Type or print in in	LOS ANGEL		Y FORM 460
Statement covers period from 07/01/2012 through 09/30/2012	Date of election if applicable? 12 (ICT 2) (Month, Day, Year) 10/25/	(IZ FE N FINANCI	For Official Use Only
Alttees - Complete Parts 1,2,3, and 4.  Ballot Measure Committee Primary Formed Controlled Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Statement:    Pre-election Statement   Semi-annual Statement   Termination Statement   Amendment (Explain below)   Amending Sch. C, Sch. E, Sch.		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495 ry Page
I.D.NUMBER 1343686	Treasurer(s)  NAME OF TREASURER Lyle Honig  MAILING ADDRESS	-	
вох	NAME OF ASSISTANT TREASURER, IF ANY	STATE ZIP C	ODE AREA CODE/PHONE
	OPTIONAL: FAX/E-MAIL ADDRESS	STATE ZIP C	ODE AREA CODE/PHONE
ry under the laws of the State of Califyle Honig SIGNATURE OF TREASURER OF A LICHAEL Weinstein CONTROLLING OFFICEHOLDER, CANDIDATE, STATE SIGNATURE OF CONTROLLING OFFICEHOLDER,	SSISTANT TREASURER MEASURE PROPONENT OF RESPONSIBLE OFFICER OF SPECANDIDATE, STATE MEASURE PROPONENT	ONSOR	FPPC Form 469 (June/01) Foll-Free Helpline: 865/ASK-FPPC State of California
	Statement covers period from 07/01/2012  through 09/30/2012  through 09/30/2012  through 09/30/2012  Thittees - Complete Parts 1,2,3, and 4.  Ballot Measure Committee © Primary Formed O Controlled © Sponsored (Also Complete Part 6.)  Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)  I.D.NUMBER 1343686  EE  ODE AREA CODE/PHONE  BOX  ODE AREA CODE/PHONE  di reviewing this statement and to the lary under the laws of the State of Califully Honig SIGNATURE OF TREASOBER OR A Biocheel Weinstein CONTROLLING OFFICEHOLDER, CANDIDATE, STATE SIGNATURE OF CONTROLLING OFFICEHOLDER,	Statement covers period from 07/01/2012 Date of election if applicable 2012 0CT 2 10/25/ 10/25/ 11/06/2012 DiscL05U 11/06/2012	Statement covers period from 07/01/2012   Date of election if applicable?   2 OCT 26 PM 4: 4   10/25/v2 FE   11/08/2012   DiSCL0SURE SECTION   11/08/2012   DISCLOSURE SECTION

NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
				County of Los Angeles Sa	afer Sex in the	Adult Film		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	AND DISTRICT NUM	IBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO		X	SUPPORT
				В	Los Angele	s County	·	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY	STATE	ZIP	Identify the controlling offic	eholder, candi	late, or state	measure propo	nent, if any.
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	OPONENT		,
Related Committees Not Included in not included in this statement that are controlled be contributions or to make expenditures on behalf or	y you or are prima		tees	OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME	I.D.N	UMBER	7.	Primarily Formed (	Committee	List names	of officeholder(s	s) or candidate(s) fo
				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	SHT OR HELD	Пп
NAME OF TREASURER		TROLLED COMMITTEES	?					SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O.BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
CITY STAT	E ZIP CODE	AREA CODE/PI	HONE					☐ OPPOSE
COMMITTEE NAME	I.D.N	JMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CON	TROLLED COMMITTEES	?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
		YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O.BOX)		<u> </u>					

## Campaign Disclosure Statement Summary Page

Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....

19. Outstanding Debts .....

Type or print in ink.

Amounts may be rounded to whole dollars.

SI	JMN	<b>MARY</b>	PAGE
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Statement covers period	1000 J. 600
from	
through	3 / 22
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yes on B - Major Funding by the AIDS Healthcare Foundation 1343686 Calendar Year Summary for Candidates Column B Column A **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 350000.00 1550000.00 1. Monetary Contributions ..... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0.00 0.00 Loans Received ..... Schedule B, Line 7 20. Contribution 1550000.00 350000.00 \$ SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 0.00 s 0.00 Received 95764.25 95764.25 Nonmonetary Contributions ..... Schedule C, Line 3 21. Expenditures 0.00 \$ 445764.25 1645764.25 0.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State Candidates** 357247.77 **\$** 1496649.74 Payments Made ..... Schedule E. Line 4 0.00 0.00 22. Cumulative Expenditures Made\* Loans Made ..... Schedule H, Line 7 (If Subject to Voluntary Expenditure Limit) 1496649.74 357247.77 s SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 30227.97 36720.62 Date of Election Total to Date 9. Accrued Expenses (Unpaid Bills) ..... Schedule F. Line 3 (mm/dd/yy) 95764.25° 95764.25 10. Nonmonetary Adjustment ..... Schedule C, Line 3 1629134.61 483239.99 \$ 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 **Current Cash Statement** 60598.03 To calculate Column B, add Previous Summary Page, Line 16 2. Beginning Cash Balance ..... amounts in Column A to the 350000.00 13. Cash Receipts ..... Column A, Line 3 above corresponding amounts from Column B of your last 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 report. Some amounts in 357247.77 Column A may be negative Cash Payments ..... Column A. Line 8 above figures that should be 53350.26 16. ENDING CASH BALANCE.... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2

carry over the amounts from Lines 2, 7, and 9 (if

any).

0.00

36720.62

See instructions on reverse

Add Line 2 + Line 9 in Column B above

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

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

## Schedule A

Type or print in ink.

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SC	п	드느	,	 ~

Monetary (	Contributions Received		nts may be rounded whole dollars.	Statement cov	ers period	CANDED THE ALCOHOL		
SEE INSTRUCTION	NS ON REVERSE			through			4 / 22	
NAME OF FILER Yes on B - Majo	or Funding by the AIDS Healthcare Foundation		A				umber 3686	
DATE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE T		PER ELECTION TO DATE	

					1343	9686
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/06/2012	AIDS Healthcare Foundation	IND COM OTH PTY SCC		100000.00	1645764.25	
Rcpt Dt: 09/06/2012	AIDS Healthcare Foundation_	IND COM SOTH PTY SCC		50000.00	1645764.25	
Rcpt Dt: 09/21/2012	AIDS Healthcare Foundation	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		200000.00	1645764.25	

	SUBTOTAL \$	350000.00	die de la contraction
Schedule A Summary  1. Amount received this period - contributions of \$100 or more.  (Include all Schedule A subtotals.)	\$	350000.00	*Contributor Codes IND - Individual COM - Recipient Committee
2. Amount received this period - unitemized contributions of less than \$100	\$	0.00	(other than PTY or SCC) OTH - Other PTY - Political Party
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	SCC- Small Contributor Committee

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Schedul Nonmor	le C netary Contributions Received		Amounts n	print in ink. nay be rounded ole dollars.	s	tatement covers pe	eriod	CALIF			
					from	1		FOI	RM TOO		
SEE INSTRUCT	IONS ON REVERSE			<u> </u>	thro	ugh		5	/ 22		
Yes on B - M	R lajor Funding by the AIDS Healthcare Founda	tion						I.D. Num			
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 09/10/2012	AIDS Healthcare Foundation	IND COM SOTH PTY SCC		Consulting Fees		es 5000.00		es 5000.00		5764.25	
Rcpt Dt: 09/28/2012	AIDS Healthcare Foundation	□IND □ COM ☒ OTH □ PTY □ SCC		Consulting Fees		2000.00	164	5764.25			
Rcpt Dt: 09/03/2012	AIDS Healthcare Foundation	IND COM SOTH PTY SCC		Billboard Placement		nt 52580.00 16		5764.25			
Rcpt Dt: 09/17/2012	AIDS Healthcare Foundation	IND COM SOTH PTY SCC		Billboard Produ	ction	10968.00	164	5764.25			
Attach add	itional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$						
Schedule	C Summary										

1. Amount received this period - nonmonetary contributions of \$100 or more.

3. Total nonmonetary contributions received this period.

(Include all Schedule C subtotals.).....\$ \_\_\_

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

\*Contributor Codes

**COM-** Recipient Committee

- (other than PTY or SCC)
OTH - Other

PTY - Political Party SCC - Small Contributor Committee

IND - Individual

95764.25

95764.25

0.00

Schedule C Nonmonetary Contributions Received			Amounts m	print in ink. nay be rounded ble dollars.	fror	Statement covers po	eriod	CALIFORNIA 460	
SEE INSTRUCT	TIONS ON REVERSE				thro	ough		6	/ 22
NAME OF FILE	R			, ,				I.D. Num	ber
Yes on B - IV	lajor Funding by the AIDS Healthcare Foundat	ion						134368	86
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 09/19/2012	AIDS Healthcare Foundation	□IND □ COM ☒ OTH □ PTY □ SCC		Tweets		5000.00	164	5764.25	
Rept Dt: 09/13/2012	AIDS Healthcare Foundation	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Consulting Fees		5000.00	164	5764.25	
Rept Dt: 09/01/2012	AIDS Healthcare Foundation	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Ads		12680.00 1		5764.25	
Rept Dt: 09/30/2012	AIDS Healthcare Foundation	□ IND □ COM □ OTH □ PTY □ SCC		Salary		239.20	164	5764.25	
Attach add	ditional information on appropriately labeled	d continuation	sheets.	SUBTO	OTAL	\$	P. (1)		
						<del></del>			., .
	e C Summary	itions of \$100	or more				[*C	ontributor Co	ndae

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)\$	IND - Individual
	COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100\$	~ (other than PTY or SCC)
	OTH - Other
	PTY - Political Party
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	SCC - Small Contributor Committee
V 122 - 1112 1 - 1112 1 1 1 1 1 1 1 1 1 1	1

## Schedule C **Nonmonetary Contributions Received**

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

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from	FORM TOO
through	7 / 22
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SEE INSTRUCT	IONS ON REVERSE				thro	ugh		7	/ 22
NAME OF FILE								I.D. Num	ber
Yes on B - M	lajor Funding by the AIDS Healthcare Founda	tion						134368	36
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - I	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: -09/28/2012	AIDS Healthcare Foundation	IND COM X OTH PTY SCC		Press Release		459.41	1645	5764.25	
Rept Dt: 09/27/2012	AIDS Healthcare Foundation	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Press Release		459.41	1645	5764.25	
Rept Dt: 09/24/2012	AIDS Healthcare Foundation	□ IND □ COM ☒ OTH □ PTY □ SCC		Press Release		459.41	1645	5764.25	
Rept Dt: 09/16/2012	AIDS Healthcare Foundation	□ IND □ COM □ OTH □ PTY □ SCC		Press Release		459.41	1645	5764.25	
Attach additional information on appropriately labeled continuation sheets.  SUBTOTAL \$									
Schedule	C Summary								
1. Amount received this period - nonmonetary contributions of \$100 or more.  (Include all Schedule C subtotals.)							IND CO	- (other th I - Other / - Political	al nt Committee an PTY or SCC)

Schedule C Nonmonetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.			tatement covers pe	SCHEDULE CALIFORNIA 160			
					fron	1		FOI	RM TO
SEE INSTRUCT	IONS ON REVERSE				thro	ugh	·	8	/ 22
Yes on B - M	२ lajor Funding by the AIDS Healthcare Founda	tion						1.D. Num	
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		FAIR MARKET	CUMULAT DAT CALENDA (JAN 1 - I	TIVE TO TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: -9/14/2012	AIDS Healthcare Foundation	IND COM SOTH PTY SCC		Press Release		459.41	1645	5764.25	
		•							

Attach additional information on appropriately labeled continuation sneets.	20BIOIAL \$	95/64.25	
· ·			,
Schedule C Summary			
Amount received this period - nonmonetary contributions of \$100 or more.  (Include all Schedule C subtotals.)	\$	_	*Contributor Codes  IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100			COM- Recipient Committee - (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$		PTY - Political Party SCC - Small Contributor Committee

## Schedule E Payments Made

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CARTOTOM 460
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through	9/22
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SEE INSTRUCTIONS ON REVERSE				through		9 / 22	
NAME OF FILER			**		I.D. NU	MBER	
Yes on B - Major Funding by the AIDS Healthcare Foundation					13436	86	
CODES: If one of the following codes accurately describes	the payment,	you may ente	er the code. Otherwis	e, 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 meet OFC office PET petiti PHO phon POL pollin POS posta	on circulating e bariks ig and survey res age, delivery and ssional services	nces	RAD radio airtime and pro- RFD returned contribution SAL campaign workers's TEL t.v. or cable airtime a Candidate travel, lod TRS staff/spouse travel, lod TRS transfer between co- VOT voter registration WEB information technology	ns salaries and production of lging, and meals odging, and mea mmittees of the	als same candidate/spons	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT		AMOUNT PAID	
Associated Press	ID:	MTC	3			800.00	
Budget Watchdog's Newsletter	ID: 134	5115 LIT				32539.00	
California Latino Voter's Guide	ID: 132	2246 LIT		·.		35780.00	
* Payments that are contributions or independent expenditures must	also be summar	ized on Schedul	e D.		SUBTOTAL	\$	
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include all	Schedule E	subtotals.)			\$ _	357247.77	
Unitemized payments made this period of under \$100.						0.00	
Total interest paid this period on loans. (Enter amount from the control of						0.00	
4. Total payments made this period. (Add lines 1. 2. and 3.					TOTAL \$	357247.77	

### Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	
through	10 / 22
	I.D. NUMBER
	1343686

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on B - Major Funding by the AIDS Healthcare Foundation

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

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, email)	C F F	CNS ca CTB ca CVC ci FIL ca FND fu IND in LEG le	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees undraising events ndependent expenditure supporting/opposing others (explain)* egal defense	MTG OFC PET PHO POL POS PRO	office expens petition circu phone banks polling and s postage, deli professional	d appearances ses lating	RFD SAL TEL TRC TRS TSF VOT	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/spo	onsor
			egal defense ampaign literature and mailings			services (legal, accounting)		information technology costs (internet, email)	

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
California Vote Green	ID: 132317	LIT	Slate Mailer	23460.00
California Voter Guide	ID: 595004	LIT		22650.00
Colby Poster Printing	ID:	LIT		22532.26

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

**SUBTOTAL \$** 

### **Schedule E Summary**

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
   Unitemized payments made this period of under \$100.
   Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

## Schedule E

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	PARTEON A
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through	11 / 22
ì	I.D. NUMBER
	4040000

Payments Made	to	whole dollars.		from		To the second se	
SEE INSTRUCTIONS ON REVERSE				through	_   1	1/22	
NAME OF FILER			· .	)	I.D. NUN	MBER	
Yes on B - Major Funding by the AIDS Healthcare Foundation			***		13436	86	
CODES: If one of the following codes accurately describes	the payment, you	may enter the code	. Otherwise	, 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		nd appearances nses ulating s		RAD radio airtime and processor returned contributions SAL campaign workers' sattle t.v. or cable airtime at TRC candidate travel, lodg TRS staff/spouse travel, lo TSF transfer between composition were registration were registration technological radio airtime and processor sattle transfer between composition transfer between composition registration were registration to the control of the processor returned airtime and processor sattle transfer between composition recomposition returned airtime and processor sattle transfer between composition returned contributions and processor sattle transfer between composition returned ret	s laries nd production c ing, and meals dging, and mea mittees of the s	uls same candidate/sponso	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESC	CRIPTION OF PAYMENT		AMOUNT PAID	
Continuing the Republican Revolution	ID: 598041	LIT			_	9000.00	
Dakota Communications	ID:	CNS				15000.00	
Election Digest G2012	ID: 1345303	LIT				49016.00	
* Payments that are contributions or independent expenditures must a	lso be summarized o	n Schedule D.	-		SUBTOTAL \$	3	
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.)			\$		
2. Unitemized payments made this period of under \$100.					\$		
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B. Pa	ort 1. Column (e).)			\$		

### Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded

Statement covers period	Tearperson Algrox
from	
through	12 / 22
	I.D. NUMBER
	•

SCHEDITIE E

. uyoouo	to whole dollars.	from	
SEE INSTRUCTIONS ON REVERSE		through	_ 12 / 22
NAME OF FILER	<del></del>		I.D. NUMBER
Yes on B - Major Funding by the AIDS Healthcare Foundation	·		1343686
CODES: If one of the following codes accurately describes	the payment, you may enter the code. Otherwis	e, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and produc	ction costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' sala	ries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging	g, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodg	jing, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between comm	ittees 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 PAYER OR CREDITOR			

LII	LIT campaign literature and mailings PRT print ads			WEB information technology costs (internet, email)				
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID			
	NGP VAN, Inc.	ID:	OFC		250.00			
	Picky Print Production	ID:	LIT		12322.50			
	San Gabriel Valley News Group	ID:	PRT		71804.00			

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

FPPC Form 460 (June/01)

		SCHED			
Schedule E	Type or print in ink. Amounts may be rounded	Statement covers period	CAR FERRING TOOK		
Payments Made	to whole dollars.	from			
SEE INSTRUCTIONS ON REVERSE		through	13 / 22		
NAME OF FILER			I.D. NUMBER		
Yes on B - Major Funding by the AIDS Healthcare Foundation					
	·		1343686		
CODES: If one of the following codes accurately describes th	e payment, you may enter the code. Otherwise	e, describe the payment.			

	Sheraton Universal Hotel	ID:		MTG					3666.79
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR	¥	DESCRIPTION C	F PAYMENT	AMOUNT PAID
LEG LIT	legal defense campaign literature and mailings	PRO professional services (legal, accounting PRT print ads		counting)	VOT voter registration WEB information technology costs (internet, email)		et, email)		
IND	independent expenditure supporting/opposing others (explain)*	POL polling and survey rese POS postage, delivery and m			er services	TSF	TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate		
FND →FND	candidate filing/ballot fees fundraising events	PHO phone banks				TRC candidate travel, lodging, and meals			
CVC		PET petition circulating				TEL t.v. or cable airtime and production costs			
СТВ	contribution (explain nonmonetary)*	OFC office expenses				SAL campaign workers' salaries			
CMP CNS		MBR member communications MTG meetings and appearances				RAD RFD	radio airtime and production costs returned contributions		

Sheraton Universal Hotel ID: MTG 3666.79

The Los Angeles Times ID: PRT 19427.27

Time Warner Cable Media Sales ID: TEL 14999.95

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

Schedule	E
<b>Payments</b>	Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	GENTEDENIE 4/8/0]
through	14 / 22
<del></del>	I.D. NUMBER
	1343686

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on B - Major Funding by the AIDS Healthcare Foundation

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 comm	nunications	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 circula	iting	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	PHO phone banks		TRC	candidate travel, lodging, and meals
· ` FND	fundraising events	POL	OL polling and survey research		TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delive	ery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense			ervices (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads		WEB	information technology costs (internet, email)

	TIVI PINICUGO		TVED WHOTH COUNTRY COSTS (WAS	mot, chiany
NAME AND ADDRESS OF PAYEE OR CREDIT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TOR	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Your Ballot Guide	ID: 588011	LIT		24000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	357247.77
Schedule E Summary		
Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	
2. Unitemized payments made this period of under \$100.	\$ <u> </u>	
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.)	TOTAL \$	

SCHEDULE		SCH	EDI	JLE !
----------	--	-----	-----	-------

Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460					
SEE INSTRUCTIONS ON REVERSE		through	15 / 22					
NAME OF FILER			I.D. NUMBER					
Yes on B - Major Funding by the AIDS Healthcare Foundation			1343686					
CODES: If one of the following codes accurately describes	ODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
A14B	AADD	DAD and a risting and manderat						

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings			MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services ( PRT print ads	ons inces earch messenger services	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 VOT voter registration WEB information technology costs (internet, email)			
	NAME AND ADDRESS OF PAYEE ( (IF COMMITTEE, ALSO ENTER I.D. NU		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	
Mik	i Jackson	ID:	OFC	0.00	30.30	0.00	30.30	
Mik	i Jackson	ID:	мтс	0.00	181.81	0.00	181.81	
Kau	ıfman Legal Group	ID:	OFC	40.65	573.36	0.00	614.01	

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

## 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 uniternized accrued expenses under \$100.)	INCURRED TOTALS \$	30227.97
,		

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

30227.97 May be a negative number. NET \$

SC	HE	וום	11 F	F
		-	_	

Schedule	e F		
Accrued	<b>Expenses</b>	(Unpaid	Bills)

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

Type or print in ink. Amounts may be rounded

Statement covers period from	CALIFORNIA 460
through	16 / 22
-	I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yes on B - Major Funding by the AIDS Healthcare Foundation 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 RFD returned contributions MTG meetings and appearances contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings LIT WEB information technology costs (internet, email) PRT print ads

NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D.		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	ID:	PRO	6452.00	24442.50	0.00	30894.50
Mark McGrath	ID:	CNS	0.00	5000.00	0.00	5000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	6492.65\$	30227.97\$	0.00 \$	36720.62
Schedule F Summary					
<ol> <li>Total accrued expenses incurred this period. (Include all Schedule accrued expenses of \$100 or more, plus total unitemized accrued</li> </ol>			INCURRED	TOTALS \$	
<ol><li>Total accrued expenses paid this period. (Include all Schedule F, 0 accrued expenses of \$100 or more, plus total unitemized payment</li></ol>			PAID	TOTALS \$	
Net change this period. <b>Subtract</b> Line 2 from Line 1. Enter the diffusion the Summary Page, Column A, Line 9.)			······································	NET \$	negative number.

Yes on B - Major Funding by the AIDS Healthcare Foundation

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 460
through	17 / 22
	I.D. NUMBER

1343686

NAME OF AGENT OR INDEPENDENT CONTRACTOR

VIDE	Healthcare	Equadation
AILIS	Healincare	Foundation

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

_							
COE	DES: If one of the following codes accurately describes	the pay	ment, yo	u may enter the code. Ot	herwise, descri	be the payment.	
CMP	campaign paraphernalia/misc.	MBR	member co	ommunications	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings a	and appearances	RFD	returned contributions	
СТВ	contribution (explain nonmonetary)*	OFC	office expe	enses	SAL	campaign workers' salaries	
CVC	civic donations	PET	petition cin	culating	TEL	t.v. or cable airtime and production co	sts
FIL	candidate filing/ballot fees	PHO	phone ban	ks	TRC	candidate travel, lodging, and meals	
, END	fundraising events	POL	polling and	I survey research	TRS	staff/spouse travel, lodging, and meal	S
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, d	elivery and messenger services	TSF	transfer between committees of the sa	ame candidate/sponso
LEG	legal defense	PRO	profession	al services (legal, accounting)	VOT	voter registration	•
LIT	campaign literature and mailings	PRT	print ads		WEB	information technology costs (internet	, email)
* Payı	ments that are contributions or independent expenditures must also be s	ummarize	d on Schedu	le D			
	NAME AND ADDRESS OF PAYEE OR CREDITOR			0005		DAMMARA	411011111111111111111111111111111111111

NAME AND ADDRESS OF PAYE	E OR CREDITOR NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Billups: Worldwide	ID:	LIT		63548.00
Derrick Burts	ID:	CNS	·	7000.00
Facebook	ID:	PRT		12680.00
Mark McGrath	ID:	CNS		5000.00
Promoted Products Insertion Order	ID:	LIT		5000.00

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.

Yes on B - Major Funding by the AIDS Healthcare Foundation

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE 0
Statement covers pe	CALIFORNIA 460
through	18 / 22
	I.D. NUMBER
•	1343686

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

_		
JAME OF AGEN	OR INDEPENDENT	CONTRACTOR

Billups: Worldwide

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)\*

CNS campaign consultants

		nks d survey rese delivery and m nal services (k	arch nessenger services egal, accounting)	TRC cand TRS staff TSF trans VOT vote WEB infor	ls ame candidate/sponso	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYM	ENT	AMOUNT PAID
Circle Graphics	ID:	LIT				12680.00
	ID:					
	ID:					
	ID:					
	ID:					

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

MBR member communications

OFC office expenses

MTG meetings and appearances

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.

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

	SCHEDULE G
Statement covers period from	california form 460
through	19 / 22

John Lot Donair of Thio John Micoo)					
SEE INSTRUCTIONS ON REVERSE				through	_ 19/22
NAME OF FILER		_			I.D. NUMBER
es on B - Major Funding by the AIDS Healthcare Foundation					1343686
NAME OF AGENT OR INDEPENDENT CONTRACTOR					
Promoted Products Insertion Order					
CODES: If one of the following codes accurately describe	es the payment, yo	u may ent	er the code. Otherw	ise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member c			RAD radio airtime and produ	uction costs
CNS campaign consultants	MTG meetings a		nces	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expe			SAL campaign workers' sala	
CVC civic donations	PET petition cir			TEL t.v. or cable airtime and	
FIL candidate filing/ballot fees	PHO phone bar			TRC candidate travel, lodgir	
FND fundraising events	POL polling and	d survey rese	earch .	TRS staff/spouse travel, lod	
IND independent expenditure supporting/opposing others (explain)*			messenger services		nittees of the same candidate/sponso
LEG legal defense	PRO profession	ial services (	legal, accounting)	VOT voter registration	and (internet arrail)
LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	PRT print ads	do D		WEB information technology	costs (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR  (IF COMMITTEE, ALSO ENTER ID, NUMBER)	Summanzed on Schede		OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
		LIT			1120.00
Adam Carl Cohen	ID:				1120.00
radii odii odiidii					
	ID:				
<u> </u>	_				
	ID:				
	_				
	ID:				
	ID:				
	ID:				
	ID.				
			<u> </u>		
Attach additional information on appropriately labeled contin	uation 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.

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

	SCHEDULE G
Statement covers period	CALIFORNIA 460
through	20 / 22
	I.D. NUMBER
	1343686

Yes on B - Major Funding by the AIDS Healthcare Foundation NAME OF AGENT OR INDEPENDENT CONTRACTOR

San Gabriel Valley News Group

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. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET phone banks TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO

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

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

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

	SCHEDULE	: (
Statement covers period	CALIFORNIA 460	1
from	FORM 400	J
through	21 / 22	

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	1	Amounts may be rounded to whole dollars.			Statement covers period from		california 460	
SEE INSTRUCTIONS ON REVERSE				through		_ 21	/ 22	
NAME OF FILER	_					I.D. NUMBE	R	
Yes on B - Major Funding by the AIDS Healthcare Foundation						1343686		
NAME OF AGENT OR INDEPENDENT CONTRACTOR	*							
San Gabriel Valley News Group								
CODES: If one of the following codes accurately describes to the 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 sun	MBR member of meetings OFC office exp PET petition cir PHO phone bal POL polling an POS postage, of profession PRT print ads	communication and appearan enses reulating nks d survey resea delivery and m nal services (le	s ces arch essenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and produ- returned contributions campaign workers' sala t.v. or cable airtime and candidate travel, lodging	ries production cos g, and meals jing, and meals ittees of the sa	me candidate/sponso	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR D	ESCRIPTION OF	PAYMENT		AMOUNT PAID	
Staples IE	D:						6575.49	
IE	<b>)</b> :							
IE	<b>)</b> :							
IE .	):						***************************************	
		<del>                                     </del>		<del></del>				

Attach additional information on appropriately labeled continuation sheets.

ID:

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.

Yes on B - Major Funding by the AIDS Healthcare Foundation

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE (
Statement covers period	CALIFORNIA 460
from	TOKWI 200
through	22 / 22
	I.D. NUMBER

1343686

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sheraton	Universal	Hotel
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NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Onicia	ton oniversal notes					
COL	DES: If one of the following codes accurately describes t	he pay	ment, yo	u may enter the code. Oth	herwise, descri	be the payment.
CMP	campaign paraphernalia/misc.	MBR	member co	ommunications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings a	and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expe	enses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition cir	culating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone ban	ks	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, d	elivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	profession	al services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PR <b>T</b>	print ads		WEB	information technology costs (internet, email)
* Pay	nents that are contributions or independent expenditures must also be sur	nmarize	d on Schedu	le D.		
	NAME AND ADDRESS OF PAYEE OR CREDITOR	-				

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Swank Audio Visual	ID:	MTG		1407.18
·				
	ID:			•
	ID:			
	ID:			
	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.