Recipient Committee	Time as nelet in 1	шь Г	Date Stamp	COVER PAGE
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i		RECEIVED BY ANGELES COUNT	CALIFORNIA 460 FORM 2
7.23.23.33.4.23.2.23.2.23.2.23.2.23.2.23	Statement covers period from 10/1/2014	Date of election if applicable:	NOV -3 PM 2: 4	
SEE INSTRUCTIONS ON REVERSE	through10/18/2014	11/4/2014 CA DIS	MPAIGN FINAMOE	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
<ul> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	<ul> <li>✓ Preelection Statement</li> <li>─ Semi-annual Statement</li> <li>─ Termination Statement</li> <li>(Also file a Form 410 Te</li> <li>✓ Amendment (Explain be</li> <li>Received notice from</li> <li>summary. Same error</li> </ul>	☐ Signation) ☐ Signation ☐ Si	
	D. NUMBER 1371702	Treasurer(s)		
Yes! on Measure P for Safe Neighborhood Park Conservation Campaign  STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIF	CODE AREA CODE/PHONE
CITY STATE ZIP CO	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR Peggy Chiu	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	BOX	MAILING ADDRESS		
CITY STATE ZIP CO	ODE AREA CODE/PHONE	СІТУ	STATE ZII	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	1	OPTIONAL: FAX / E-MAIL ADDR	ESS	
Verification     I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ		owledସ୍ତିକ the information contained her	ein and in the attached sch	edules is true and complete. I certify
Executed on	Ву	of Treasurer or Assistant	reasurer	
Executed on	BySignature of Cor	ntrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Spon	asor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, Si	ate Measure Proponent	

## **Campaign Disclosure Statement Summary Page**

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

SUMMARY PAGE Statement covers period CALIFORNIA 10/1/2014 **FORM** from \_ 10/18/2014 through.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Yes! on Measure P for Safe Neighborhood Parks, a project of The Conservation Campaign 1371702 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTALTODATE General Elections 40.003 1. Monetary Contributions ...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B, Line 3 20. Contributions 20,003 40.003 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures 20,003 40,003 Made TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 23,600 23,713.29 Candidates 22. Cumulative Expenditures Made\* 23,600 23,713,29 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 23,600 23,713.29 **Current Cash Statement** 19,886.71 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. add 20.003 amounts in Column A to the corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last reported in Column B. 23.600 report. Some amounts in 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 16.289.71 16. ENDING CASH BALANCE ....... Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B. Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)