Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp		IFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)  3876  03/05/2024	<b>*23</b> . [##] 17 .	Page .	iof
<ul> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	nplete Parts 1, 2, 3, and 4.  rimarily Formed Ballot Measure committee ) Controlled ) Sponsored so Complete Part 6)  rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T	ermination)	Quarterly State Special Odd-Y Supplemental Statement - At	Year Report
3. Committee information	NUMBER 458776	Treasurer(s)  NAME OF TREASURER  Ari Pe  MAILING ADDRESS  CITY  Lakewood	STATE	ZIP CODE 90713	AREA CODE/PHONE
CITY STATE ZIP COL  Norwalk CA 90650  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO  CITY STATE ZIP COL	(213) 489–4792 OX	David Gould  MAILING ADDRESS  12501 Imperial Hwy. S	Ste. 200	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS (213) 489-4818 / iorellana@gouldorellana.com  4. Verification I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my kn	Norwalk  OPTIONAL: FAX / E-MAIL ADDR		90650	(213) 489–4792
under penalty of perjury under the laws of the State of California  Executed on	that the foregoing is true and correct.  By	Signature of Leasurer or Assistant ntrolling Officeholder, Candidate, State Measure Pro Signature of Controlling Officeholder, Candidate, Si Signature of Controlling Officeholder, Candidate, Si	Treasurer  ponent or Responsible Officer of tate Measure Proponent	······································	Zana dan marana mara

COVER PAGE

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

COVER PAGE - PART 2							
CALIFORNIA FORM	460						

	mittee				Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE				ī	IAME OF BALLOT MEASURE			
Ari Pe				_				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF	APPLICABLE	≣)	ì	BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
City Council Member Lakewood								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	ı	dentify the controlling offic	ceholder, car	ndidate, or state measur	e proponent, if an
	Lakewood	CA	90713	i	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT	
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your of	u or are primaril	-		į	DFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER			-			<u> </u>	
	1							
NAME OF TREASURER	CONTROLLE	D COMMITTE			Primarily Formed Cand			
NAME OF TREASURER	CONTROLLE	D COMMITTE	<u></u>		Primarily Formed Cand officeholder(s)			
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES		======================================	-		for which this		rmed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		<del></del>	i	officeholder(s) or candidate(s)	for which this	s committee is primarily fo	SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP	BOX)	□ NO	<del></del>	i	officeholder(s) or candidate(s)	for which this	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)	□ NO	<del></del>	- 1 1	officeholder(s) or candidate(s)	for which this	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE  SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP	BOX)	☐ NO	E/PHONE	- t	Officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR CA	ANDIDATE ANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE  OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP  COMMITTEE NAME  NAME OF TREASURER	P CODE  I.D. NUMBER  CONTROLLE  YES	☐ NO	E/PHONE	- t	AME OF OFFICEHOLDER OR CA	ANDIDATE ANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP  COMMITTEE NAME	P CODE  I.D. NUMBER  CONTROLLE  YES	AREA CODE	E/PHONE	- t	AME OF OFFICEHOLDER OR CA	ANDIDATE ANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP  COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	I.D. NUMBER  CONTROLLER  YES  BOX)	AREA CODE	E/PHONE	- t	AME OF OFFICEHOLDER OR CA	ANDIDATE ANDIDATE ANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

#### **Campaign Disclosure Statement Summary Page**

18. Cash Equivalents ...... See instructions on reverse \$ \_

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$

Amounts may be rounded to whole dollars.

**SUMMARY PAGE** Statement covers period **CALIFORNIA FORM** 01/01/2023 from \_ Page \_\_\_3 \_\_ of \_\_\_20 06/30/2023 through \_ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Ari Pe for Lakewood City Council 2024						1458776
Contributions Received		COLUMN A TOTALTHIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	25,026.99	\$	25,026.99		rough 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		1,000.00		1,000.00	1/1 tr	rough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	26,026.99	\$	26,026.99	20. Contributions Received \$	<b>s</b>
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	Od Francoditions	· · · · · · · · · · · · · · · · · · ·
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	26,026.99	\$	26,026.99	Made \$	\$ <u></u>
Expenditures Made					Expenditure Limit \$	Summary for State
6. Payments Made Schedule E, Line 4	\$	2,504.57	\$	2,504.57	Candidates	
7. Loans Made Schedule H, Line 3		0.00		0.00	22 Cumulativ	e Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	2,504.57	\$	2,504.57		Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	2,504.57	\$	2,504.57		_ \$
Current Cash Statement		_			//	_ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	То	calculate Column B, add		
13. Cash Receipts Column A, Line 3 above		26,026.99		nounts in Column A to the rresponding amounts		1 1100 45
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of your last	*Amounts in this section market reported in Column B.	ay be different from amounts
15. Cash Payments Column A, Line 8 above		2,504.57		port. Some amounts in Jumn A may be negative		·
16. ENDING CASH BALANCE	\$	23,522.42	fig	ures that should be btracted from previous		
If this is a termination statement, Line 16 must be zero.			рe	eriod amounts. If this is e first report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	foi ca	r this calendar year, only rry over the amounts	1	
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (if any).		

1,000.00

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

ichedule /	4	<b>4</b> + •	ta man ha sansa			SCHEDULE A			
nonetary (	Contributions Received		ts may be rounded whole dollars.	Statement cove	ers period	CALIFORNIA 4			
_				from01/01/2	023	FORM	700		
EE INSTRUCTIO	NS ON REVERSE			through <u>06/30/2</u>	023	Page4	_ of		
AME OF FILER						I.D. NUMBER			
Ari Pe for L	akewood City Council 2024					1458776			
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	ÆAR -	RELECTION TO DATE REQUIRED)		
04/07/2023	Juan Garza	⊠IND □ COM □ OTH □ PTY □ SCC	Public Relations Six Heron LLC	500.00  Received through inter eFundraising Connectio 2831 G Street Ste. 120 Sacramento, CA 95814	mediary:	500.00 P2024	\$500.00		
04/10/2023	Timothy Robbins	☑IND □COM □OTH □PTY □SCC	Entrepreneur US Advisors	200.00 Received through inter eFundraising Connectio 2831 G Street Ste. 120 Sacramento, CA 95814	mediary: ns	200.00 P2024	\$200.00		
04/16/2023	Joel Bugay	⊠IND □COM □OTH □PTY □SCC	License Marriage and Family Therapista Joel Bugay	Received through inter erundraising Connection 2831 G Street Ste. 120 Sacramento, CA 95814	mediary: ns	100.00 P2024	\$100.00		
04/17/2023	Jessica Christensen	☑IND □COM □OTH □PTY □SCC	Director Football Operations St. John Bosco	100.00 Received through inter efundraising Connectic 2831 G Street Ste. 120 Sacramento, CA 95814	mediary:	100.00 P2024	\$100.00		
04/17/2023	John Edmond	⊠IND □COM □OTH □PTY □SCC	Owner Edmond Group, LLC	249.00 Received through inter eFundraising Connectic 2831 G Street Ste. 12C Sacramento, CA 95814	mediary: ns	249.00 P2024	\$249.00		
			SUBTOTAL	\$ 1,149.00		wer work			
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	24,767.00	IND	ntributor Codes  - Individual  - Recipient Comi (other than PT	Y or SCC)		
3. Total mon	eceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			259.99	PTY	I — Other (e.g., bu ' – Political Party C – Small Contribut	siness entity)		

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

Amounts may be rounded to whole dollars.

SCHE	DULEA	(CONT.)
		(00111.)

CALIFORNIA FORM

Statement covers period

from

01/01/2023

NAME OF FILER				through 06/30/	2023	Page .		20
Ari Pe for La	kewood City Council 2024					14587	776	
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 . 31)	TODATE (IF REQUIRED)	
04/18/2023	Javier Cuevas Jr.	⊠IND □COM □OTH □PTY □SCC	Chef/ Cook Sunrise Senior Living of Seal Beach	100.00 Received through interefundraising Connectiz 2831 G Street Ste. 124 Sacramento, CA 95814	mediary: ons	00.00		\$100.00
04/20/2023	Vivan Ainis	⊠IND □COM □OTH □PTY □SCC	Realtor Vivan Ainis	Received through integration connection 2831 G Street Ste. 120 Sacramento, CA 95814	mediary:	.00.00	P2024	\$100.00
04/20/2023	Juan Arreola	☑IND □COM □OTH □PTY □SCC	Lender Farmer & Merchants Bank	100.00 Received through inte eFundraising Connecti 2831 G Street Ste. 12: Sacramento, CA 95814	rmediary:	.00.00	P2023	\$100.00
04/20/2023	Kian Kaeni	☑IND □COM □OTH □PTY □SCC	Consultant Dragonfly Public Affairs	500.00 Received through inte- eFundraising Connecti- 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary: ons	00.00		\$500.00
04/20/2023	Kimberly Kebelbeck	☑IND □COM □OTH □PTY □SCC	Registered Nurse Friends of Family Health Center	500.00 Received through inte eFundraising Connect; 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary:	500.00	P2024	\$500.00
			SUBTOTAL	\$ 1,300.00			ewist t	

\*Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

Wionetai y	Contributions Received	to whole o	dollars.	from 01/01/	2023	FORM  e 6 0	460 of 20
NAME OF FILER		·		<u> </u>	I,D,	NUMBER	
Ari Pe for La	akewood City Council 2024				145	8776	
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)	AR TODATE	
04/23/2023	Donnavan Bayan	☑IND □COM □OTH □PTY □SCC	None Donnavan Bayan	Received through interesting Connectic 2831 G Street Ste. 120 Sacramento, CA 95814	rmediary: ons )	0 P2024	\$100.00
04/26/2023	Robert E. Salsameda	⊠IND □COM □OTH □PTY □SCC	PTC Surgery Assistant Bob Salsameda CRNFA	100.00		0 P2024	\$100.00
05/04/2023	Albert Chang	□ IND □ COM □ OTH □ PTY □ SCC	Manager APC Advisers, Inc.	Received through integerundraising Connectic 2831 G Street Ste. 120 Sacramento, CA 95814	rmediary: ons	0 P2024	\$168.00
05/09/2023	Jason Lucero	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Real Estate Sales Pak Home Realty	200.00 Received through inte- eFundraising Connecti- 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary:	0 P2024	\$200.00
05/16/2023	Briana Knabe	☑IND □COM □OTH □PTY □SCC	Homemaker None	Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	mediary: ons	0 P2024	\$600.00
			SUBTOTAL	\$ 1,168.00	***	8 No.	<b>建设工务</b>

Amounts may be rounded

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

**CALIFORNIA** 

**FORM** 

Statement covers period

from.

01/01/2023

				through 06/30/	2023	Page .	of	20		
NAME OF FILER						I.D. NU	MBER			
Ari Pe for La	kewood City Council 2024				14587	776				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		LECTION DATE QUIRED)		
05/20/2023	Emilio Sosa	☑IND □COM □OTH □PTY □SCC	Retired None	Received through intererundraising Connectic 2831 G Street Ste 12( Sacramento, CA 95814	mediary: ons	00.00		\$100.00		
06/12/2023	Infrastructure Engineers	□IND □COM ☑OTH □PTY □SCC		1,000.00  Received through intererundraising Connection 2831 G Street Ste. 1283 Sacramento, CA 95814	rmediary:	00.00	P2024	\$1,000.00		
06/15/2023	Anthony J Almaz	☑IND □COM □OTH □PTY □SCC	Attorney South Cord Holdings LLC	250.00	2	50.00	P2024	\$250.00		
06/15/2023	Aslewis Holdings LLC(Anna Lewis)	□IND □COM ☑OTH □PTY □SCC		250.00		50.00		\$250.00		
06/15/2023	Certified Roofing Applicators, Inc.	□IND □COM ☑OTH □PTY □SCC		500.00	5	500.00	P2024	\$500.00		
	SUBTOTAL\$ 2,100.00 19									

\*Contributor Codes

IND - Individual

COM -- Recipient Committee

(other than PTY or SCC)

OTH -- Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDU	14 C A .	CONT
SUPEDI	ᆚᇉᄶᆝ	IUUNI.

CALIFORNIA FORM

Statement covers period

from

01/01/2023

				through 06/30/	2023	Page_	<u>8</u> of	20
NAME OF FILER			<u> </u>			I.D. NU	MBER	
Ari Pe for La	kewood City Council 2024					14587	76	
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 YE (JAN. 1 - DEC.	EAR	R TO DATE	
06/15/2023	Timothy Ryan Lewis	☑IND □COM □OTH □PTY □SCC	Real Estate Agent Elliot Lewis	250.00		50.00		\$250.00
06/15/2023	Damian A. Martin	☑IND □COM □OTH □PTY □SCC	Attorney Self Employed	250.00	2:	50.00	P2024	\$250.00
06/15/2023	M-Line Carrier Corp.	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	51	00.00	P2024	\$500.00
06/15/2023	South Cord Management LLC(Damian Martin)	□IND □COM ☑OTH □PTY □SCC		250.00	2.	50.00	P2024	\$250.00
06/15/2023	Franklin Zimmerman	☑IND □COM □OTH □PTY □SCC	Operations South Cord Holdings LLC	250.00	2.	50.00	P2024	\$250.00
			SUBTOTAL	\$ 1,500.00		4	10 m	

\*Contributor Codes

IND-Individual

COM-Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

## Schedule A (Continuation Sheet)

SCH	<b>FDUI</b>	FA	(CONT.)	
JULI				

Monetary	Contributions Received	Amounts may l to whole d		State	01/01/	ers period 2023	CALI F	FORNIA ORM	460
				through_	06/30/	2023	Page.	<u>9</u> o	f20
NAME OF FILER				_			I.D. NU	MBER	
Ari Pe for L	akewood City Council 2024						14587	776	
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)	AMOU RECEIVE PERI	D THIS OD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	(EAR ). 31)	TO (IF RE	ELECTION DATE EQUIRED)
06/27/2023	Laborers' International Union of North	□IND		5	,500.00	5,5	500.00	P2024	\$5,500.00

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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)	(IF R	ELECTION O DATE EQUIRED)
06/27/2023	Laborers' International Union of North America Local 1309 PAC (ID# 851621)	□IND □COM □OTH □PTY □SCC		5,500.00			\$5,500.00
06/27/2023	Long Beach Yellow Cab Cooperative, Inc.	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.00	P2024	\$1,000.00
06/27/2023	Marci Rose	☑IND □COM □OTH □PTY □SCC	Household Manager None	A00.00  Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	rmedlary:	P2024	\$400.00
06/28/2023	Janet Porush		Retired None	400.00  Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary: ons		\$400.00
06/29/2023	Aamm Piza Inc. dba Domino's	□IND □COM ☑OTH □PTY □SCC		750.00	·		\$1,125.00
			SUBTOTAL	<b>\$</b> 8.050.00	Maria Maria	The Control	

\*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

www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

**FORM** 

Statement covers period

from.

01/01/2023

NAME OF FILER  Ari Pe for La	kewood City Council 2024			through 06/30/		Page	MBER	of <u>20</u>
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 YE (JAN. 1 - DEC.	31)	(IF F	ELECTION O DATE REQUIRED)
06/29/2023	Patrick Mahoney	☑IND □COM □OTH □PTY □SCC	Business Owner West Coast Arborist Inc.	1,000.00  Received through integrandraising Connection 2831 G Street Ste. 12/Sacramento, CA 95814	mediary: ons	00.00		\$1,000.00
06/29/2023	Mar Pizza Inc. dba Domino's	□IND □COM □OTH □PTY □SCC		375.00		75.00		\$375.00
06/29/2023	Cynthia Markopulos	□IND □COM □OTH □PTY □SCC	Martial Arts Instructor US Taekwondo Academy	1,500.00	1,50	00.00	P2024	\$1,500.00
06/29/2023	Erika McConnell	☑IND □COM □OTH □PTY □SCC	Homemaker None	500.00 Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary:	0.00	P2024	\$500.00
06/29/2023	TND Pizza Inc. dba Domino's	□IND □COM ☑OTH □PTY □SCC		375.00		25.00		\$1,125.00
			SUBTOTAL	\$ 3,750.00	A. (41/0)	<b>K</b> 4	. ز الله	

\*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CON	Γ,	)
-----------------	----	---

CALIFORNIA FORM

Statement covers period

from.

01/01/2023

NAME OF FILER				through 06/30/	2023	Page .		of <u>20</u>
	kewood City Council 2024					14587	176	
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 YI (JAN. 1 - DEC.	EAR . 31)	(IF R	ELECTION DATE EQUIRED)
06/30/2023	Shomari Davis	☑IND □COM □OTH □PTY □SCC	Business Representative IBEW Local 11	400.00 Received through integerundraising Connectic 2831 G Street Stee 12: Sacramento, CA 95814	mediary: ons		P2024	\$400.00
06/30/2023	Talia Englander	⊠IND □COM □OTH □PTY □SCC	Business Owner Social Provisions	500.00  Received through interesting Connection 2031 G Street Ste. 120 Sacramento, CA 95814	rmediary:	00.00	P2024	\$500.00
06/30/2023	Susana Gonzalez Edmond	☑IND □COM □OTH □PTY □SCC	Public Affairs Edmond Group LLC	500.00  Received through inte- eFundraising Connecti- 2831 G Street Ste. 12: Sacramento, CA 95814	rmediary:	00.00	P2024	\$500.00
06/30/2023	Jennifer Kropke	☑IND □COM □OTH □PTY □SCC	Manager City of Long Beach	Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary: ons		P2024	\$500.00
06/30/2023	Los Angeles Partyworks, Inc.	□IND □COM ☑OTH □PTY □SCC		1,500.00			P2024	\$1,500.00
			SUBTOTAL	\$ 3,400.00		ان ان		THE PARTY

\*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

**FORM** 

Statement covers period

from.

SUBTOTAL\$

01/01/2023

				through 06/30/	2023		12_(	of <u>20</u>
NAME OF FILER			-	· · · · · · · · · · · · · · · · · · ·		1,D.NU		
Ari Pe for La	kewood City Council 2024			AMOUNT	CUMULATIVE TO			ELECTION
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 OFBUSINESS)	RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC	'EAR ), 31)	(IF R	ODATE EQUIRED)
06/30/2023	Medi Waste Disposal LLC	□IND □COM ☑OTH □PTY □SCC		1,500.00 Received through inte eFundraising Connecti. 2831 G Street Ste. 12 Sacramento, CA 95814	mediary: ons	500.00		\$1,500.00
06/30/2023	Vart Perumean	☑IND □COM □OTH □PTY □SCC	Jeweler Goldex	Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary: ons	100.00	P2024	\$100.00
06/30/2023	Brenda Trigo	☑IND □COM □OTH □PTY □SCC	Sales Brenda Trigo	250.00 Received through inte eFundraising Connecti 2831 G Street Ste. 12 Sacramento, CA 95814	imediary: ons	250.00	P2024	\$250.00
06/30/2023	Fernando Vasquez	IND COM	President Prima Waste	500.00  Received through inte eFundraising Connect; 2831 G Street Ste. 12 Sacramento, CA 95814	rmediary:	500.00	P2024	\$500.00
		□IND □COM □OTH □PTY □SCC						

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

							SCHE	DULE B - PART 1
Schedule B – Part 1 Loans Received	Amo	ounts may be re to whole dollar			Statement cov	ers period	CALIFORN FORM	<sup>IA</sup> 460
Louis received					from	1/2023	TORW	
					through 06/3	0/2023	Page13	of20
SEE INSTRUCTIONS ON REVERSE					through			
NAME OF FILER							I.D. NUMBER	
Ari Pe for Lakewood City Council 2024							1458776	
THE TO TOT DESCRIPTION OF THE PARTY OF THE P	IF AN INDIVIDUAL, ENTER	(a)	(b)	(c)	(d) OUTSTANDING	(e)	(f)	(g)
FULL NAME, STREET ADDRÉSS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAIL OR FORGIVE THIS PERIOD	BALANCE AT CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION: TO DATE
Ariel Karmina Pe	Business Consultant			PAID				CALENDAR YEAR
Lakewood, CA 90713	SBDC Los Angeles			\$0_00	\$ 1,000.00	0_00% RATE	\$ 1,000.00	\$1,000_00 PER ELECTION*
†☑IND □COM □OTH □PTY □SCC		\$0.00	\$_1,000_00	\$0.00	DATE DUE	\$0_0	02/28/2023 DATE INCURRED	\$ P2024 1,000.0
K MP C COM C C T T T T C C C C		<del></del>		☐ PAID				CALENDAR YEAR
						%	_	•
				FORGIVEN	1	RATE	•—— <u> </u>	PERELECTION*
		s	s	s	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY SCC	<u> </u>			<u></u>	DATEBOE		DATE INCORRED	
				☐ PAID				CALENDARYEAR
				\$	-   <b>s</b>	RATE %	s	\$
				FORGIVEN		NAIL		PER ELECTION*
†□ IND □ COM □ OTH □ PTY □ SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	\$
THE COM LONG LIVE GOOD			<u> </u>	<u> </u>		*		<del></del>
		SUBTOTALS	\$ 1,000.00	\$ 0.0	1,000.00	·	<u> </u>	
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
•				¢	1,000.00	<b>)</b>		
Loans received this period  (Total Column (b) plus unitemized loar	ns of less than \$100.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ψ —			Contributor Codes	 ;
						Lin	ID – Individual	
2. Loans paid or forgiven this period				\$	0.00		OM – Recipient C	
(Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgiven.) at are also itemized on Schei	dule A.)					TH – Òther (e.g.,	PTY or SCC) business entity)
(initiate totale paid by a time party the					7 000 00	l P	TY – Political Parl CC – Small Contri	y butor Committee

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 1,000.00 (May be a negative number)

Enter the net here and on the Summary Page, Column A, Line 2. \*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

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

www.fppc.ca.gov

Supportir	of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be ro to whole dollar		Statement covers  from 01/01/20	FO	ORNIA 460  14 of 20
	ONS ON REVERSE			through06/30/20	I.D. NU	
NAME OF FILER Ari Pe for	Lakewood City Council 2024				14587	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/27/2023	Janice Hahn County Supervisor City of Los Angeles District 4  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure  Monetary Contribution Nonmonetary Contribution Independent		500.00	500.00	
	Support Oppose	Expenditure  Monetary Contribution Nonmonetary Contribution			_	
	Support Oppose	Independent Expenditure	SUBTOTA	L \$ 500.00	West Company	

1. Contributions and independent expenditures made this period of \$100 or more. (include all Schedule D subtotals.)......\$

2. Unitemized contributions and independent expenditures made this period of under \$100.......

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

500.00

Schedule E	
Payments Made	

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

#### Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from01/01/2023	FORM TOO
through <u>06/30/2023</u>	Page15 of20
	I.D. NUMBER
	1458776

Ari Pe for Lakewood City Council 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)\* TEL. t.v. or cable airtime and production costs petition circulating CVC civic donations PET TRC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research **FND** fundraising events TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services ND

professional services (legal, accounting) VOT legal defense LEG

print ads

voter registration

WEB information technology costs (internet, e-mail)

LIT campaign literature and mailings	PRI print aus					
NAME AND ADDRESS OF PAYEE (#F COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID			
Gould & Orellana, LLC 12501 Imperial Hwy. Ste. 200 Norwalk, CA 90650	PRO		350.00			
Gould & Orellana, LLC 12501 Imperial Hwy. Ste. 200 Norwalk, CA 90650	PRO		350.00			
eFundraising Connections 2831 G Street Ste. 120 Sacramento, CA 95814	CMP Credit	t Card Processing Fee	32.10			
* Payments that are contributions or independent expenditu	tures must also be summarized on Schedule	e D. SI	JBTOTAL\$ 732.10			

#### Schedule E Summary

2,419.02 2. Uniternized payments made this period of under \$100 ......\$ \_\_\_\_\_ 85.55 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 2,504.57

Schedule E	
(Continuation Sheet)	
Payments Made	

_	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from 01/01/2023	FORM TOO
through06/30/2023	Page 16 of 20
	- 1 m - 1 m

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 1458776

Ari Pe for Lakewood City Council 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. returned contributions RFD meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* office expenses OFC t.v. or cable airtime and production costs petition circulating TEL CVC civic donations PET phone banks TRC candidate travel, lodging, and meals РНО candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events POL. transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF POS

independent expenditure supporting/opposing others (explain)\* legal defense LEG

campaign literature and mailings

professional services (legal, accounting) PRT print ads

voter registration VOT WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 4.80 CMP Credit Card Processing Fee eFundraising Connections 2831 G Street Ste. 120 Sacramento, CA 95814 4.80 CMP Credit Card Processing Fee eFundraising Connections 2831 G Street Ste. 120 Sacramento, CA 95814 11.51 eFundraising Connections CMP Credit Card Processing Fee 2831 G Street Ste. 120 Sacramento, CA 95814 4.80 CMP Credit Card Processing Fee eFundraising Connections 2831 G Street Ste. 120 Sacramento, CA 95814 7.35 eFundraising Connections CMP Credit Card Processing Fee 2831 G Street Ste. 120 Sacramento, CA 95814

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

SUBTOTAL \$

Schedule I	E	
(Continuat	tion S	heet)
Payments	Made	•

MBR member communications

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

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

			20HE	DUFF	FICE	JN I.
Staten	Statement covers period CA		ORNI. RM	A	16	N
from	01/01/2023	FO	RM			_
through	06/30/2023	Demo	17	<b>~</b>	20	

RAD radio airtime and production costs

SEE	INSTRU	JCTIONS	ON	REV	erse

CMP campaign paraphernalia/misc.

NAME OF FILER

I.D. NUMBER

Ari Pe for Lakewood City Council 2024

1458776

CMP campaign paraphemalia/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	d appearance uses lating s survey resear ivery and me	SAL. campaign workers' salaries TEL t.v. or cable airtime and product TRC candidate travel, lodging, and m	tion costs leals I meals f the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street Ste. 120 Sacramento, CA 95814	CMP	Credit Card Processing Fee	50.40
eFundraising Connections 2831 G Street Ste. 120 Sacramento, CA 95814	СМР	Credit Card Donations Processing Fee	7.35
Gould & Orellana, LLC 12501 Imperial Hwy. Ste. 200 Norwalk, CA 90650	PRO		175.00
Gould & Orellana, LLC 12501 Imperial Hwy. Ste. 200 Norwalk, CA 90650	PRO		175.00
Gould & Orellana, LLC 12501 Imperial Hwy. Ste. 200 Norwalk, CA 90650	 PRO		175.00
	<u> </u>		

582.75

**SUBTOTAL \$** 

Schedule	E	
(Continua	tion	Sheet)
<b>Payments</b>		_

•		SCHEDULE E (CONT.)
State	ement covers period	CALIFORNIA 460
from	01/01/2023	FORM TOO
through	06/30/2023	Page 18 of 20
·		I.D. NUMBER

1458776

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

MANIE OF FILL

Ari Pe for Lakewood City Council 2024

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
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses		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
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	•	PRO	professional services (legal, accounting)	VOT	voter registration

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 Ste. 120 Sacramento, CA 95814	CMP	Credit Card Processing Fee	3.00
eFundraising Connections 2831 G Street Ste. 120 Sacramento, CA 95814	CMP	Credit Card Processing Fee	7.86
eFundraising Connections 2831 G Street Ste. 120 Sacramento, CA 95814	CMP	Credit Card Processing Fee	9.30
eFundraising Connections 2831 G Street Ste. 120 Sacramento, CA 95814	СМР	Credit Card Processing Fee	27.30
eFundraising Connections 2831 G Street Ste. 120 Sacramento, CA 95814	СМР	Credit Card Processing Fee	4.80
			OUDTOTAL & SO OS

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

SUBTOTAL \$

Schedule 1	E	
(Continuat	tion	Sheet)
<b>Payments</b>	Mad	de

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

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

		SCHEDULE E (CONT.)
State	ement covers period	CALIFORNIA 460
from	01/01/2023	FORM TOO
through	06/30/2023	Page 19 of 20
	_ <del></del>	I.D. NUMBER

 SEE INSTRUCTIONS ON REVERSE
 through \_\_06/30/2023
 Page \_\_19 \_\_of \_\_20 \_\_\_

 NAME OF FILER
 I.D. NUMBER

 Ari Pe for Lakewood City Council 2024
 1458776

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating TRC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals fundraising events POL polling and survey research transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)\* POS ND professional services (legal, accounting) VOT voter registration legal defense PRO LEG PRT WEB information technology costs (internet, e-mail) print ads LΠ campaign literature and mailings NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 175.00 PRO Gould & Orellana, LLC 12501 Imperial Hwy. Ste. 200 Norwalk, CA 90650 45.30 CMP Credit Card Processing Fee eFundraising Connections 2831 G Street Ste. 120 Sacramento, CA 95814 500.00 Janice Hahn for Supervisor 2024 (ID# 1457362) CTB 36.60 CMP Credit Card Processing Fee eFundraising Connections 2831 G Street Ste. 120 Sacramento, CA 95814 181.80 eFundraising Connections CMP Credit Card Processing Fee 2831 G Street Ste. 120 Sacramento, CA 95814

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

938.70

**SUBTOTAL \$** 

Schedule I	E	
(Continuat	tion	Sheet)
Pavments	Mad	de

		SCHEDU	ILE E (CONT.)
S	tatement covers period	CALIFORNIA	160
m	01/01/2023	FORM	400

SEE INSTRUCTIONS ON REVERSE	through06/30/2023	Page of
NAME OF FILER		I.D. NUMBER
Ari Pe for Lakewood City Council 2024		1458776

COD	IES: If one of the following codes accurately describes	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	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
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS			transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)		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 Ste. 120 Sacramento, CA 95814	CMP	Credit Card Processing Fee	57.15
eFundraising Connections 2831 G Street Ste. 120 Sacramento, CA 95814	CMP	Credit Card Processing Fee	22.80

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

**SUBTOTAL \$**