| Desimilarit Committee  |   |   | RECEIVED B               | Y                      | COVER PAG   |
|--|---|---|--------------------------|------------------------|---|
| Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)  | Type or print in                        | ink.<br>0012-1  | LOS ANGELES DO           | 1                      | 150RNA<br>1001/02 46(   |
| ·  | Statement covers period from 07/01/2012 | Date of election # applie<br>(Month, Day, Year                        | cable: In Elize          | ANCE<br>CHON           | 1 / 20<br>For Official Use Only   |
| SEE INSTRUCTIONS ON REVERSE  | through 09/30/2012                      | 11/06/2012  | <u> </u>                 | <u> </u>               | 10367   |
| 1. Type of Recipient Committee: All Com  Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall  (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee | <u></u>                                 | 2. Type of Sta    Pre-election   Semi-annua   Termination   Amendment | Statement<br>I Statement | ☐ Special<br>☐ Suppler | rly Statement<br>Odd-Year Report<br>mental Preelection<br>ent - Attach Form 495 |
| 3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT Yes on B - Major Funding by the AIDS Healthcare Foundation  STREET ADDRESS (NO P.O. BOX)  | I.D.NUMBER<br>1343686<br>TEE            | Treasurer(s)  NAME OF TREASURER Lyle Honig  MAILING ADDRESS           |                          |                        |   |
| CITY STATE ZIP   | CODE AREA CODE/PHONE                    | CITY  | STATE                    | ZIP CODE               | AREA CODE/PHON  |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.  | O. BOX                                  | NAME OF ASSISTANT T   | REASURER, IF ANY         |                        |   |
| CITY STATE ZIP   | CODE AREA CODE/PHONE                    | MAILING ADDRESS   |                          |                        |   |
| OPTIONAL: FAX/E-MAIL ADDRESS   |   | CITY  | STATE                    | ZIP CODE               | AREA CODE/PHO   |
|  |   | OPTIONAL: FAX/E-MAIL  | ADDRESS                  |                        | · · · · · · · · · · · · · · · · · · ·   |
| Executed on lo/5/12 By   |   | lifornia that the foregoing   | is true and correct.     | erein and in the       | attached schedules HP   |
| DATE   | SIGNATURE OF CONTROLLING OFFICEHOLDER   | R, CANDIDATE, STATE MEASURE PR  | OPONENT                  |                        |   |

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on\_

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

| NAME OF OFFICEHOLDER OR CANDIDATE   |                                   | <del></del>                       | NAME OF BALLOT MEASURE          |                |                       |                               |
|---|-----------------------------------|-----------------------------------|---------------------------------|----------------|-----------------------|-------------------------------|
|   |                                   |                                   | County of Los Angeles Saf       | er Sex in the  | Adult Film            |                               |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION   | ON AND DISTRICT NUMBER IF A       | PPLICABLE)                        | BALLOT NO. OR LETTER            | JURISDICTION   |                       | X SUPPORT                     |
|   |                                   |                                   |                                 | STW            |                       | OPPOSE                        |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND   | STREET) CITY                      | STATE ZIP                         | Identify the controlling office | holder, candld | ate, or state measure | proponent, if any.            |
|   |                                   |                                   | NAME OF OFFICEHOLDER, CAN       | DIDATE, OR PRO | OPONENT               |                               |
| Related Committees Not Included not included in this statement that are controlle contributions or to make expenditures on beha | ed by you or are primarily formed | st any committees<br>d to receive | OFFICE SOUGHT OR HELD           |                | DISTRIC               | T NO. IF ANY                  |
| COMMITTEE NAME  | I.D.NUMBER                        |                                   | 7. Primarily Formed C           |                | List names of officeh | nolder(s) or candidate(s) for |
| ALANS OF TREASURES  | 2017701177                        |                                   | NAME OF OFFICEHOLDER OR C       | ANDIDATE       | OFFICE SOUGHT OR H    | IELD SUPPORT                  |
| NAME OF TREASURER   | CONTROLLED YES                    | NO NO                             |                                 |                |                       | OPPOSE                        |
| COMMITTEE ADDRESS STREET ADDR   | ESS (NO P.O.BOX)                  | <del>,</del>                      | NAME OF OFFICEHOLDER OR C       | ANDIDATE       | OFFICE SOUGHT OR H    | IELD SUPPORT                  |
| CITY ST   | TATE ZIP CODE A                   | AREA CODE/PHONE                   |                                 |                |                       | OPPOSE                        |
| COMMITTEE NAME  | I.D.NUMBER                        |                                   | NAME OF OFFICEHOLDER OR C       | ANDIDATE       | OFFICE SOUGHT OR H    | SUPPORT OPPOSE                |
| NAME OF TREASURER   | CONTROLLED YES                    | COMMITTEE?                        | NAME OF OFFICEHOLDER OR C       | ANDIDATE       | OFFICE SOUGHT OR H    | SUPPORT OPPOSE                |
| COMMITTEE ADDRESS STREET ADDR   | ESS (NO P.O.BOX)                  |                                   |                                 |                |                       |                               |
|   |                                   |                                   | Attach                          | continuation e | heets If necessary    |                               |

## Campaign Disclosure Statement Summary Page

19. Outstanding Debts .....

Add Line 2 + Line 9 in Column B above

Type or print in ink.

Amounts may be rounded to whole dollars.

| Si | IMI | AN | RY | $P\Delta$ | GE |
|----|-----|----|----|-----------|----|
|    |     |    |    |           |    |

| Statement covers period |             |
|-------------------------|-------------|
| from                    |             |
| through                 | 3/20        |
|                         | I.D. NUMBER |
|                         |             |

| SEE INSTRUCTIONS ON REVERSE  |   | unough  |  |  |
|--|---|---|--|--|
| NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee   |   |   |  | I.D. NUMBER  |
| Contributions Received   | Column A  TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | COLUMN B CALENDAR YEAR TOTAL TO DATE  | •  | 1343686 Summary for Candidates h the State Primary and ns    |
| 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 7 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4   | 93467.20  | 93467.20  | 20. Contribution Received \$  21. Expenditures Made \$ | 1 through 6/30 7/1 to Date  0.00 \$ 0.00  0.00 \$ 0.00       |
| Expenditures Made 6. Payments Made   | \$ 368454.97  | \$ <u>1507856.94</u>  | Expenditure Lin<br>Candidates                          | nit Summary for State  |
| 7. Loans Made Schedule H, Line 7 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7   | 0.00<br>\$ 368454.97                                  | 0.00<br>\$ 1507856.94   |  | ative Expenditures Made*<br>to Voluntary Expenditure Limit)  |
| 9. Accrued Expenses (Unpaid Bills)   | 22.127.22   | 36720.62<br>93467.20  | Date of Election<br>(mm/dd/yy)                         | Total to Date  |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10   | \$ 492150.14  | \$1638044.76  |  | <b></b> \$   |
| Current Cash Statement  2. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero. | 350000.00<br>0.00<br>368454.97                        | 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 |  | _ \$<br>_ \$<br>_ \$<br>_ \$                                 |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  | \$ 0.00   | for this calendar year, only carry over the amounts   |  | - \$   |
| Cash Equivalents and Outstanding Debts  18. Cash Equivalents   | \$0.00  | from Lines 2, 7, and 9 (if any).  | *Since January 1, 200<br>different from amount         | 01. Amounts in this section may be the reported in Column B. |

36720.62

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

## Schedule A

Type or print in ink.

| ~ | $\sim$ | • | <br>= 4 |
|---|--------|---|---------|
|   |        |   |         |

| Monetary Contributions Received |  |             | nts may be rounded<br>whole dollars.               | Statement cov           | ers period                  | 1 (6.0)<br>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                         |  |
|---------------------------------|--|-------------|--|-------------------------|-----------------------------|--|-------------------------|--|
| SEE INSTRUCTION                 | IS ON REVERSE  |             |  | through                 |                             |  | 4 / 20                  |  |
| NAME OF FILER<br>AIDS Healthcar | re Foundation Los Angeles County FAIR Committee        |             |  |                         |                             | I.D. No<br>1343                                  |                         |  |
| DATE                            | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR | CONTRIBUTOR | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER | AMOUNT<br>RECEIVED THIS | CUMULATIVE TO<br>CALENDAR Y |  | PER ELECTION<br>TO DATE |  |

|                        |   |   | •   |                                   | 134   | 5080                                     |
|------------------------|---|---|---|-----------------------------------|---|--|
| DATE<br>RECEIVED       | FULL NAME, MAILING ADDRESS<br>AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *                     | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| Ropt Dt:<br>09/21/2012 | AIDS Healthcare Foundation  | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC                 |   | 200000.00                         | 1643467.20  |  |
| Rept Dt:<br>09/06/2012 | AIDS Healthcare Foundation  | ☐ IND<br>☐ COM<br>☑ OTH<br>☐ PTY<br>☐ SCC |   | 50000.00                          | 1643467.20  |  |
| Rcpt Dt:<br>09/06/2012 | AIDS Healthcare Foundation  | ☐ IND<br>☐ COM<br>☒ OTH<br>☐ PTY<br>☐ SCC |   | 100000.00                         | 1643467.20  |  |

|   | SUBTOTAL \$ | 350000.00 |   |
|---|-------------|-----------|---|
| Schedule A Summary  1. Amount received this period - contributions of \$100 or more.  (Include all Schedule A subtotals.)         | s           | 350000.00 | *Contributor Codes<br>IND - Individual<br>COM - Recipient Committee |
| 2. Amount received this period - unitemized contributions of less than \$100  |             | 0.00      | (other than PTY or SCC) OTH- Other                                  |
| 3. Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.) | TOTAL \$    | 350000.00 | PTY - Political Party<br>SCC- Small Contributor Committee           |

| Schedule C                    |  |                               |  | print in ink.                  |                    |                                 | SCHEDULE C                          |  |          |                            |  |  |
|-------------------------------|--|-------------------------------|--|--------------------------------|--------------------|---------------------------------|-------------------------------------|--|----------|----------------------------|--|--|
| Nonmon                        | etary Contributions Received   |                               |  | ay be rounded<br>ble dollars.  | tatement covers pe | ers period CALIF                |                                     |  | 460      |                            |  |  |
|                               |  |                               |  |                                | thro               | ugh                             |                                     | 5  | / 20     | l                          |  |  |
| SEE INSTRUCT<br>NAME OF FILER | IONS ON REVERSE  | <u> </u>                      |  |                                |                    |                                 |                                     | I.D. Num                                   |          |                            |  |  |
| AIDS Health                   | care Foundation Los Angeles County FAIR Co   | ommittee                      |  |                                |                    |                                 |                                     | 134368                                     |          |                            |  |  |
| DATE<br>RECEIVED              | FULL NAME, STREET ADDRESS AND<br>ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *         | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION (<br>GOODS OR SERV |                    | AMOUNT/<br>FAIR MARKET<br>VALUE | CUMULA<br>DA<br>CALENDA<br>(JAN 1 - | TIVE TO<br>TE<br>AR YEAR                   | PER EI   | LECTION<br>DATE<br>QUIRED) |  |  |
| Cot Dt:<br>9/30/2012          | AIDS Healthcare Foundation   | □ IND □ COM ☒ OTH □ PTY □ SCC |  | Salary                         |                    | Salary 239.20                   |                                     | 239.20                                     |          | 3467.20                    |  |  |
| Rcpt Dt:<br>09/01/2012        | AIDS Healthcare Foundation   | □IND □ COM ☑ OTH □ PTY □ SCC  |  | Ads                            | 12680.00           |                                 | 12680.00 164346                     |  |          |                            |  |  |
| Rept Dt:<br>09/13/2012        | AIDS Healthcare Foundation   | □ IND □ COM ☑ OTH □ PTY □ SCC |  | Consulting Fees                | 3                  | 5000.00                         | 164                                 | 3467.20                                    |          |                            |  |  |
| Rept Dt:<br>09/19/2012        | AIDS Healthcare Foundation   | IND COM SOTH PTY SCC          |  | Tweets                         |                    | 5000.00                         | 164                                 | 3467.20                                    |          |                            |  |  |
| Attach add                    | litional information on appropriately labele   | d continuation                | sheets.  | SUBTO                          | TAL S              | •                               |                                     |  |          |                            |  |  |
| Schedule                      | C Summary  |                               |  |                                |                    |                                 |                                     |  |          | ,                          |  |  |
| 1. Amount r<br>(Include a     | eceived this period - nonmonetary contrib  | utions of \$100               | or more.   |                                | \$ _               | 93467.20                        |                                     | ontributor Co                              |          |                            |  |  |
| 2. Amount r                   | eceived this period - unitemized nonmone   | tary contributio              | ons of less than \$100   |                                | \$ _               | 0.00                            | co                                  | M- Recipier - (other th                    | nt Commi |                            |  |  |
|                               | monetary contributions received this perio   |                               | on A Lines 4 and 10 \  | TOTA                           | \1 ¢               | 93467.20                        | PT                                  | H - Other<br>Y - Political<br>C - Small Co |          | Committee                  |  |  |

| Schedul                       | e C  |                                      | Type or  | print in ink.                  |        |                                 |                              | SCHEDULE C                                  |       |                            |  |  |
|-------------------------------|--|--------------------------------------|--|--------------------------------|--------|---------------------------------|------------------------------|---|-------|----------------------------|--|--|
| Nonmon                        | etary Contributions Received   |                                      | Amounts may be rounded state to whole dollars.   |                                |        | •                               | catement covers period CALIF |   |       | 460                        |  |  |
|                               |  |                                      |  |                                | thro   | ugh                             |                              | 6   | / 20  |                            |  |  |
| SEE INSTRUCT<br>NAME OF FILER | IONS ON REVERSE  |                                      |  | ***                            |        |                                 |                              | I.D. Num                                    |       |                            |  |  |
| AIDS Health                   | care Foundation Los Angeles County FAIR Cor  | mmittee                              |  |                                |        |                                 |                              | 134368                                      |       |                            |  |  |
| DATE<br>RECEIVED              | FULL NAME, STREET ADDRESS AND<br>ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *                | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION (<br>GOODS OR SERV |        | AMOUNT/<br>FAIR MARKET<br>VALUE | CALEND                       | TIVE TO<br>TE<br>AR YEAR<br>DEC 31)         | TO    | LECTION<br>DATE<br>QUIRED) |  |  |
| ិcpt Dt:<br>9/17/2012         | AIDS Healthcare Foundation   | □IND □COM □OTH □PTY □SCC             |  | Billboard Production           |        | 10968.00                        |                              | d Production 10968.00                       |       | 3467.20                    |  |  |
| Rcpt Dt:<br>09/03/2012        | AIDS Healthcare Foundation   | □IND<br>□COM<br>☑OTH<br>□PTY<br>□SCC |  | Billboard Placer               | nent   | 52580.00                        | 164                          | 3467.20                                     |       |                            |  |  |
| Rcpt Dt:<br>09/28/2012        | AIDS Healthcare Foundation   | □IND<br>□COM<br>☑OTH<br>□PTY<br>□SCC |  | Consulting Fees                | 3      | 2000.00                         | 164                          | 3467.20                                     |       |                            |  |  |
| Rcpt Dt:<br>09/10/2012        | AIDS Healthcare Foundation   | □IND<br>□COM<br>☑OTH<br>□PTY<br>□SCC |  | Consulting Fees                | 3      | 5000.00                         | 164                          | 3467.20                                     |       |                            |  |  |
| Attach add                    | litional information on appropriately labeled  | continuation                         | sheets.  | SUBTO                          | TAL \$ | 93467.20                        |                              |   |       |                            |  |  |
| Schedule                      | C Summary  |                                      |  |                                |        |                                 |                              |   |       |                            |  |  |
| 1. Amount r<br>(Include a     | eceived this period - nonmonetary contribu   | tions of \$100                       | or more.   |                                | \$ _   |                                 | I -                          | ontributor Co                               |       |                            |  |  |
| 2. Amount r                   | eceived this period - unitemized nonmonet  | arv contributio                      | ons of less than \$100   |                                | \$ _   |                                 |                              | M- Recipier<br>- (other th                  |       |                            |  |  |
| 3. Total non                  | monetary contributions received this period as 1 and 2. Enter here and on the Summary              | <b>i</b> .                           |  |                                |        |                                 | PT                           | TH - Òther<br>Y - Political<br>CC - Small C | Party | ·                          |  |  |

### Schedule E Payments Made

AIDS Healthcare Foundation Los Angeles County FAIR Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

|              |               |                   | SCHEDULE E |
|--------------|---------------|-------------------|------------|
| Statement of | covers period | Transition of the | ALSO)      |
| from         |               | A STANSON         |            |
| through      |               | 7/20              |            |
| <u> </u>     | _             | I.D. NUMBER       |            |
|              |               | 1343686           |            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

| CNS<br>CTB<br>CVC<br>FIL<br>FND | campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* | MTG<br>OFC<br>PET<br>PHO<br>POL | meetings an office expen petition circuphone banks polling and s | ulating<br>s<br>survey research                  | RFD<br>SAL<br>TEL<br>TRC<br>TRS | radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor |
|---------------------------------|---|---------------------------------|--|--|---------------------------------|--|
|                                 | fundraising events independent expenditure supporting/opposing others (explain)*  |                                 |  | survey research<br>livery and messenger services |                                 | staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor  |
|                                 | legal defense   |                                 |  | services (legal, accounting)                     |                                 | voter registration   |
| LIT                             | campaign literature and mailings  | PRT                             | print ads  |  | WEB                             | information technology costs (internet, email)   |

|   | NAME AND ADDRESS OF PAYEE OR CRI<br>(IF COMMITTEE, ALSO ENTER LD. NUMBER) | EDITOR      | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|-------------|---------|------------------------|-------------|
| - | Associated Press  | ID:         | MTG     |                        | 800.00      |
|   | Billups: Worldwide  | ID:         | LIT     |                        | 10968.00    |
|   | Budget Watchdog's Newsletter  | ID: 1345115 | LIT     |                        | 32539.00    |

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

**SUBTOTAL \$** 

#### **Schedule E Summary**

| 1. P | Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | <u>368454.97</u> |
|------|---|------------------|
|      | Unitemized payments made this period of under \$100.  | 0.00             |
|      | Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | 0.00             |
|      | Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | 368454.97        |

### Schedule E

#### Type or print in ink. Amounts may be rounded

| Statement covers period | 52 F. 150 (400) |
|-------------------------|-----------------|
| through                 | 8 / 20          |
|                         | I.D. NUMBER     |
|                         | 4040000         |

**Payments Made** to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee 1343686 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals PHO 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 transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) voter registration VOT campaign literature and mailings LIT PRT print ads WEB information technology costs (internet, email) NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) LIT 35780.00 California Latino Voter's Guide ID: 1322246 LIT 23460.00 California Vote Green ID: 1323171 LIT 22650.00 California Voter Guide ID: 595004 **SUBTOTAL \$** \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

#### Schedule E Summary

| 1. | Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 |
|----|---|
| 2. | Unitemized payments made this period of under \$100.  |
| 3. | Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   |
| 4. | Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) |

## . Schedule E

## Type or print in ink.

|                         | SCHEDULE E          |
|-------------------------|---------------------|
| Statement covers period | 14 S. S. 18 4 (8) 0 |
| from                    |                     |
| through                 | 9 / 20              |
|                         | I.D. NUMBER         |
|                         | 1                   |

| Payments Made  SEE INSTRUCTIONS ON REVERSE   |   |  | whole doll                              |                  | from  | (4 ROX  |
|--|---|--|---|------------------|---|---|
|  |   |  |   |                  | through   | 9/20  |
| NAME OF FILER  |   |  |   |                  | . <u> </u>  | I.D. NUMBER   |
| AIDS Healthcare Foundation Los Angeles County FAIR Committee   | 1343686                                       |  |   |                  |   |   |
| CODES: If one of the following codes accurately describes  | the pay                                       | ment, you                                | may ente                                | r the code. Oth  | erwise, describe the payment  |   |
| CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CTB candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings   | MTG<br>OFC<br>PET<br>PHO<br>POL<br>POS<br>PRO | phone bank<br>polling and<br>postage, de | nd appearainses culating cs survey rese | nces             | TRC candidate travel, TRS staff/spouse travel TSF transfer between VOT voter registration | utions<br>ers' salaries<br>me and production costs<br>, lodging, and meals<br>rel, lodging, and meals<br>n committees of the same candidate/spons |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)  |   |  | CODE                                    | OR               | DESCRIPTION OF PAYMENT  | AMOUNT PAID   |
| Colby Poster Printing  | ID:   |  | LiT                                     |                  |   | 22532.26  |
| Continuing the Republican Revolution   | ID:   | 598041                                   | LIT                                     |                  |   | 9000.00   |
| Dakota Communications  | ID:   |  | CNS                                     |                  |   | 15000.00  |
| * Payments that are contributions or independent expenditures must a   | also be su                                    | ımmarized o                              | n Schedule                              | D.               |   | SUBTOTAL \$   |
| Schedule E Summary   |   |  |   |                  |   |   |
| Payments made this period of \$100 or more. (Include all   | Schedi  | ile E subtot                             | tals.)                                  |                  |   | <b>s</b>  |
| <ol> <li>Unitemized payments made this period of under \$100.</li> </ol>   |   |  |   |                  |   | \$  |
| <ol> <li>Total interest paid this period on loans. (Enter amount from the control of the con</li></ol> |   |  |   |                  |   |   |
| 4. Total payments made this period. (Add lines 1, 2, and 3.  |   |  |   |                  |   |   |
| Total payments made this period. (Add inles 1, 2, and 3.   |   | icic alia di                             | i uic Suli                              | illialy raye, co | iumm ~, Line v.)  | IVIAL 4   |

#### Type or print in ink. Amounts may be rounded

|                         | SCHEDULE E       |
|-------------------------|------------------|
| Statement covers period | TAPESENE AND AND |
| from                    |                  |
| through                 | 10/20            |
|                         | I.D. NUMBER      |
|                         | 40,40000         |

| Payments Made   |   | to          | whole doll   | ars.             |         | from   |  |                              |  |
|---|---|-------------|--|------------------|---------|--|--|------------------------------|--|
| SEE INSTRUCTIONS ON REVERSE   |   |             |  |                  |         | through  | 1  | 0 / 20                       |  |
| NAME OF FILER   |   |             |  |                  |         | , <u>b-s</u>   | I.D. NUN   | MBER                         |  |
| AIDS Healthcare Foundation Los Angeles County FAIR Committee  | e   |             |  |                  |         |  | 13436  | 86                           |  |
| CODES: If one of the following codes accurately describes   | the payn                                      | nent, you ı | may ente   | r the code. Othe | erwise, | describe the payment.  |  | ,                            |  |
| CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings  | MTG<br>OFC<br>PET<br>PHO<br>POL<br>POS<br>PRO |             | nd appearantses ulating s survey rese livery and n | nces             |         | RAD radio airtime and pro RFD returned contribution SAL campaign workers' so TEL t.v. or cable airtime a TRC candidate travel, lode TRS staff/spouse travel, lo TSF transfer between con VOT voter registration WEB information technology | s<br>alaries<br>nd production c<br>ging, and meals<br>odging, and mea<br>nmittees of the s | als<br>same candidate/sponso |  |
| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER LD. NUMBER)  |   |             | CODE   | OR               | DESCR   | RIPTION OF PAYMENT   |  | AMOUNT PAID                  |  |
| Election Diaest G2012   | ID:   | 1345303     | LIT  |                  |         |  |  | 49016.00                     |  |
| Darren James  | ID:   |             | SAL  |                  |         |  | . , , , ,  | 239.20                       |  |
| NGP VAN, Inc.   | ID:   |             | OFC  |                  | _       |  |  | 250.00                       |  |
| * Payments that are contributions or independent expenditures must a  | also be sur                                   | nmarized or | n Schedule   | D.               |         | <u> </u>   | SUBTOTAL S   | <u> </u>                     |  |
| Schedule E Summary  |   |             |  |                  |         |  |  |                              |  |
| 1. Payments made this period of \$100 or more. (Include all   | Schedul                                       | e E subtot  | als.) .  |                  |         |  | \$ _   |                              |  |
| Unitemized payments made this period of under \$100.  |   |             |  |                  |         |  |  |                              |  |
| Total interest paid this period on loans. (Enter amount from the second of the se |   |             |  |                  |         |  |  |                              |  |
| 4. Total payments made this period. (Add lines 1, 2, and 3.   |   |             |  |                  |         |  |  |                              |  |

## Schedule E

Type or print in ink. Amounts may be rounded

|                         | SCHEDULE E     |
|-------------------------|----------------|
| Statement covers period | PARTONIE ALBOR |
| from                    |                |
| through                 | 11 / 20        |
|                         | I.D. NUMBER    |
|                         |                |

| Payments Made  | to  | whole dolla  | ars.                             | from  | from   |                            |  |
|--|---|--|----------------------------------|---|--|----------------------------|--|
| SEE INSTRUCTIONS ON REVERSE  |   |  |                                  | through   | 1  | 11 / 20                    |  |
| NAME OF FILER  |   |  | . %                              |   | I.D. NUM   | IBER                       |  |
| AIDS Healthcare Foundation Los Angeles County FAIR Committee   | e   |  |                                  |   | 134368   | 36                         |  |
| CODES: If one of the following codes accurately describes  | the payment, you  | may enter  | the code. Otherwi                | se, describe the payment.   |  |                            |  |
| CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member commeetings at OFC office experiment of PET petition circle phone bank POL polling and POS postage, de PRO professions PRT print ads | nd appearan<br>nses<br>culating<br>ks<br>survey resea<br>elivery and m | ces<br>arch<br>essenger services | RAD radio airtime and pro RFD returned contribution SAL campaign workers' so TEL t.v. or cable airtime a TRC candidate travel, lody TRS staff/spouse travel, lot TSF transfer between con VOT voter registration WEB information technology | s<br>alaries<br>and production ca<br>ging, and meals<br>odging, and mea<br>nmittees of the s | ls<br>ame candidate/sponso |  |
| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER LD. NUMBER)   |   | CODE   | OR DE                            | ESCRIPTION OF PAYMENT   |  | AMOUNT PAID                |  |
| Picky Print Production   | ID:   | LIT  |                                  |   |  | 12322.50                   |  |
| San Gabriel Valley News Group  | ID:   | PRT  |                                  |   |  | 71804.00                   |  |
| Sheraton Universal Hotel   | ID:   | MTG  |                                  |   |  | 3666.79                    |  |
| * Payments that are contributions or independent expenditures must a   | also be summarized o  | on Schedule  | D.                               |   | SUBTOTAL   | <u> </u>                   |  |
| Schedule E Summary   |   | _  |                                  |   |  |                            |  |
| 1. Payments made this period of \$100 or more. (Include all  | Schedule E subto  | otals.)  |                                  |   | \$   |                            |  |
| 2. Unitemized payments made this period of under \$100.  |   |  |                                  |   | \$ _   |                            |  |
| 3. Total interest paid this period on loans. (Enter amount fro   | om Schedule B. P.   | art 1. Colu  | mn (e).)                         |   | \$   |                            |  |

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

#### . Schedule E Payments Made

## Type or print in ink. Amounts may be rounded to whole dollars.

|                         | SCHEDULE    |
|-------------------------|-------------|
| Statement covers period | erereda 460 |
| through                 | 12 / 20     |
|                         | I.D. NUMBER |
|                         | 1343686     |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

AIDS Healthcare Foundation Los Angeles County FAIR Committee

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, email)            |
|     |   |     |   |     |   |

| NAME AND ADDRESS OF PAYEE OR CREDITO<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | OR         | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------------|------|----|------------------------|-------------|
| The Los Angeles Times  | ID:        | PRT  |    |                        | 19427.27    |
| Time Warner Cable Media Sales  | ID:        | TEL  |    |                        | 14999.95    |
| <br>Your Ballot Guide  | ID: 588011 | LIT  |    |                        | 24000.00    |

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 368454.97

#### Schedule E Summary

| 1. | Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 |  |
|----|---|--|
| 2. | Unitemized payments made this period of under \$100.  |  |
| 3. | Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   |  |
| 4. | Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) |  |

|  | IEDI |  |  |
|--|------|--|--|
|  |      |  |  |
|  |      |  |  |

614.01

|  |  | SCHEDUL                              |                |  |  |  |
|--|--|--------------------------------------|----------------|--|--|--|
| Schedule F<br>Accrued Expenses (Unpaid Bills)                | Type or print in ink. Amounts may be rounded to whole dollars. | Statement covers period              | CALIFORNIA 460 |  |  |  |
| SEE INSTRUCTIONS ON REVERSE                                  | *  | through                              | - 13/20        |  |  |  |
| NAME OF FILER  |  |                                      | I.D. NUMBER    |  |  |  |
| AIDS Healthcare Foundation Los Angeles County FAIR Committee | <b>e</b>   |                                      | 1343686        |  |  |  |
| CODES: If one of the following codes accurately describes    | s the payment, you may enter the code. Otherwi                 | se, describe the payment.            |                |  |  |  |
| CMD compaign possible resident                               | ASDD   | DAD and a statement of the statement |                |  |  |  |

| CMP<br>CNS<br>CTB<br>CVC<br>FIL<br>ND<br>IND | campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain) | MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and | OFC office expenses PET petition circulating PHO phone banks POL polling and survey research |  | RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor |   |  |  |
|--|--|---|--|--|--|---|--|--|
| LEG<br>LIT                                   | legal defense  | PRO professional services   | (legal, accounting)  | VOT voter regis                                    |  |   |  |  |
|  | campaign literature and mailings   | PRT print ads   |  | WEB information technology costs (internet, email) |  |   |  |  |
|  | NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE OR DESCRIPTION OF PAYMENT  | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD   | (b)<br>AMOUNT INCURRED<br>THIS PERIOD              | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)   | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |  |  |
| Miki   | i Jackson  | OFC   | 0.00   | 30.30  | 0.00   | 30.30   |  |  |
| Miki   | i Jackson  | MTG   | 0.00   | 181.81   | 0.00   | 181.81  |  |  |

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

40.65

573.36

#### **Schedule F Summary**

Kaufman Legal Group

| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for   |                      |          |
|---|----------------------|----------|
| accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)   | INCURRED TOTALS \$ _ | 30227.97 |
| 2. Tatal assured assured assured this social (but I but I C but I E O I but I C but I |                      |          |

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.)..... PAID TOTALS \$ \_\_\_\_\_ 0.00

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

ID:

OFC

May be a negative number.

0.00

| SCHEDULE | F |
|----------|---|
|----------|---|

| Schedule | F        |         |        |
|----------|----------|---------|--------|
| Accrued  | Expenses | (Unpaid | Bills) |

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

Type or print in ink.

| Statement covers period | CALIFORNIA 460 |
|-------------------------|----------------|
| through                 | 14 / 20        |
|                         | I.D. NUMBER    |

| Accrued Expenses (Unpaid Bills)                        | Amounts may be rounded to whole dollars.        | Statement covers period from   | FORM 460    |  |
|--|---|--------------------------------|-------------|--|
| SEE INSTRUCTIONS ON REVERSE                            |   | through                        | 14 / 20     |  |
| NAME OF FILER  |   |                                | I.D. NUMBER |  |
| AIDS Healthcare Foundation Los Angeles County FAIR Com | mittee  |                                |             |  |
|  |   |                                | 1343686     |  |
| CODES: If one of the following codes accurately desc   | cribes the payment, you may enter the code. Oth | nerwise, describe the payment. |             |  |
| CMP campaign paraphernalia/misc.                       | MBR member communications                       | RAD radio airtime and producti | on costs    |  |

| COL | <b>ES:</b> If one of the following codes accurately describes | the pa | yment, you may ent      | er the code. Otherv | vise, descril | oe the pa    | yment.                     |                        |
|-----|---|--------|-------------------------|---------------------|---------------|--------------|----------------------------|------------------------|
| CMP | campaign paraphernalia/misc.                                  | MBR    | member communication    | ns                  | RAD           | radio airtir | me and production costs    |                        |
| CNS | campaign consultants  | MTG    | meetings and appeara    | nces                | RFD           | returned of  | contributions              |                        |
| CTB | contribution (explain nonmonetary)*                           | OFC    | office expenses         |                     | SAL           | campaign     | workers' salaries          |                        |
| CVC | civic donations   | PET    | petition circulating    |                     | TEL           | t.v. or cab  | le airtime and production  | costs                  |
| FIL | candidate filing/ballot fees                                  | PHO    | phone banks             |                     | TRC           | candidate    | travel, lodging, and meal  | s                      |
| FND | fundraising events  | POL    | polling and survey rese | earch               | TRS           | staff/spou   | se travel, lodging, and me | eals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS    | postage, delivery and r | nessenger services  | TSF           | transfer be  | etween committees of the   | same candidate/sponsor |
| LEG | legal defense   | PRO    | professional services ( | legal, accounting)  | VOT           | voter regis  | stration                   | -                      |
| LIT | campaign literature and mailings                              | PRT    | print ads               |                     | WEB           | informatio   | n technology costs (interr | et, email)             |
|     | <u> </u>  |        |                         | (a)                 | (b)           |              | (c)                        | (d)                    |

| NAME AND ADDRESS OF PAYE<br>(IF COMMITTEE, ALSO ENTER LD |     | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----|-----------------------------------|---|---------------------------------------|---|--|
| Kaufman Legal Group                                      | ID: | PRO                               | 6452.00   | 24442.50                              | 0.00  | 30894.50   |
| Mark McGrath   | ID: | CNS                               | 0.00  | 5000.00                               | 0.00  | 5000.00  |

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

SUBTOTALS \$

6492.65\$

30227.97\$

0.00 \$

36720.62

# Schedule G

|                         | SCHEDULE C     |
|-------------------------|----------------|
| Statement covers period | CALIFORNIA 460 |
| through                 | 15 / 20        |
| -                       | I.D. NUMBER    |

| VOLIVAGIO V   |   | Tyne  | or print in ink.                      |  |   |  | OO, ILDOLL O     |
|---|---|---|---------------------------------------|--|---|--|------------------|
| Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)   |   | Amounts   | s may be rounded<br>hole dollars.     | State  | ement covers period                               | CALIFORNI<br>FORM  | <sup>^</sup> 460 |
| SEE INSTRUCTIONS ON REVERSE   | •   |   |                                       | through  |   | 15 / 20  | )                |
| NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee  |   |   |                                       |  |   | I.D. NUMBER<br>1343686   |                  |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR   |   |   |                                       |  |   | 1343000  | ,                |
| AIDS Healthcare Foundation  |   |   |                                       |  |   |  |                  |
| CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be sum | MBR member of meetings OFC office exp PET petition ci PHO phone bar POL polling an POS postage, of PRO profession PRT print ads | communication and appearan enses rculating nks d survey resea delivery and m nal services (le | s<br>ces<br>arch<br>essenger services | RAD<br>RFD<br>SAL<br>TEL<br>TRC<br>TRS<br>TSF<br>VOT | radio airtime and producti returned contributions | es<br>production costs<br>and meals<br>ng, and meals<br>nees of the same c | •                |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)   |   |   | DR .                                  | DESCRIPTION OF                                       | PAYMENT   | AI   | MOUNT PAID       |
| Billups: Worldwide ID   | : .   | LIT   |                                       |  |   |  | 52580.00         |
| Derrick Burts ID  | ):  | CNS   |                                       |  | <del>-</del>                                      |  | 7000.00          |
| Facebook  | <b>):</b>   | PRT   |                                       |  |   |  | 12680.00         |
| Mark McGrath ID   | ):  | CNS   |                                       |  | -   |  | 5000.00          |

LIT

ID:

Attach additional information on appropriately labeled continuation sheets.

**Promoted Products Insertion Order** 

TOTAL\* \$

5000.00

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

| Schedule G  |                    | Tyr          | oe or print in ink.                  |                  |                            |                   | SCHEDULE          |
|---|--------------------|--------------|--------------------------------------|------------------|----------------------------|-------------------|-------------------|
| Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) | t                  | Amou         | nts may be rounded<br>whole dollars. | Stat             | ement covers period        | CALIFOR           | /I /              |
| SEE INSTRUCTIONS ON REVERSE   |                    |              |                                      | through          | ì                          | 16 /              | 20                |
| NAME OF FILER   |                    |              |                                      | ·                | Materia ,                  | I.D. NUMBER       |                   |
| AIDS Healthcare Foundation Los Angeles County FAIR Committee                      |                    |              |                                      |                  |                            | 1343686           |                   |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR   |                    |              |                                      |                  | 20 010 00                  | 1 .0 .0000        |                   |
| Billups: Worldwide  |                    |              | •                                    |                  |                            |                   |                   |
| CODES: If one of the following codes accurately describes to                      | the payment, vo    | u mav en     | ter the code. Of                     | therwise, descri | be the payment.            |                   |                   |
| CMP campaign paraphernalia/misc.  | MBR member c       | _            |                                      | · ·              | radio airtime and produc   | tion costs        |                   |
| CNS campaign consultants  | MTG meetings       | and appear   | ances                                | RFD              | returned contributions     |                   |                   |
| CTB contribution (explain nonmonetary)*   | OFC office expe    |              |                                      | SAL              | campaign workers' salar    | ies               |                   |
| CVC civic donations   | PET petition cir   | culating     |                                      | TEL              | t.v. or cable airtime and  | production costs  | <b>;</b>          |
| FIL candidate filing/ballot fees  | PHO phone bar      | nks          |                                      | TRC              | candidate travel, lodging  |                   |                   |
| FND fundraising events  | POL polling and    | d survey res | search                               | TRS              | staff/spouse travel, lodgi | ng, and meals     |                   |
| IND independent expenditure supporting/opposing others (explain)*                 | POS postage, d     | lelivery and | messenger services                   |                  | transfer between commit    | ttees of the sam  | e candidate/spons |
| LEG legal defense   | PRO profession     | al services  | (legal, accounting)                  | VOT              | voter registration         |                   |                   |
| LIT campaign literature and mailings  | PRT print ads      |              |                                      | WEB              | information technology c   | osts (internet, e | mail)             |
| * Payments that are contributions or independent expenditures must also be su     | mmarized on Schedu | ıle D.       |                                      |                  |                            |                   |                   |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)      |                    | CODE         | OR                                   | DESCRIPTION OF   | PAYMENT                    |                   | AMOUNT PAID       |
| Circle Graphics   | D·                 | LIT          |                                      |                  |                            |                   | 12680.00          |

NAME AND ADDRESS OF PAYEE OR CREDITOR
(BY COMMITTEE, ALSO EXTRELD, MAMBER)

| ID: | LIT | | LIT | | LIT | LI

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

## Schedule G

FIL candidate filing/ballot fees

Type or print in ink.

|                         |            | SCHEDOLE ( | ۰ |
|-------------------------|------------|------------|---|
| Statement covers period | CALIFORNIA | 460        | l |

TRC candidate travel, lodging, and meals

| Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) | Amounts may be rounded to whole dollars.      | Statement covers period from  | CALIFORNIA 460   |
|---|---|-------------------------------|------------------|
| SEE INSTRUCTIONS ON REVERSE   |   | through                       | 17 / 20          |
| NAME OF FILER   |   |                               | I.D. NUMBER      |
| AIDS Healthcare Foundation Los Angeles County FAIR Committee                      | e   |                               | 1343686          |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR   |   | ·                             |                  |
| Promoted Products Insertion Order   |   |                               |                  |
| CODES: If one of the following codes accurately describes                         | s the payment, you may enter the code. Otherw | ise, describe the payment.    |                  |
| CMP campaign paraphernalia/misc.  | MBR member communications                     | RAD radio airtime and produc  | tion costs       |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions    |                  |
| CTB contribution (explain nonmonetary)*   | OFC office expenses                           | SAL campaign workers' salar   | ies              |
| SCVC civic donations  | PET petition circulating                      | TEL t.v. or cable airtime and | production costs |

FND fundraising events TRS staff/spouse travel, lodging, and meals POL polling and survey research IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

PHO phone banks

LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings WEB information technology costs (internet, email) PRT print ads

\* Payments that are contributions or independent expenditures must also be si

| NAME AND ADDRESS OF<br>(IF COMMITTEE, ALSO EN | PAYEE OR CREDITOR<br>ER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|--------------------------------------|---------|------------------------|-------------|
| Adam Carl Cohen                               | ID:                                  | LIT     |                        | 1120.00     |
|   | ID:                                  |         |                        |             |

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

Type or print in ink.

Amounts may be rounded to whole dollars.

|                              | SCHEDULE       | • |
|------------------------------|----------------|---|
| Statement covers period from | CALIFORNIA 460 |   |
| through                      | 18 / 20        |   |
|                              | I.D. NUMBER    |   |

| SEE INSTRUCTIONS ON REVERSE                                  |   | through                          | 18 / 20     |
|--|---|----------------------------------|-------------|
| NAME OF FILER  |   |                                  | I.D. NUMBER |
| AIDS Healthcare Foundation Los Angeles County FAIR Committee |   |                                  | 1343686     |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR                      |   | 34                               |             |
| San Gabriel Valley News Group                                |   |                                  |             |
| CODES: If one of the following codes accurately describes    | the payment, you may enter the code. Otherwis | e, describe the payment.         | (           |
| CMP campaign paraphemalia/misc.                              | MBR member communications                     | RAD radio airtime and production | on costs    |
| CNS campaign consultants                                     | MTG meetings and appearances                  | RFD returned contributions       |             |
| CTB contribution (explain nonmonetary)*                      | OFC office expenses                           | SAL campaign workers' salarie    | s           |

CTB contribution (explain nonmonetary)\*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
FND independent expenditure supporting/opposing others (explain)\*
FNS contribution (explain nonmonetary)\*
FPS office expenses
FPS

LEG legal defense

PRO professional services (legal, accounting)

VOT voter registration

PRT print ads

VOT voter registration

WEB information technology costs (internet, email)

LIT campaign literature and mailings PRT print ads

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

NAME AND ADDRESS OF PAYEE OR CREDITOR **AMOUNT PAID** CODE OR **DESCRIPTION OF PAYMENT** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PRT 20087.60 Long Beach Press Telegram ID: 24729.88 PRT Los Angeles Daily News ID: 527.19 LIT ID: Orange County Register 11596.00 PRT ID: Pasadena Star-News 8287.84 LIT Southwest Offset Printing ID:

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

| Schedule G  |  | •   | an malant la Jala                                      |              |  |   | SCHEDULE           |
|---|--|---|--|--------------|--|---|--------------------|
| Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)   | :  | Amount  | or print in ink.<br>s may be rounded<br>rhole dollars. | State        | ement covers period  | CALIFOI<br>FORI   | RNIA 160           |
| SEE INSTRUCTIONS ON REVERSE   |  |   |  | through      |  | 19  | / 20               |
| NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee  |  |   |  | •            |  | I.D. NUMBE<br>1343686   | R                  |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR San Gabriel Valley News Group   |  |   |  |              | 34   |   |                    |
| CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be sum | MBR member commettings and office experience of petition cir. PHO phone bar polling and postage, of profession PRT print ads | communication and appearan enses reulating nks d survey resea delivery and m nal services (le | s<br>ces   |              | radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and procandidate travel, lodging, staff/spouse travel, lodging transfer between committed voter registration | roduction cost<br>and meals<br>g, and meals<br>ees of the san | ne candidate/spon: |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)   |  | CODE  | OR DE  | SCRIPTION OF | PAYMENT  | .,511-511   | AMOUNT PAID        |
| Staples   | ):   |   |  |              |  |   | 6575.49            |
| IC  | D:   |   |  |              |  |   |                    |

| (IF COMMITTE)                      | E, ALSO ENTER I.D. NUMBER)                |  |        |         |
|------------------------------------|---|--|--------|---------|
| Staples                            | ID:                                       |  |        | 6575.49 |
|                                    | ID:                                       |  |        |         |
|                                    | ID:                                       |  |        |         |
|                                    | ID:                                       |  |        |         |
|                                    | . ID:                                     |  |        |         |
| Attach additional information on a | opropriately labeled continuation sheets. |  | TOTAL* | \$      |

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

### Schedule G Payments Made by an Agent or Independent

Type or print in ink. Amounts may be rounded

|                              | SCHEDULE G     |  |
|------------------------------|----------------|--|
| Statement covers period from | CALIFORNIA 460 |  |
| through                      | 20 / 20        |  |
|                              | I.D. NUMBER    |  |

| Contractor (on Behalf of This Committee) to whole dollars.   | FORM  | 400              |
|--|---|------------------|
| SEE INSTRUCTIONS ON REVERSE  | 20 / 20   |                  |
| NAME OF FILER AIDS Healthears Foundation Lee Angeles County FAIR Committee   | . NUMBER  |                  |
| AIDS Healthcare Foundation Los Angeles County FAIR Committee   | 343686  |                  |
| NAME OF AGENT OR INDEPENDENT CONTRACTOR  |   |                  |
| Sheraton Universal Hotel   |   |                  |
| CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  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  LEG legal defense  LIT campaign literature and mailings  MBR member communications  MFC office expenses  OFC o | ction costs<br>meals<br>nd meals<br>of the same car | -                |
| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)  CODE OR DESCRIPTION OF PAYMENT  | AMO   | OUNT PAID        |
| Swank Audio Visual ID:   |   | 1407.18          |
| ID:  |   |                  |
| ID:  |   |                  |
| ID:  |   |                  |
| iD:  |   | <del>red o</del> |

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> 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.