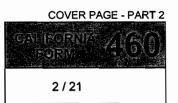
Ca	ecipient Committee ampaign Statement evernment Code Sections 84200-84216.5)	Type or print in in	10'	RESELVED BY   Date Stamp	CALIFO 2007 FOI	1/02 <b>46U</b>
SEE	INSTRUCTIONS ON REVERSE	Statement covers period from 10/01/2012 through 10/20/2012	Date of election if applicable (Month, Day, Year)		For	721 r Official Use Only
1.	Type of Recipient Committee: All committee  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		2. Type of Staten  Pre-election Stat  Semi-annual Stat  Termination Stat  Amendment (Ex	tement tement rement	Quarterly S	
3. hopB	Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Yes on B, Major Funding by the AIDS Healthcare Foundation  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP COMMITTEE YES ON THE TOTAL YES	DE AREA CODE/PHONE	Treasurer(s)  NAME OF TREASURER Lyle Honig  MAILING ADDRESS  CITY  NAME OF ASSISTANT TREAS		ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX/E-MAIL ADDRESS	DE AREA CODE/PHONE	MAILING ADDRESS  CITY  OPTIONAL: FAX/E-MAIL ADD		ZIP CODE	AREA CODE/PHONE
4.	Verification I have used all reasonable diligence in preparing and is true and complete. I certify under penalty of perjure Executed on 1 30 13 By Lyl  Executed on DATE  Executed on DATE  By DATE  By DATE  By DATE	y under the laws of the State of Cal e Honig	ASSISTANT TREASURER E MEASURE PROPONENT OR RESPONSI	BLE OFFICER OF SPONSOR	FPI	THP PCForm 450 (June/01) elpline: 866/ASK-FPPC State of California

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



Officeholder or Candidate Co	ontrolled Committee	6. Ballot Measure Cor	nmittee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
		County of Los Angeles Sa	fer Sex in the A	dult Film	
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	ON AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
		B	County of Lo	s Angeles [	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP	Identify the controlling office	eholder, candida	te, or state measure prop	onent, if any.
		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	PONENT	
Related Committees Not Included not included in this statement that are controlle contributions or to make expenditures on behaviors.		OFFICE SOUGHT OR HELD		DISTRICT NO	IF ANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed C		List names of officeholder	(s) or candidate(s) for
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O.BOX)				LI OPPOSE
J. C.	100 (101:0:50%)	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT
CITY S	TATE ZIP CODE AREA CODE/PHONE				OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D.NOMBER				OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
	YES NO				OPPOSE
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O.BOX)		,		
CITY S	TATE ZIP CODE AREA CODE/PHONE	Attach	continuation s	neets if necessary	
3	TATE ZIP GODE AREA GODE/PHONE	•			

## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from \_\_\_\_\_\_\_\_ CALIFORNIA 460

through \_\_\_\_\_\_\_ 3 / 21

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on B, Major Funding by AIDS Healthcare Foundation

1343686

Contributions Received	Column A  TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE  Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
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	0.00 \$ 425000.00 64545.23	\$ 1975000.00
Expenditures Made  6. Payments Made	0.00	0.00 22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE	1314.27 64545.23	- ,
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.	425000.00 0.00 307959.36	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
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts	\$ 0.00	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).  *Since January 1, 2001. Amounts in this section may different from amounts reported in Column B.
		EDDC Form 460 / June /

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

### Schodula A

Type or print in ink.

SCHEDULE A

Monetary Contributions Received			ats may be rounded whole dollars.	Statement cover	ers period	CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			4/21
NAME OF FILER Yes on B, Majo	r Funding by AIDS Healthcare Foundation						umber 3686
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/05/2012	AIDS Healthcare Foundation	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		200000.00	213530	9.48	
Rcpt Dt: 10/18/2012	AIDS Healthcare Foundation	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		225000.00	213530	9.48	

	SUBTOTAL \$	425000.00	<b>新新基础设施</b>
Schedule A Summary  1. Amount received this period - contributions of \$100 or more.  (Include all Schedule A subtotals.)	<u> </u>	425000.00	*Contributor Codes IND - Individual COM - Recipient Committee
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 \$	425000.00	PTY - Political Party SCC - Small Contributor Committee

Schedul	e C		Type or r	orint in ink.					SCHEDULE C
Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.			St	atement covers pe	riod	CALIFORNIA 460	
CEE INICEDI ICE	ONS ON DEVEDSE				thro	ıgh		5	/ 21
NAME OF FILER	ONS ON REVERSE							I.D. Numi	ber
Yes on B, Ma	ajor Funding by AIDS Healthcare Foundation							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	CUMULA DA CALENDA (JAN 1 -	TE	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 1/09/2012	AIDS Healthcare Foundation	□IND □COM ☑OTH □PTY □SCC		Press Release		459.41	213	5309.48	
Rcpt Dt: 10/12/2012	AIDS Healthcare Foundation	IND COM OTH PTY SCC		Press Release		459.41	213	5309.48	
Rcpt Dt: 10/18/2012	AIDS Healthcare Foundation	IND COM STORY		Press Release		459.41	213	5309.48	
Rept Dt: 10/08/2012	AIDS Healthcare Foundation	IND COM OTH PTY SCC		Billboard Place	ment	52580.00	213	5309.48	
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$			
Schedule	e C Summary								
1. Amount	received this period - nonmonetary contribu				\$ _	64545.23		ontributor C	
2. Amount	received this period - unitemized nonmonet	ary contribution	ons of less than \$100		\$ _	0.00		OM-Recipie	nt Committee nan PTY or SCC)
3. Total nor	nmonetary contributions received this periodes 1 and 2. Enter here and on the Summar	d.				64545.23	P1	ΓH - Òther ΓΥ - Political CC - Small C	Party Contributor Committee

Schedule	e C			print in ink.					SCH	EDULE C
Nonmonetary Contributions Received			Amounts may be rounded sta to whole dollars.			l FO			PRNIA 4	60
					thro	ugh		6	/ 21	
SEE INSTRUCTION NAME OF FILER	ONS ON REVERSE					<u> </u>		I.D. Numl	ber	
Yes on B, Ma	ijor Funding by AIDS Healthcare Foundation							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	CALEND	TIVE TO TE AR YEAR DEC 31)	PER ELECT TO DATE (IF REQUIR	<b>E</b>
Rcpt Dt: 9/17/2012	AIDS Healthcare Foundation	IND COM SOTH PTY SCC		Billboard Place	ment	2112.00	213	5309.48		
Rcpt Dt: 10/14/2012	AIDS Healthcare Foundation	□ IND □ COM □ OTH □ PTY □ SCC		Salary		475.00	213	5309.48		
Rcpt Dt: 10/19/2012	AIDS Healthcare Foundation	IND COM SOTH PTY SCC		Consulting Fee	es	5000.00	213	5309.48		
Rcpt Dt: 10/19/2012	AIDS Healthcare Foundation	□IND □COM ☑OTH □PTY □SCC		Consulting Fee	es	3000.00	213	5309.48		
Attach add	litional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$		1 3		
Schedule	C Summary									
1. Amount r (Include a	received this period - nonmonetary contribu	itions of \$100	or more.		\$ .		IN	ontributor Co	al	
2. Amount r	received this period - unitemized nonmone	tary contribution	ons of less than \$100		\$ _			<ul> <li>(other th</li> </ul>	nt Committee nan PTY or S	
	nmonetary contributions received this perio es 1 and 2. Enter here and on the Summar		mn A, Lines 4 and 10.)	тот	AL\$.		P	TH - Other TY - Political CC - Small C	Party Contributor Co	mmittee

Schedul	e Č		Type or	print in ink.			1		;	SCHEDULE C
Nonmonetary Contributions Received				may be rounded hole dollars. State		Statement covers period			california 46	
					thro	ough		7	/ 21	
SEE INSTRUCT	IONS ON REVERSE							I.D. Num		
	ajor Funding by AIDS Healthcare Foundation									
								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	D. CALENI	ATIVE TO ATE DAR YEAR - DEC 31)	то	LECTION DATE QUIRED)
Rcpt Dt: 1/05/2012	AIDS Healthcare Foundation טו:	IND COM OTH PTY SCC		Legal Fees & E	xpens	enfo[ 11964.00]	info[ 213	85309.48]		
Rcpt Dt: 10/05/2012	AIDS idealthcare Foundation	IND COM SOTH SCC		Legal Fees & E	Expens	e- info[ 75.72]	info[ 213	35309.48]		
Na Carlo										
Attach add	ditional information on appropriately labeled	d continuation	sheets.	SUBT	OTAL	\$ 64545.23				Part of the second
	e C Summary						_			
	received this period - nonmonetary contribution all Schedule C subtotals.)				\$		II	Contributor C	ıal	·}#*
2. Amount	received this period - unitemized nonmone	tary contributi	ons of less than \$100		\$			COM-Recipie - (other ti	han PTY	or SCC)
	nmonetary contributions received this periones 1 and 2. Enter here and on the Summan		mn A, Lines 4 and 10.)	тот	AL\$		F	OTH - Other PTY - Politica SCC - Small C		or Committee

#### Schedule E **Payments Made**

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 40U
through	8 / 21
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yes on B, Major Funding by 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. RAD radio airtime and production costs MBR member communications 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 PET · IL candidate filing/ballot fees TRC candidate travel, lodging, and meals PHO phone banks FND fundraising events TRS staff/spouse travel, lodging, and meals POL polling and survey research TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services PRO professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings LIT PRT print ads WEB information technology costs (internet, email) NAME AND ADDRESS OF PAYEE OR CREDITOR CODE **AMOUNT PAID** OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 1646.00 **PRT** Aarrow, Inc. ID: 1225.00 **CNS** Adam Cohen ID: 1675.00 MTG Associated Press ID: **SUBTOTAL \$** \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary 307959.36 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 0.00 \$ \_\_\_\_ 2. Unitemized payments made this period of under \$100. 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 307959.36

### Schedule E

Type or print in ink.

	SCHEDULE E
Statement covers per	california 460
from	FORM TIOU
through	9/21
	i.D. NUMBER

Payments Made				whole dolla		from	FO	RM 400
	ISTRUCTIONS ON REVERSE					through	I.D. NU	0/21
	of FILER on B, Major Funding by AIDS Healthcare Foundation	n					1.D. NO	MBER
			<u>_</u>					86
COD	ES: If one of the following codes accurately de	escribes the payr	ment, you r	nay ente	the code. Othe	erwise, describe the payn	nent.	
CNS CTB CVC	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (ex legal defense campaign literature and mailings	MTG OFC PET PHO POL (plain)* POS PRO		d appearar ses ulating s survey rese livery and m	ices	RFD returned co SAL campaign w TEL t.v. or cable TRC candidate to TRS staff/spouse TSF transfer bet VOT voter regist	workers' salaries e airtime and production of ravel, lodging, and meals e travel, lodging, and me tween committees of the	als same candidate/sponso
	NAME AND ADDRESS OF PAYEE OR CI			CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
	California Justice Voter Guide	ID:	1342347	LIT	Slate Mailer	·		2500.00
	Californians Vote Green	ID:	1323171	LIT	Slate Mailer			6000.00
-	Colby Poster Printing	ID:		LIT				11372.95
* Pay	/ments that are contributions or independent expenditu	ures must also be su	ımmarized o	n Schedule	D.		SUBTOTAL	\$
Sch	nedule E Summary							
1. P	ayments made this period of \$100 or more. (Ir	nclude all Schedu	ıle E subto	tals.) .			\$ _	
2. U	Initemized payments made this period of under	· \$100					\$ _	

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 

Schedule	E
<b>Payments</b>	Made

### Type or print in ink.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	10 / 21
	I.D. NUMBER

Payments Made	Amounts may be rounded to whole dollars.		from	FORM 460	
SEE INSTRUCTIONS ON REVERSE				through	10 / 21
NAME OF FILER					I.D. NUMBER
Yes on B, Major Funding by AIDS Healthcare Foundation			·		1343686
CODES: If one of the following codes accurately describes	the payment, you	may enter	the code. Other	rwise, 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 co MTG meetings a OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearant nses culating ks survey rese elivery and m	arch nessenger services	RAD radio airtime and pro- RFD returned contribution SAL campaign workers's TEL t.v. or cable airtime a TRC candidate travel, lod TRS staff/spouse travel, lod TRS transfer between co VOT voter registration WEB information technology	ns salaries and production costs Iging, and meals lodging, and meals mmittees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Darren Edwards	ID:	CNS			3000.00
Los Angeles CA 90038					
Miki Jackson	ID:	MTG			181.81
Miki Jackson	ID:	OFC			898.49
* Payments that are contributions or independent expenditures must a	also be summarized o	on Schedule	D.	·	SUBTOTAL \$
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 fr	om Schedule B, P	art 1, Col	umn (e).)		\$
4. Total payments made this period. (Add lines 1, 2, and 3.	Enter here and o	n the Sun	nmary Page, Col	umn A, Line 6.)	. TOTAL \$

#### Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FURWA
through	11 / 21
	I.D. NUMBER

· ajo	ıo	Wilole dollars.		from		A CONTRACTOR OF THE PARTY OF TH
SEE INSTRUCTIONS ON REVERSE				through	1	1 / 21
NAME OF FILER					I.D. NUMI	BER
Yes on B, Major Funding by AIDS Healthcare Foundation					134368	6
CODES: If one of the following codes accurately de	scribes the payment, you r	may enter the cod	e. 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 (exp LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s lain)* POS postage, de PRO professiona PRT print ads	nd appearances uses ulating s	services unting)	RAD radio airtime and RFD returned contribut SAL campaign workers TEL t.v. or cable airtim TRC candidate travel, ITRS staff/spouse trave TSF transfer between VOT voter registration WEB information technical staff in the staff	tions s' salaries ne and production co lodging, and meals l, lodging, and meal committees of the sa	ls ame candidate/sponso
NAME AND ADDRESS OF PAYEE OR CR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	EDITOR	CODE OR	DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Jav Pettet Printing	ID:	LIT				34155.11
Jeffrey Tavlor	ID:	LIT	<del></del> _			2250.00
KBC Mailing	ID:	LIT				18200.00
* Payments that are contributions or independent expenditure	es must also be summarized o	n Schedule D.			SUBTOTAL \$	
Schedule E Summary						
1. Payments made this period of \$100 or more. (Inc.	clude all Schedule E subto	tals.)			\$	
2. Unitemized payments made this period of under S	\$100.		••••		\$	
3. Total interest paid this period on loans. (Enter an	nount from Schedule B, Pa	art 1, Column (e).			\$	

### Schedule E

Type or print in ink. Amounts may be rounded

<u> </u>	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	
through	12 / 21
	I.D. NUMBER

Payments Made	to	whole dollar	<b>'S</b> .	from	FORW		
SEE INSTRUCTIONS ON REVERSE				through	12 / :	12 / 21	
NAME OF FILER					I.D. NUMBER	₹	
Yes on B, Major Funding by AIDS Healthcare Foundation					1343686		
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events	MBR member comeetings a office experiment petition circle. PHO phone bank polling and	mmunications nd appearanc nses culating	s es	RAD radio airtime and p RFD returned contribution SAL campaign workers TEL t.v. or cable airtime TRC candidate travel, lo TRS staff/spouse travel	ions s' salaries e and production costs odging, and meals l, lodging, and meals		
IND independent expenditure supporting/opposing others (explain)* LEG legal defense	POS postage, de PRO professiona	elivery and me	essenger services	TSF transfer between o VOT voter registration	committees of the same	·	
LIT campaign literature and mailings	PRT print ads	Т		WEB information techno	ology costs (internet, er	mail)	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR I	DESCRIPTION OF PAYMENT		AMOUNT PAID	
Los Angeles County Community Democrat	ID:	LIT	Slate Mailer			8000.00	
NBC Universal	ID:	TEL				40000.00	
Park LaBrea News/Beverly Press	ID:	LIT		<u> </u>		750.00	
* Payments that are contributions or independent expenditures must	also be summarized o	on Schedule	D.		SUBTOTAL \$		
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include al	l Schedule E subto	otals.)			<b>s</b>		
Unitemized payments made this period of under \$100.		•					
Total interest paid this period on loans. (Enter amount from the second of the se							
o. Total interest paid this period off loans. (Litter afflourit if	on soneune b, F	art i, Colui	IIII (C).)	***************************************	Ф		

### Schedule E

Type or print in ink. Amounts may be rounded

	SCHEDOLE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	13 / 21
	I.D. NUMBER

Payments made		to whole dollars.				rom		FO	TIM THE STATE OF T	
SEE INSTRUCTIONS ON REVERSE						through			13/21	
NAME OF FILER			_		<u> </u>			I.D. NUM	BER	
Yes on B, Major Funding by AIDS Healthcare Foundation								134368	6	
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events	MBR MTG OFC PET PHO	member cor meetings an office expen petition circu	mmunicatio id appearar ises ulating s	ns nces	erwise, de	RAD radio airl RFD returned SAL campaig TEL t.v. or ca TRC candidat	yment. ime and product contributions n workers' salari ble airtime and p e travel, lodging, use travel, lodgir	es roduction co and meals		
IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	POS PRO	postage, de	livery and n	arch nessenger services egal, accounting)		TSF transfer to VOT voter reg	between commit	ees of the s	ame candidate/spons	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		, , , , , , , , , , , , , , , , , , ,	CODE	OR	DESCRIPT	TION OF PAYMEN			AMOUNT PAID	
Political Data, Inc.	ID:		OFC						2105.00	
Probolsky Research LLC	ID:		POL						10000.00	
Republican Voters Checklist	ID:	598002	LIT	Slate Mailer					6000.00	
* Payments that are contributions or independent expenditures must	also be su	ımmarized o	n Schedule	D.	· -		SU	BTOTAL \$	<del></del>	
Schedule E Summary										
1. Payments made this period of \$100 or more. (Include al	l Schedu	ile E subto	tals.) .					\$		
2. Unitemized payments made this period of under \$100.								\$		
3. Total interest paid this period on loans. (Enter amount fr	om Sch	edule B, Pa	art 1, Coli	umn (e).)				\$		

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period	california 460	
SEE INSTRUCTIONS ON REVERSE			through	14 / 21	
NAME OF FILER				I.D. NUMBER	
Yes on B, Major Funding by AIDS Healthcare Foundation				1343686	
CODES: If one of the following codes accurately describes to	the payment, you r	may enter the code. Oth	erwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		d appearances ses ulating s	RAD radio airtime and productions and productions and compaign workers' sattle. t.v. or cable airtime a TRC candidate travel, lodg TRS staff/spouse travel, lodg transfer between computer registration websites.	s alaries nd production costs ging, and meals odging, and meals nmittees of the same candidate/spons	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Rick Taylor & Associates	ID:	CNS		16000.00	
TAXI Productions, Inc.	ID:	RAD		19500.00	
The Big Red Bus Company	ID:	LiT		3000.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL \$					

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

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 Summary

2. Unitemized payments made this period of under \$100.

Schedule	E
<b>Payments</b>	Made

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	. 15 / 21
	I.D. NUMBER
	1343686

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on B, Major Funding by 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 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
CAC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
ÿIL	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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Time Warner Cable Media Sales	ID:	TEL		60000.00
U.S. Postmaster	ID:	POS		59500.00

* F	Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	307959.36
S	chedule 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.)	TOTAL \$	

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

Type or print in ink.
Amounts may be rounded

Statement covers period	CALIFORNIA 460
through	16 / 21
	I.D. NUMBER

Accrued Expenses (Unpaid Bills)	to whole dollars	<b>.</b>	from	F0	ORM 400
SEE INSTRUCTIONS ON REVERSE			through		16 / 21
NAME OF FILER				I.D. NU	MBER
Yes on B, Major Funding by AIDS Healthcare Foundation				13436	86
CODES: If one of the following codes accurately describes	the payment, you may ent	er the code. Otherw	vise, describe the pay	/ment.	
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 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	earch messenger services	RFD returned or SAL campaign TEL t.v. or cabl TRC candidate TRS staff/spous TSF transfer be VOT voter regis	workers' salaries e airtime and production travel, lodging, and meal se travel, lodging, and me etween committees of the	ls eals e same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Exigent Consulting	CNS	0.00	2500.00	0.00	2500.00
Miki Jackson	OFC	30.30	0.00	30.30	0.00
Miki Jackson	MTG	181.81	0.00	181.81	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$	\$
Schedule F Summary					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized and services according to the services of \$100 or more.)			INCU	IRRED TOTALS \$	18756.25
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized  </li></ol>				PAID TOTALS \$	17441.98
Net change this period. <b>Subtract</b> Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)				NET\$	1314.27

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

### Schedule F

Type or print in ink.

Statement covers period	CALIFORNIA 460
from	1011111 100
through	17 / 21

Accrued Expenses (Unpaid	Bills)	Amounts may be re to whole dolla		from	- <u></u>	FO	RM 460
SEE INSTRUCTIONS ON REVERSE				through	· ·		17 / 21
NAME OF FILER						I.D. NUM	BER
Yes on B, Major Funding by AIDS Healthca	are Foundation					134368	6
CODES: If one of the following code:	s accurately describes	the payment, you may e	nter the code. Otherw	vise, describe the pa	yment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees ND fundraising events ND independent expenditure supporting/opp LEG legal defense LIT campaign literature and mailings	posing others (explain)*	MBR member communica MTG meetings and appea OFC office expenses PET petition circulating PHO phone banks POL polling and survey re POS postage, delivery an PRO professional services PRT print ads	rances esearch d messenger services	TEL t.v. or cab TRC candidate TRS staff/spou	ontributions workers' salaries le airtime and pro travel, lodging, a se travel, lodging etween committe stration	oduction of and meals g, and mea es of the	als same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. N	OR CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PA THIS PERIO (ALSO REPORT O	D	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaufman Legal Group	ID:	OFC	614.01	168.75	2	65.87	516.89
Kaufman Legal Group 777 S. Figueroa St., Ste. 4050	ID:	PRO	30894.50	15737.50	119	64.00	34668.00
Mark McGrath	ID:	CNS	5000.00	0.00	50	00.00	0.00
* Payments that are contributions or independe summarized on Schedule D.	ent expenditures must also b	e SUBTOTALS	5 \$	\$	\$	\$	<b>3</b>
Schedule F Summary							
Total accrued expenses incurred the accrued expenses of \$100 or more				INCL	IRRED TOTA	LS \$ _	
Total accrued expenses paid this p accrued expenses of \$100 or more					PAID TOTA	LS \$ _	
Net change this period. <b>Subtract</b> on the Summary Page, Column A,	Line 2 from Line 1. En Line 9.)	ter the difference here ar	nd		N	IET\$	av be a negative number.

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

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

Statement covers period	CALIFORNIA 460
through	18 / 21
<u> </u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes o	Yes on B, Major Funding by AIDS Healthcare Foundation						
COL	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP CNS CTB CVC FIL ND LEG LIT	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 appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (in PRT print ads	nces earch messenger services	RFD returned of SAL campaign TEL t.v. or cab TRC candidate TRS staff/spou TSF transfer by VOT voter regis		ion costs neals I meals the same candidate/sponsor	
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Tra	ID:	LIT	0.00	350.00	0.0	350.00	

<ul> <li>Payments that are contributions or independent expenditures must also be summarized on Schedule D.</li> </ul>	SUBTOTALS \$	36720.62\$	18756.25\$	17441.98 \$	38034.89

#### 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 TOT

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.).....

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

NCURRED TOTALS	\$ <u> </u>	

PAID TOTALS \$

May be a negative number.

# Schedule G

Type or print in ink.

	SCHEDULE G
Statement covers period	CALIFORNIA FORM 460
	10 / 21

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Ar	nounts may be rounded to whole dollars.	Statement covers period	_ CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through	19/21
NAME OF FILER Yes on B, Major Funding by AIDS Healthcare Foundation				I.D. NUMBER
				1343686
NAME OF AGENT OR INDEPENDENT CONTRACTOR				·
Time Warner Cable Media Sales				
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	MBR member communing meetings and ap office expenses petition circulating phone banks polling and survey postage, delivery professional server print ads	nications pearances g ey research r and messenger services	RAD radio airtime and prod RFD returned contributions SAL campaign workers' sa TEL t.v. or cable airtime ar TRC candidate travel, lodg TRS staff/spouse travel, lo	s laries nd production costs ing, and meals dging, and meals mittees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	cor	DE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BET ID.		EL		2158.00
BRVO-TV ID		EL		18880.00
ENT-TV ID		EL		18128.00
MNBC-TV ID		- el		12760.00
Cypress				
TLC-TV ID		EL		7791.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

#### 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.

t covers period	CALIFORNIA	460
	FODRA	4011

Statement covers period	CALIFORNIA FORM	460
through	20 / 21	
	I.D. NUMBER	
	1343686	

SEE INSTRUC	TIONS O	N REVERSE

NAME OF FILER

Yes on B, Major Funding by AIDS Healthcare Foundation

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AIDS	Heal	thcare	Four	dation
$\Delta UUU$	ı icai	ulcale	I Oui	lualivi

,,,,,,	rical discrete in our least of the second se				
COD	<b>PES:</b> If one of the following codes accurately describes the	ne pay	ment, you may enter the code. Other	erwise, descri	be 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
. ∃L	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		print ads	WEB	information technology costs (internet, email)
* Payr	nents that are contributions or independent expenditures must also be sun	nmarize	d on Schedule D.		

NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) LIT 54692.00 Billups: Worldwide ID: SAL 3000.00 Darren James ID: CNS 5000.00 Mark McGrath 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.

## Schedule G

Type or print in ink.

	SCHEDULE
Statement covers period	CALIFORNIA 460
through	21 / 21

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	21 / 21
NAME OF FILER			I.D. NUMBER
Yes on B, Major Funding by AIDS Healthcare Foundation			1343686
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
TAXI Productions, Inc.			
CODES: If one of the following codes accurately describes the	ne payment, you may enter the code. Otherw	ise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and product	ion costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salari	es
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and p	production costs
TL 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, lodgii	ng, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between commit	tees 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 of	osts (internet, email)
* Payments that are contributions or independent expanditures must also be sur	mariand an Echadula D		

NAME AND ADDRE	SS OF PAYEE OR CREDITOR ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KJLH Radio	ID:	RAD		19500.00
	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.