Colleges	100.00 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	100.00	

SUBTOTAL \$ 753.94 [REDACTED]

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IND - Individual
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(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	01/01/2022	
through	04/23/2022	Page 6 of 14
NAME OF FILER		I.D. NUMBER
CHASE FOR CITY COUNCIL 2022		1446135

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)
04/19/2022	Charity Chandler-Cole [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Court Appointed Special Advocate of Los Angeles	250.00 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	250.00	
04/19/2022	Marie Kellier [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer Marikel	103.94 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	103.94	
04/19/2022	Uchenna Nworqu [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Los Angeles County Department of Health Services	100.00 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	100.00	
04/20/2022	Kate Pynoos [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed None	200.00 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	200.00	
04/20/2022	Jacqueline Robinson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SE Manager Blue Shield CA	103.94 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	103.94	
SUBTOTAL \$				757.88		

*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	01/01/2022	
through	04/23/2022	Page <u>7</u> of <u>14</u>

NAME OF FILER CHASE FOR CITY COUNCIL 2022	I.D. NUMBER 1446135
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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)
04/20/2022	Caren Spilsbury [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Norwalk Chamber of Commerce	250.00 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	250.00	
04/21/2022	Avis Ridley-Thomas [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	500.00 Received through intermediary: eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	500.00	
		<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 \$ 750.00 [REDACTED]

*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 B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	04/23/2022	Page <u>8</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CHASE FOR CITY COUNCIL 2022

I.D. NUMBER

1446135

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Cassandra Chase 20820 Elaine Ave Lakewood, CA 90715	Educator Community Partners	\$ 0.00	\$ 5,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 03/11/2023 DATE DUE	0.00% RATE \$ 0.00	\$ 5,000.00 03/11/2022 DATE INCURRED	\$ 5,000.00 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	CALENDAR YEAR PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	CALENDAR YEAR PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	CALENDAR YEAR PER ELECTION** \$
SUBTOTALS \$			5,000.00 \$	0.00 \$	5,000.00 \$	0.00		

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 5,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 5,000.00**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	04/23/2022	Page 9 of 14
NAME OF FILER		I.D. NUMBER
CHASE FOR CITY COUNCIL 2022		1446135

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CHASE FOR CITY COUNCIL 2022

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 Lakewood 5050 Clark Ave Lakewood, CA 90712	FIL	Candidate Ballot Statement Fee	1,600.00
Chase Card Services 270 Park Ave New York, NY 10017	CMP	Endorsement Interview Fee	50.00
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP	Credit Card Processing Fee	3.90

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

SUBTOTAL \$ 1,653.90

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	3,396.69
2. Unitemized payments made this period of under \$100	\$	62.72
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 \$	3,459.41

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**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	04/23/2022	Page 10 of 14
I.D. NUMBER		1446135

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CHASE FOR CITY COUNCIL 2022

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 Data Inc. 3780 Kilroy Airport Way #200 Long Beach, CA 90806	CMP		Voter Data File	250.00
Political Reporting Plus 1 W. Manchester Blvd., Suite 700 Inglewood, CA 90301	PRO		Political Accounting - Retainer & Set-Up Fee	1,250.00
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	18.45
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	2.05
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	4.45

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

SUBTOTAL \$ 1,524.95

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	04/23/2022	Page <u>11</u> of <u>14</u>
NAME OF FILER		I.D. NUMBER
CHASE FOR CITY COUNCIL 2022		1446135

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CHASE FOR CITY COUNCIL 2022

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	FRT 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
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	3.94
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	1.18
Chase Card Services 270 Park Ave New York, NY 10017	CMP		Endorsement Interview Fee	100.00
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	6.15
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	3.80

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

SUBTOTAL \$ 115.07

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	04/23/2022	Page 12 of 14
		I.D. NUMBER 1446135

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CHASE FOR CITY COUNCIL 2022

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
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	9.35
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	11.98
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	9.23
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	1.18
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	24.53

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

SUBTOTAL \$ 56.27

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2022	
through	04/23/2022	Page 13 of 14
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CHASE FOR CITY COUNCIL 2022

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
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	19.92
eFundraising Connections 2831 G Street #120 Sacramento, CA 95816	CMP		Credit Card Processing Fee	26.58

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

SUBTOTAL \$ 46.50

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		SCHEDULE G	
from	01/01/2022	CALIFORNIA FORM 460	
through	04/23/2022	Page	14 of 14
		I.D. NUMBER	1446135

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CHASE FOR CITY COUNCIL 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chase Card Services

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

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|--|--|--|
| 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) |

* 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
Black Los Angeles Young Democrats (ID# 1346634) 3515 Lincoln Ave Altadena, CA 91001	CMP		Endorsement Interview Fee	100.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 100.00

* 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.