Reciplent Committee Campaign Statement Cover Page (Coverment Code Sections 84200-84216.5) Statement covers period from 10/21/2012 Date of election it applicable: (Month, Dey, Year) CAMPAIGN FINANCS Page 1 of 2 Page 1
Cover Page Covernment Code Sections 84200-84216.5) Statement covers period from 19/01/2012 Through 10/20/2012 Through 10/2012 Thro
Statement Code Sections 84200-84216.5 Statement covers period from 10/01/2012 Through 10/20/2012 Through 10/2012 Through 10/2012 Through 10/2012 Through 10/2012
Statement covers period from 10/01/2012 Through 10/20/2012 Through
See Instructions on Reverse Through
Type of Recipient Committee: All Committees: All Committee Primarily Formed Ballot Measure Committee State Candidate Election Committee Sponsored (Also Gile a Form 410 Termination) Sponsored (Also Gile a Form 410 Termination) Statement Sponsored (Also Gile a Form 410 Termination) Statement - Attach Form 495 Amendment (Explain below) Am
1. Type of Recipient Committee: All committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure State Candidate Election Committee Controlled Semi-annual Statement Semi-ann
Officeholder, Candidate Controlled Committee State Candidate Election Committee State Candidate Election Committee State Candidate Election Committee Special Odd-Year Report Sponsored Sp
State Candidate Election Committee ORacall ORacacomplete Part 5) OSponsored OBsponsored OB
Controlled
Also Complete Part 5) General Purpose Committee Sponsored Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 Amendment (Explain below) Amendment (Explain
General Purpose Committee Sponsored Sponsored Small Contributor Committee Primarily Formed Candidate/ Officeholder Committee Phane (Small Contributor Committee Challed Party/Central Committee Challed Party/Central Committee Challed Party/Central Committee Challed Party/Central Committee Committee Information Committee Information Committee Name (or Candidate's Name if no committee) Yes on Measure J - Committee for Jobs and Traffic Relief, or Califion Officeholder Committee Name of Treasurer(s) Name of Treasurer Charles M. Shumaker Mailing Address City State Zip Code Area Code/Phone Name of Assistant Treasurer, if Any Mailing Address Mailing Address Mailing Address Mailing Address
Sponsored Small Contributor Committee OPOlitical Party/Central Committee I.D. NUMBER 1348068 Treasurer(s) NAME OF TREASURER Charles M. Shumaker MAILING ADDRESS CITY STATE ZIP CODE OPT OF AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS
O Small Contributor Committee O Political Party/Central Committee O Political Party/Central Committee O Political Party/Central Committee O Political Party/Central Committee I.D. NUMBER 1348068 Treasurer(s) NAME OF TREASURER Charles M. Shumaker MAILING ADDRESS TOTAL STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) YES ON MEASURE J - COMMITTEE for Jobs and Traffic Relief, a Coalition OF CHARITADIE, BUSINESS AND Labor Organizations STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) YES ON MEASURE J - COMMITTEE for Jobs and Traffic Relief, a Califion OF Charitable, Business and Labor Organizations STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS
Sommittee name (or candidate's name if no committee) Yes on Measure J - Committee for Jobs and Traffic Relief, a Coalition OF Charitable, Business and Labor Organizations STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS NAME OF TREASURER Charles M. Shumaker MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS MAILING ADDRESS
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE (213) 452-6565 NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS
4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify
under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Executed on 10 2012
Date Signature of Treasurer or Assistant Treasurer
Executed on
Executed on
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed onBySignature of Controlling Officeholder, Candidate, State Measure Proponent
Date Signature of Controlling Citizenboost, Certificials, Sales Mediadra Projection 4 FPPC Form 460 (January/05)

Officeholder or Candidate Controlled Co	mmittee	6.	Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE Measure J - Accelerating Job	Relief, Job Cre	eation	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER J	JURISDICTION L.A. Co. Transport		SUPPORT □ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		identify the controlling of	ficeholder, cai	ndidate, or state measu	re proponent, if any.
Related Committees Not Included in this	Statement: List any committees		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PR	OPONENT	
not included in this statement that are controlled by y contributions or make expenditures on behalf of you	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Can officeholder(s) or candidate(s			
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE 2	IP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME:	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
	IP CODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if necessary	1

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE		through	10/20/2012	rage U
NAME OF FILER Yes on Measure J - Committee for Jobs and Traffic Relief, a C	Coalition of Charitable	e, Business and Labor Or	ganizations	I.D. NUMBER 1348068
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sun	nmary for Candidates e State Primary and
1. Monetary Contributions	0.00	\$ 2,124,050.00 0.00 \$ 2,124,050.00 4,288.46 \$ 2,128,338.46	1/1 t 20. Contributions Received \$ 21. Expenditures	\$ \$
Expenditures Made Payments Made Loans Made Schedule E, Line 4 CLOANS MADE SCHEDULE H, Line 3 SCHEDULE H, Line 3 Add Lines 6 + 7 Accrued Expenses (Unpaid Bills) Nonmonetary Adjustment Schedule F, Line 3 1. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 967,671.00 -7,637.50	46,088.76 4,288.46	Candidates 22. Cumulativ	Summary for State ye Expenditures Made* b Voluntary Expenditure Limit) Total to Date
Current Cash Statement 2. Beginning Cash Balance	1,953,050.00 0.00 967,671.00 \$ 1,111,379.00 \$ 0.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section reported in Column B.,	\$
18. Cash Equivalents	Ψ	,	FPPC Toll-Free Helpli	FPPC Form 460 (Januar ne: 866/ASK-FPPC (866/275-3

Schedule	A	• • • • • • • • • • • • • • • • • • • •	or print in ink.				SCHEDULE A
Monetary Contributions Received		Amounts may be rounded to whole dollars.		from10/01/2	· •	CALIFORNIA 460	
SEE INSTRUCTIO	ONS ON REVERSE			through	2012	Page	of
Yes on Meas	ure J - Committee for Jobs and Traffic Relief, a	Coalition of	Charitable, Business and	Labor Organizatio	ons		UMBER 8068
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/04/2012	Anschutz Entertainment Group, Inc.	□IND □COM 図OTH □PTY		100,000.00	200,0	00.00	

RECEIVED		CODE -	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	(JAN. 1 - DEC. 31)	(IF REQUIRED)
10/04/2012	Anschutz Entertainment Group, Inc.	□IND □COM 図OTH □PTY □SCC		100,000.00	200,000.00	
10/19/2012	Anschutz Entertainment Group, Inc.	☐IND ☐COM ☑OTH ☐PTY ☐SCC	·	100,000.00	200,000.00	
10/01/2012	Cement Masons Local No. 600	□IND □COM ☑OTH □PTY □SCC		5,000.00	5,000.00	
10/19/2012	City National Corporation	□IND □COM ☑OTH □PTY □SCC		10,000.00	10,000.00	
10/17/2012	Cubic Transportation Systems, Inc.	□IND □COM ☑OTH □PTY □SCC		25,000.00	25,000.00	

240,000.00 SUBTOTAL\$

Schedule A Summary

- 1. Amount received this period itemized monetary contributions.
- 2. Amount received this period unitemized monetary contributions of less than \$100\$
- 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CO	٩C	VT.
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CALIFORNIA

Statement covers period

				from 10/01/2	012	FORM TOU			
WANG OF SILES	<u> </u>			through10/20/2		age <u>5</u> of <u>21</u>			
NAME OF FILER Yes on Measu	are J - Committee for Jobs and Traffic Relief, a	Coalition of	Charitable, Business and I	Labor Organizatio		D. NUMBER 1348068			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAI (JAN. 1 - DEC. 31	R TO DATE			
10/15/2012	David Evans and Associates, Inc.	□IND □COM 図OTH □PTY □SCC		5,000.00	5,000	00			
10/15/2012	District Council of Plasters & Cement Masons of So. California	□IND □COM ☑OTH □PTY □SCC		10,000.00	10,000	00			
10/04/2012	Eli Broad	□IND □COM ☑OTH □PTY □SCC		150,000.00	250,000.	00			
10/17/2012	Eli Broad	□IND □COM 図OTH □PTY □SCC		100,000.00	250,000.				
10/11/2012	Thomas Gaul	☑IND □COM □OTH □PTY □SCC	Transportation Engineer Fehr & Peers	1,000.00	1,000.	00			
	SUBTOTAL\$ 266,000.00								

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IND - Individual

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

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CON'	T.)	þ
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CALIFORNIA 460

Statement covers period

			J	from10/01/2	012	FORIVI
				through <u>10/20/2</u>	012	Page6 of21
NAME OF FILER						I.D. NUMBER
Yes on Measu	ure J - Committee for Jobs and Traffic Relief, a	Coalition of	Charitable, Business and I	abor Organization	ns	1348068
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
10/17/2012	HDR Engineering, Inc.	☐IND ☐COM ☑OTH ☐PTY ☐SCC		25,000.00	25,000	0.00
10/16/2012	HNTB Corporation	□IND □COM ☑OTH □PTY □SCC		25,000.00	25,000	0.00
10/12/2012	International Union of Operating Engineers Local No. 12 (#743030)	□IND □COM □OTH □PTY □SCC		25,000.00	54,288	3.46
10/03/2012	Ironworker Management Progressive Action Cooperative	□IND □COM ☑OTH □PTY □SCC		100,000.00	100,000	0.00
10/19/2012	Kiewit Corporation	□IND □COM ဩOTH □PTY □SCC		100,000.00	100,000	0.00
			SUBTOTAL	275,000.00	in the second of	

*Contributor Codes
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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Type or print in lnk.

Amounts may be rounded to whole dollars.

SCHEDU	LEA (CONT.)
CALIFORNIA FORM	460

Statement covers period

from 10/01/2012

				through 10/20/2	012	Page7 of21
NAME OF FILER Yes on Meas	ure J - Committee for Jobs and Traffic Relief, a	Coalition of	Charitable, Business and I	abor Organizatio		I.D. NUMBER 1348068
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN, 1 - DEC. 3	AR TO DATE
10/15/2012	Laborers's International Union of North America Local Issues Committee (#1321812)	□ IND □ COM □ OTH □ PTY □ SCC		50,000.00	50,000	0.00
10/19/2012	Los Angeles Dodgers, LLC	□IND □COM 図OTH □PTY □SCC		250,000.00	250,000	0.00
10/16/2012	McDermott Consulting, Inc.	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000	0.00
10/11/2012	Members' Voice of the State Building and Contruction T. Council of CA (#980162)	Tade IND INCOM □ OTH □ PTY □ SCC		25,000.00	25,000	0.00
10/19/2012	Museum Associates	□IND □COM □OTH □PTY □SCC		500,000.00	500,000	0.00
			SUBTOTAL	826 000 00	inger in pull of some closes, we assess	

*Contributor Codes

IND -- Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Type or print in lnk.
Amounts may be rounded

SCHEDULE A (CONT.)
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Monetary Contributions Received		to whole o		from10/01/2		FORM 460	
				through10/20/2	012	Page	8 of21
NAME OF FILER						I.D. NUM	IBER
Yes on Meas	ure J - Committee for Jobs and Traffic Relief, a	Coalition of	Charitable, Business and	Labor Organizatio	ns	134,80	68
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
10/19/2012	NBC Universal	□IND □COM ☑OTH □PTY □SCC		100,000.00	100,00	00.00	
10/02/2012	Occidental Petroleum Corporation	□IND □COM ☑OTH □PTY □SCC		100,000.00	100,00		
10/15/2012	Parsons Brinckerhoff, Inc.	□IND □COM ☑OTH □PTY □SCC		25,000.00	25,00	00.00	
10/12/2012	Psomas	☐IND ☐COM ☑OTH ☐PTY ☐SCC		3,000.00	3,00	00.00	
10/19/2012	Shannon & Wilson, Inc.	□IND □COM ③OTH □PTY □SCC		1,000.00	1,00	0.00	
			SUBTOTAL	\$ 229 000 00	Actorist and Artist Action with	A Section of the Section Secti	. Caratha an Antala Salata

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A	(CONT.)
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Monetary Contributions Received		Amounts may to whole		Statement coverage from 10/01/2	•	FORM 460		
				through _10/20/2	012	Page_	9 of 21	
NAME OF FILER		Coolition of	Charitable Business and	Ishar Organizatio		I.D. NU 1348		
Part Point P			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	D DATE EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/19/2012	Skanska USA Civil West California District, Inc.	□IND □COM ☑OTH □PTY □SCC		15,000.00	15,0	00.00		
10/11/2012	Stifel Nicolaus	□IND □COM ☑OTH □PTY □SCC		2,000.00	2,0	00.00		
10/17/2012	Unite Here	□IND □COM ☑OTH □PTY □SCC		100,000.00	100,0	00.00		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 117,000,00				

*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from10/01/2012	FORM TOO
through	Page10 of21
•	I.D. NUMBER
tions	1348068

NAME OF FILER Yes on Measure J - Committee for Jobs and Traffic Relief, a Coalition of Charitable, Business and Labor Organiza CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. 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 candidate filing/ballot fees FIL phone banks candidate travel, lodging, and meals PHO fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* ND transfer between committees of the same candidate/sponsor postage, delivery and messenger services LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PA	MENT	AMOUNT PAID
Budget Watchdogs Newsletter (#1345115)	Slate	Mailer		11,461.00
Budget Watchdogs Newsletter (#1345115)	Slate	Mailer		11,461.00
alifornia Latino Voter Guide (#1322246)	Slate	Mailer		11,000.00
Payments that are contributions or Independent expenditures must als	o be summarized on Schedule	e D.	SUBTOTAL\$	33,922.00

Schedule E	
(Continuation Shee	t)
Payments Made	

SCHEDULE E (CONT.)

Scnedule E Continuation Sheet)	Type or print in ink. Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from10/01/2012	FORM 400
EE INSTRUCTIONS ON REVERSE		through	Page11 of21
IAME OF FILER			I.D. NUMBER
Yes on Measure J - Committee for Jobs and T	raffic Relief, a Coalition of Charitable, Business and	Labor Organizations	1348068

CMP campaign paraphernalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations CL candidate filing/ballot fees FIND fundraising events Independent expenditure supporting/opposing others (explain)* EG legal defense IT campaign literature and mailings	MBR MTG OFC PET PHO POL POS	member commeetings and office expen- petition circul phone banks polling and s postage, deli	nmunications nd appearances nses ulating		RAD 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 voter registration information technology costs (internet, e-m		·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Californians Vote Green (#1323171)				Slate Mailer				10,000.00
Community Partners FBO Move LA			CNS					20,000.00
Community Partners FBO Move LA		-	CNS					10,000.00
COPS Voter Guide (#599014)				Slate Mailer				5,000.00
Educate Your Vote (#1345655)				Slate Mailer				6,000.00
Payments that are contributions or independent expenditures must als	so be su	mmarized on	Schedule D.			SI	JBTOTAL \$	51.000.00

Schedule E (Continuation Sheet) **Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

SCHEDU	JLE E	(CONT.)
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Statement covers period CALIFORNIA Amounts may be rounded to whole dollars. **FORM** 10/01/2012 from_ 10/20/2012 through. Page _____12 of ___21 I.D. NUMBER

res on measure 3 - committee for Jobs and Trairic Relie	r, a Coalition	or Charitan	ele, Business an	d Labor Organizations	1348068	<u> </u>
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense LTC campaign literature and mailings	MBR member co MTG meetings a OFC office expo PET petition circ PHO phone ban POL polling and POS postage, d	mmunications nd appearance anses culating ks survey resear elivery and me	s	RAD radio airtime and preturned contribut SAL campaign workers t.v. or cable airtim TRC candidate travel, let TRS staff/spouse travel transfer between voter registration	production costs ions 's alaries e and production costs	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR D	ESCRIPTION OF PAYMENT		AMOUNT PAID
Election Digest G2012 (#1345303)			Slate Mailer			13,539.00
Election Digest G2012 (#1345303)	-		Slate Mailer			13,539.00
Fairbank, Maslin, Maullin, Metz & Associates		POL				20,370.00
Cathy Finley		FND				12,500.00
Cathy Finley		FND				12,500.00
* Payments that are contributions or independent expenditures must also	o be summarized o	n Schedule D.			SUBTOTAL \$	72,448.00

Schodula E

SCHED	ULEE	(CONT.)

(Continuation Sheet)	Type or print in ink. Amounts may be rounded	Statem	ent covers period	CALIFORNIA	460
Payments Made	to whole dollars.	from	10/01/2012	FORM	-+00
SEE INSTRUCTIONS ON REVERSE		through_	10/20/2012	Page13_	of
NAME OF FILER				I.D. NUMBER	
Yes on Measure J - Committee for Jobs and	Traffic Relief, a Coalition of Charitable, Business and	Labor Orga	nizations	1348068	
CODES: If one of the following codes assure	cataly describes the navment you may enter the code Othe	nvice dec	cribe the navment		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. 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 candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals FND POL postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor ND professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID Sadler Strategic Media, Inc. 572,818.05 TEL Sadler Strategic Media, Inc. 52,181.95 RAD Sadler Strategic Media, Inc. RAD 162,801.00 Matt Szabo 12,500.00 CNS Your Ballot Guide (#588011) Slate Mailer 10,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. 810,301.00 FPPC Form 460 (January/05)

SUBTOTAL \$

Schedule F		
Accrued Expenses	(Unpaid	Bills)

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

CALIFORNIA Statement covers period **FORM** 10/01/2012 from through 10/20/2012 Page 14 of 21 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure J - Committee for Jobs and Traffic Relief, a Coalition of Charitable, Business and Labor Organizations

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

1348068

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	syments that are contributions or Independent expenditures must also be imarized on Schedule D.		SUBTOTALS	41,393.40		0.00	20,370.00\$	21,023.40			
٠.											
SCN	Strategies, Inc.	TRS		1,023.40		0.00	0.00	1,023.40			
SCN	Strategies, Inc.	CINS		20,000.00		0.00	0.00	20,000.00			
Fair	bank, Maslin, Maullin, Metz & Associates	POL		20,370.00		0.00	20,370.00	0.00			
	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR CRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD		(b) NT INCURRED S PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD			
CMF CNS CTB CVC FIL FND IND LEG	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MBR MTG OFC PET PHO POL POS PRO PRT	OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)			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, e-mail)					

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 12,732.50 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 \$ _ 20,370.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE F (CONT.)
Statem	ent covers period	CALIFORNIA 460
from	10/01/2012	FORM TOU
through_	10/20/2012	Page 15 of 21
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NAME OF FILER

Yes on Measure J - Committee for Jobs and Traffic Relief, a Coalition of Charitable, Business and Labor Organizations

1348068

CODES: If one of the following codes accurately describes the payment, you may enter the code. Other
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CNS CTB CVC FIL FND IND	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MTG OFC PET PHO POL POS PRO	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	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/sponsor voter registration information technology costs (internet, e-mail)
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^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF 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
SCN Strategies, Inc.	LIT	182.93	0.00	0.00	182.93
Kaufman Legal Group	PRO	12,048.00	0.00	0.00	12,048.00
Kaufman Legal Group	OFC	101.93	0.00	0.00	101.93
NGP VAN, Inc.	OFC	0.00	232.50	0.00	232.50
	SUBTOTALS	\$ 12,332.86	\$ 232.50	0.00	12,565.36

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 10/01/2012	CALIFORNIA 460 FORM
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ions	1348068

Yes on Measure J - Committee for Jobs and Traffic Relief, a Coalition of Charitable, Business and Labor Organizations

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

	CMP	campaign paraphemalia/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
٠,	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
	ЦΠ	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF 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
Matt Szabo	CNS	0.00	12,500.00	0.00	12,500.00
	SUBTOTALS	0.00	\$ 12,500.00	0.00	12,500.00

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure J - Committee for Jobs and Traffic Relief, a Coalition of Charitable, Business and Labor Organizations

1348068

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sadler Strategic Media, Inc.

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

CMP	campaign paraphemalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	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
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
ЦΠ	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KABC-TV	TEL			240,125.00
KCAL-TV	TEL			29,580.00
` <u> </u>				
KCBS-TV	TEL			71,145.00
KCOP-TV	TEL			4,250.00
Attach additional information on appropriately labeled continuation sheets.			TOTAL*	\$ 345,100.00

* 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.

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NAME OF FILER

Yes on Measure J - Committee for Jobs and Traffic Relief, a Coalition of Charitable, Business and Labor Organizations

I.D. NUMBER 1348068 COLLEGE

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sadler Strategic Media, Inc.

CO	DES: If one of the following codes accurately describe	es the	payment, you may enter the code.	Otherwise	e, 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
СТВ	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
ш	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KDAY-FM	RAD			6,525.00
KFWB-AM	RAD			6,800.00
				,
KJLH-PM	RAD			6,035.00
KKGO-FM	RAD			11,347.50
Attach additional information on appropriately labeled continuation sheets.	•		TOTAL*	\$ 30,707.50

^{*} 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.

Statement covers period
m 10/01/2012 CALIFORNIA FORM 460

Contractor (on Benail of This Committee)	110m	I OINIVI	
EE INSTRUCTIONS ON REVERSE	through10/20/2012	Page19 of	21
AME OF FILER		I.D. NUMBER	
es on Measure J - Committee for Jobs and Traffic Relief, a Coalition of Charitable, Business and Labor Organizati	ons	1348068	
AME OF ACENT OF INDEPENDENT CONTRACTOR			

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Sadler Strategic Media, Inc.

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
СТВ	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
ND	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, e-mail)

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D		E C	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
KLOS-FM	RA	AD.				17,382.50
KNBC-TV	TE	EL				55,420.00
KNX - AM	RA	AD.				31,610.00
·						
KOST-FM	RA	/ID				27,582.50
Attach additional information on appropriately	labeled continuation sheets.				TOTAL* \$	131,995.00

^{*} 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.

Statement covers period rom 10/01/2012 CALIFORNIA FORM 460

Contractor (on Behalf of This Committee)	to whole dollars.	from 10/01/2012	FORM	TOU
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NAME OF FILER		·	I.D. NUMBER	
Yes on Measure J - Committee for Jobs and Traffic Relief, a Coalitic	n of Charitable, Business and Labor Organizati	ons	1348068	
NAME OF AGENT OR INDEPENDENT CONTRACTOR	+			

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
СТВ	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
ND	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
யா	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
KSWD-FM		RAD				18,105.00
KTLA-TV		TEL				40,778.75
			1		1	
KTLK-AM		RAD			,	4,080.00
KTTV-TV		TEL				27,157.50
Attach addition	nal information on appropriately labeled continuation sheets.	·			TOTAL* \$	90,121.25

^{*} 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 **CALIFORNIA FORM** 10/01/2012 from through 10/20/2012

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ND

Yes on Measure J - Committee for Jobs and Traffic Relief, a Coalition of Charitable, Business and Labor Organizations

I.D. NUMBER 1348068

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

Sadler Strategic Media, Inc.

legal defense

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•	CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs	
		campaign consultants	MTG	meetings and appearances	RFD	returned contributions	
. 1	СТВ	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	
1	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	
	EMD	fundraising events	POI	nolling and survey research	TRS	staff/spouse travel, lodging, and meals	

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

independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services VOT voter registration professional services (legal, accounting)

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Time Warner Cable	TEL		71,916.80
			12.750.00
otal Traffic Network	TEL		12,750.00
		·	
			······
Attach additional information on appropriately labeled continuation shee	ets.		TOTAL* \$ 84,666.80

^{*} 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 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)