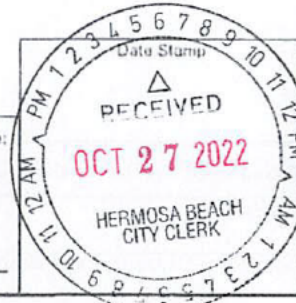


Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE



**CALIFORNIA 460**  
2001/02  
FORM

Page 1 of 9  
For Official Use Only

Statement covers period  
from 9/25/2022  
through 10/22/2022

Date of election if applicable:  
(Month, Day, Year)  
11/8/2022

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 5)*
  - 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

**3. Committee Information**

ID NUMBER  
1455279

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
The Economic Development Reform Coalition of Southern California  
- Hermosa Beach - Yes on Measure M

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Los Angeles CA 90017 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX/E-MAIL ADDRESS  
[REDACTED]

**Treasurer(s)**

NAME OF TREASURER  
Timothy Lewis

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Los Angeles CA 90017 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 and belief the information 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 10/27/2022  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [REDACTED]  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

**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	LD. 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	LD. 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  
**Medicinal & Adult-Use Cannabis Regulation & Safety Act**

BALLOT NO. OR LETTER M	JURISDICTION City of Hermosa Beach	<input checked="" 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 from <u>9/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

The Economic Development Reform Coalition of Southern California - Hermosa Beach - Yes on Measure H

I.D. NUMBER

1455279

**Contributions Received**

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received..... Schedule B, Line 3	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$14,609.09	\$79,667.81
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$14,609.09	\$79,667.81

**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	\$ 0.00	\$ 0.00
7. Loans Made..... Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$3,626.72	\$14,281.42
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$14,609.09	\$79,667.81
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$18,235.81	\$93,949.23

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made * (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yyyy)	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	\$ 0.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 0.00
15. Cash Payments..... Column A, Line 8 above	\$ 0.00
16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15	\$ 0.00
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0.00

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).

**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	\$14,281.42

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

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	9/25/2022	
through	10/22/2022	Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
The Economic Development Reform Coalition of Southern California - Hermosa Beach - Yes on Measure M

I.D. NUMBER  
1455279

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)
10/05/2022	South Cord Management, LLC (Elliot Lewis) [REDACTED] Long Beach, CA 90803-4213 * Memo reference: VVN929RGGX9	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Online Ads	\$9,700.00	\$50,892.92	
10/05/2022	South Cord Management, LLC (Elliot Lewis) [REDACTED] Long Beach, CA 90803-4213 * Memo reference: VVN929RGGY7	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		CNS	\$4,000.00	\$50,892.92	
10/21/2022	South Cord Management, LLC (Elliot Lewis) [REDACTED] Long Beach, CA 90803-4213	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PRO	\$909.09	\$50,892.92	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$14,609.09

**Schedule C Summary**

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$14,609.09

2. Amount received this period -unitemized nonmonetary contributions of less than \$100.....

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL**

\$14,609.09

\*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

FPPC Form 460 (Jan/2016)

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

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

. Amounts may be rounded to whole dollars.

**SCHEDULE F**

Statement covers period from <u>9/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b> Page <u>5</u> of <u>9</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
The Economic Development Reform Coalition of Southern California - Hermosa Beach - Yes on Measure M

LD. NUMBER  
1455279

**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 tv. 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 expenditures            | POS postage, delivery and messenger services  | T&F 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 LD. 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
Kaufman Legal Group [Redacted] Los Angeles, CA 90017-5864	PRO	\$1,996.50	\$0.00	\$0.00	\$1,996.50
Kaufman Legal Group [Redacted] Los Angeles, CA 90017-5864	PRO	\$2,193.00	\$0.00	\$0.00	\$2,193.00
Kaufman Legal Group [Redacted] Los Angeles, CA 90017-5864	OFC	\$0.10	\$0.00	\$0.00	\$0.10
<b>SUBTOTALS</b>		<b>\$4,189.60</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4,189.60</b>

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

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) .....	<b>INCURRED TOTALS</b>	<u>\$3,626.72</u>
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) .....	<b>PAID TOTALS</b>	<u>\$0.00</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .....	<b>NET</b>	<u>\$3,626.72</u>

(May be a negative number)

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

. Amounts may be rounded  
to whole dollars.

**SCHEDULE F**

Statement covers period from <u>9/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

The Economic Development Reform Coalition of Southern California - Hermosa Beach - Yes on Measure M

LD NUMBER

1455279

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

CMP campaign pamphlets/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/bullet fees  
FND fundraising events  
IND independent expenditure  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL tv. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD 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 ONE)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaufman Legal Group [REDACTED] Los Angeles, CA 90017-5864	PRO	\$2,709.00	\$0.00	\$0.00	\$2,709.00
Kaufman Legal Group [REDACTED] Los Angeles, CA 90017-5864	OFC	\$0.90	\$0.00	\$0.00	\$0.90
Kaufman Legal Group [REDACTED] Los Angeles, CA 90017-5864	PRO	\$853.50	\$0.00	\$0.00	\$853.50
<b>SUBTOTALS</b>		<b>\$3,563.40</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,563.40</b>

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

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) .....	<b>INCURRED TOTALS</b>	<b>\$3,626.72</b>
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) .....	<b>PAID TOTALS</b>	<b>\$0.00</b>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .....	<b>NET</b>	<b>\$3,626.72</b>

(May be a negative number)

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

Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from 9/25/2022	Page 7 of 9
through 10/22/2022	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
The Economic Development Reform Coalition of Southern California - Hermosa Beach - Yes on Measure M

ID. NUMBER  
1455279

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 tv. 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             | POS postage, delivery and messenger services  | TSP 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 ID. 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
Kaufman Legal Group [REDACTED] Los Angeles, CA 90017-5864	OFC	\$1.20	\$0.00	\$0.00	\$1.20
Kaufman Legal Group [REDACTED] Los Angeles, CA 90017-5864	PRO	\$850.50	\$0.00	\$0.00	\$850.50
Kaufman Legal Group [REDACTED] Los Angeles, CA 90017-5864	OFC	\$1,950.00	\$0.00	\$0.00	\$1,950.00
<b>SUBTOTALS</b>		<b>\$2,801.70</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,801.70</b>

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

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) .....	<b>INCURRED TOTALS</b>	<b>\$3,626.72</b>
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) .....	<b>PAID TOTALS</b>	<b>\$0.00</b>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 8.) .....	<b>NET</b>	<b>\$3,626.72</b>

(May be a negative number)

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

Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period from <u>9/25/2022</u> through <u>10/22/2022</u>	<b>CALIFORNIA FORM 460</b> Page <u>8</u> of <u>9</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
The Economic Development Reform Coalition of Southern California - Hermosa Beach - Yes on Measure M

LD NUMBER  
1455279

**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 tv, 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             | 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 LD 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
Kaufman Legal Group Los Angeles, CA 90017-5864 * Home reference: VVJBA9H7AQ6	OFC	\$100.00	\$0.00	\$0.00	\$100.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	\$0.00	\$3,405.50	\$0.00	\$3,405.50
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	\$0.00	\$221.22	\$0.00	\$221.22
<b>SUBTOTALS</b>		<b>\$100.00</b>	<b>\$3,626.72</b>	<b>\$0.00</b>	<b>\$3,726.72</b>

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

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	<b>INCURRED TOTALS</b>	<u>\$3,626.72</u>
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	<b>PAID TOTALS</b>	<u>\$0.00</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET</b>	<u>\$3,626.72</u> <small>(May be a negative number)</small>



**Notes and Memos**

FORMSCHEDULE	REFERENCE NUMBER (IF APPLICABLE)	TEXT
C	VVN929RGGX9	In-Kind Online Ads - The Economic Development Reform Coalition of Southern California [REDACTED] Los Angeles, CA 90017 served as the intermediary for this contribution.
C	VVN929RGGY7	In-Kind CNS - The Economic Development Reform Coalition of Southern California [REDACTED] Los Angeles, CA 90017 served as the intermediary for this contribution.
F	VVJBASH7AQ6	In-kind OFC - The Economic Development Reform Coalition of Southern California [REDACTED] Los Angeles, CA 90017 served as the intermediary for this contribution.