

Recipient Committee Campaign Statement
(Government Code Sections 84200-84216.5)

Type or print in ink.

7/26 (Fbx)

COVER PAGE

Date Stamp LOS ANGELES	RECEIVED BY CALIFORNIA 200 102 FORM 460
2012 JUL 27	AM 11:01
For Official Use Only	
CAMPAIGN FINANCE DISCLOSURE SECTION G10367	

T012-3

Statement covers period
from 04/01/2012
through 06/30/2012

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5.)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- 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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1343686

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
AIDS Healthcare Foundation Los Angeles County FAIR Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Lyle Honig

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 7/16/12 By Lyle Honig
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/16/12 By Michael Weinstein
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT



**Recipient Committee
Campaign Statement
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE		
County of Los Angeles Safer Sex in the Adult Film		
BALLOT NO. OR LETTER	JURISDICTION Los Angeles County	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from _____ through _____	CALIFORNIA FORM 460
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I.D. NUMBER 1343686	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AIDS Healthcare Foundation Los Angeles County FAIR Committee

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 700000.00	\$ 1200000.00
2. Loans Received	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 700000.00	\$ 1200000.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	700000.00	\$ 1200000.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made

		Column A	Column B
6. Payments Made	Schedule E, Line 4	\$ 738088.81	\$ 1139401.97
7. Loans Made	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 738088.81	\$ 1139401.97
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	4856.07	6492.65
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 742944.88	\$ 1145894.62

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 98686.84
13. Cash Receipts	Column A, Line 3 above	700000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
Cash Payments	Column A, Line 8 above	738088.81
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 60598.03

If this is a termination statement, Line 16 must be zero.

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).

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 6492.65

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from _____	through _____	
		4 / 7
NAME OF FILER AIDS Healthcare Foundation Los Angeles County FAIR Committee		I.D. Number 1343686

SEE INSTRUCTIONS ON REVERSE

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: 05/17/2012	AIDS Healthcare Foundation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200000.00	1200000.00	
Rcpt Dt: 04/04/2012	AIDS Healthcare Foundation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150000.00	1200000.00	
Rcpt Dt: 04/04/2012	AIDS Healthcare Foundation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200000.00	1200000.00	
Rcpt Dt: 05/03/2012	AIDS Healthcare Foundation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150000.00	1200000.00	

SUBTOTAL \$ 700000.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 700000.00
2. Amount received this period - unitemized contributions of less than \$100	\$ 0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 700000.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from _____ through _____	CALIFORNIA FORM 460
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I.D. Number 1343686	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AIDS Healthcare Foundation Los Angeles County FAIR Committee

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 05/23/2012	AIDS Healthcare Foundation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal Fees & Expenses	info[4754.44]	info[1200000.00]	
Rcpt Dt: 04/27/2012	AIDS Healthcare Foundation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal Fees & Expenses	info[182.79]	info[1200000.00]	
Rcpt Dt: 04/09/2012	AIDS Healthcare Foundation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal Fees & Expenses	info[713.55]	info[1200000.00]	
Rcpt Dt: 04/02/2012	AIDS Healthcare Foundation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal Fees & Expenses	info[933.03]	info[1200000.00]	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$	0.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$	0.00
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 \$	0.00

*Contributor Codes	
IND - Individual	
COM - Recipient Committee - (other than PTY or SCC)	
OTH - Other	
PTY - Political Party	
SCC - Small Contributor Committee	

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	6/7
	I.D. NUMBER 1343686

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AIDS Healthcare Foundation Los Angeles County FAIR Committee

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PCI Consultants ID:	PET			729445.50
The Monaco Group ID:	LIT			8643.31

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

SUBTOTAL \$ 738088.81

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 738088.81
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).)	\$ 0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 738088.81

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from _____	CALIFORNIA FORM 460
through _____	
7 / 7	
I.D. NUMBER 1343686	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
AIDS Healthcare Foundation Los Angeles County FAIR Committee

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR 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
Kaufman Legal Group ID:	OFC	98.58	40.65	98.58	40.65
Kaufman Legal Group ID:	PRO	1538.00	6452.00	1538.00	6452.00

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

SUBTOTALS \$	1636.58 \$	6492.65 \$	1636.58 \$	6492.65
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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 unitemized accrued expenses under \$100.) | INCURRED TOTALS \$ _____ | 6492.65 |
| 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 \$ _____ | 1636.58 |
| 3. Net change this period. Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | NET \$ _____ | 4856.07 |
- May be a negative number.