Recipient Committee

Campaign Statement Cover Page			Date Stamp	200	CALIFORNIA 460 2001/02 FORM	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 10/23/2016 through 12/31/2016	Date of election if applicable: (Month, Day, Year)		Page		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Office	ritee Parts 1, 2, 3, and 4. rily Formed Ballot Measure mittee ontrolled consored Complete Part 6) rily Formed Candidate/ cholder Committee Complete Part 7)	2. Type of Staten Preelection Statem Semi-annual State Termination Staten (Also file a Form 410 T Amendment (Expla	ent [ment [nent remination)	☑Quarterly State ☐Special Odd-Y		
3. Committee Information 1373 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Mayor Eric Garcetti's Ballot Measure Committee	926	Treasurer(s) NAME OF TREASURER Eric Garcetti MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREAS		CODE	AREA CODE/PHONE	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS				
CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS	AREA CODE/PHONE	OPTIONAL: FAX/E-MAIL ADDI	RESS		REA CODE/PHONE	
Executed on 1/10/2017	By SIGNATURE OF CONTROLLING OFFI	of my knowledge the information of correct. SIGNATURE OF TREASURER OR ASSISTICEHOLDER, CANDIDATE, STATE MEASURE F CONTROLLING OFFICEHOLDER, CANDIDATE	TANT TREASURER PROPONENT, OR RESPONSIBLE O	FFICER OF PROPONENT	rue and complete. I certify FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)	
Executed on	By SIGNATURE OF	F CONTROLLING OFFICEHOLDER, CANDIDA	TE, OR STATE MEASURE PROPONE	ENT	www.fppc.ca.gov	

Recipient Committee Campaign Statement Cover Page-Part 2

COVER PAGE-PART 2

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5. Officeholder or Candidate Controlled Committee	6.Primarily Formed Ballot Measure Committee
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any
	NAME OF OFFICEHLOLDER, CANDIDATE, OR PROPONENT
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 make expenditures on behalf of your candidacy.	OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY
COMMITTEE NAME Garcetti for Mayor 2013 - General 1356062	 Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.
NAME OF TREASURER Eric Garcetti COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
COMMITTEE NAME Friends of Eric Garcetti Officeholder 1234351 NAME OF TREASURER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
Eric Garcetti COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	Attach continuation sheets if necessary

Recipient Committee Campaign Statement Cover Page-Part 2

COVER PAGE-PART 2

CALIFORNIA FORM			460
Page	3	of	15

5. Officeholder or Candidate Controlled Committee	6.Primarily Formed Ballot Measure Committee
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any
	NAME OF OFFICEHLOLDER, CANDIDATE, OR PROPONENT
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 make expenditures on behalf of your candidacy.	OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY
COMMITTEE NAME I.D. NUMBER	7. Primarily Formed Candidate/Officeholder Committee List names of
Garcetti for Mayor 2013 1341339	officeholder(s) or candidate(s) for which this committee is primarily formed.
NAME OF TREASURER CONTROLLED COMMITTEE?	
Eric Garcetti 🗸 YES NO	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT
NAME OF TREASURER CONTROLLED COMMITTEE?	— □ OPPOSE
YESNO	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Recipient Committee Campaign Statement Cover Page-Part 2

COVER PAGE-PART 2

CALIF FO	ORN RM	IA 🗸	1 60
Page	4	of	15

5. Officeholder or Candidate Controlled (Committee	6.Primarily Formed Bal	lot Measure Co	mmittee
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUI	MBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	Identify the controlling officeh	older, candidate, or st	
*		NAME OF OFFICEHLOLDER, CANDID	DATE, OR PROPONENT	
Related Committees Not Included in this Statement not included in this statement that are controlled by you or are primontributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD]	DISTRICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	7. Primarily Formed Cand	idate/Officeholde	er Committee List names of
Garcetti for Mayor 2017	1376009	officeholder(s) or candidate(s) for which t		
NAME OF TREASURER	CONTROLLED COMMITTEE?	-	-	
Eric Garcetti	VYES □NO	NAME OF OFFICEHOLDER OR CANDID	DATE OFFICE SOU	SHT OR HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDID	DATE OFFICE SOUG	SHT OR HELD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDID	OFFICE SOU	SHT OR HELD SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?			OPPOSE
	YES NO	NAME OF OFFICEHOLDER OR CANDID	DATE OFFICE SOU	SHT OR HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				OPPOSE
CITY STATE ZIP CODE				OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE	Attach con	ntinuation sheets if ne	cessary

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

CALIFORNIA 460 FORM 5 of 15

. Officeholder or Candidate Controlled Committee	6.Primarily Formed Ballot	Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE	incasare committee	
	Los Angeles County Traf	fic Improvement Plan	
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		DISDICTION	
Held: Mayor		s Angeles County	
City of Los Angeles		OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	Identify the controlling officeholds	er, candidate, or state measure proponent, if a	any.
5 × 1987 (981)	NAME OF OFFICEHLOLDER, CANDIDATE,		
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 make expenditures on behalf of your candidacy.	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
COMMITTEE NAME I.D. NUMBER	7. Primarily Formed Candida officeholder(s) or candidate(s) for which this co	te/Officeholder Committee List names	s of
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPOR	 RT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		OPPOSE	E
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPOR OPPOSE	
COMMITTEE NAME I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPOR	RT
NAME OF TREASURER CONTROLLED COMMITTEE?		OPPOSE	Ε
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPOR	RT.
		OPPOSE	
CITY STATE ZIP CODE AREA CODE/PHONE	Attach continu	uation sheets if necessary	

Campaign Disclosure Statement **Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period CALIFORNIA **FORM** from 10/23/2016 Page of through 12/31/2016 6 15 I.D. NUMBER 1373926

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mayor Eric Garcetti's Ballot Measure Committee, Yes on M

Contributions Received	Column A	Column B	Calendar Year Summary for Candidates
	Total This Period	CALENDAR YEAR	Running in Both the State Primary and
	(FROM ATTACHED SCHEDULES)	TOTAL TO DATE	General Elections
1. Monetary Contributions Schedule A, Line 3	\$100,000.00	\$900,000.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	\$0.00	\$0.00	20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$100,000.00	\$900,000.00	Received
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$100,000.00	\$900,000.00	Made
Expenditures Made	700.000.000.000		Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$104 200 00	6022 266 64	Candidates
7. Loans Made Schedule H, Line 3	\$104,200.00	\$833,366.64	22. Cumulative Expenditures Made *
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$0.00	\$0.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		\$833,366.64	N 625 Ne27
10. Nonmonetary Adjustment	\$3,366.13	\$10,099.95	Date of Election Total to Date
11. TOTAL EXPENDITURES MADE Add Lines 8 +9 + 10	\$0.00	\$0.00	(mm/dd/yyyy)
Add Lilles 8 +9 + 10	\$107,566.13	\$843,466.59	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$70,833.36	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	\$100,000.00	amounts in Column A to the corresponding amounts from	
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	Column B of your last report. Some amounts in Column A	
15. Cash Payments Column A, Line 8 above	\$104,200.00	may be negative figures that	
16. ENDING CASH BALANCEAdd Lines 12+13+14, then subtract Line 15	\$66,633.36	should be subtracted from previous period amounts. If	*Amounts in this section may be different from amounts reported in schedule B.
If this is a termination statement, Line 16 must be zero.		this is the first report being filed for this calendar year,	
		only carry over the amounts from Lines 2, 7, and 9 (if	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	any).	
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	\$10,099.95		FPPC Form 460 (Jan/2016)
			FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	Α	
Monetary	Contributions	Received

. Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 10/23/2016 through 12/31/2016

CALIFORNIA 460
FORM
Page 7 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mayor Eric Garcetti's Ballot Measure Committee, Yes on M

I.D. NUMBER 1373926

			Y		1373926	
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 DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2016	Laborers Political League Education Fund - Sponsored by Laborers International Union of North Americ ID: 930207	☐IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$100,000.00	\$100,000.00	

SUBTOTAL	\$100,000.00	
Schedule A Summary		*Contributor Codes
Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.)	\$100,000.00	IND- Individual COM- Recipient Committee
Amount received this period -unitemized monetary contributions of less than \$100	\$0.00	(other than PTY or SCC) OTH- Other (e.g., business entity) PTY- Political Party
3. Total monetary contributions received this period.		SCC- Small Contributor Committee
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)	\$100,000.00	FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377 www.fppc.ca.go

. Amounts may be rounded to whole dollars.

SCHEDULE D

Schedule D **Summary of Expenditures** Supporting/Opposing Other Candidates, Measures and Committees

Statement covers period CALIFORNIA **FORM** from 10/23/2016 Page of through 12/31/2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Mayor Eric Ga	arcetti's Ballot Measure Committee, Y	es on M			100000000000000000000000000000000000000	UMBER 3926
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2016	Los Angeles County Traffic Improvement Plan Los Angeles County NO: M Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Voter Data	\$3,700.00	\$779,200.	00
10/24/2016	Los Angeles County Traffic Improvement Plan Los Angeles County NO: M Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CNS	\$500.00	\$779,200.	00
10/26/2016	Los Angeles County Traffic Improvement Plan Los Angeles County NO: M Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		\$100,000.00	\$779,200.	00
			SUBTOTAL	\$104,200.00		
	outions and independent expenditures made this period					50
	ntributions and independent expenditures made this peons and independent expenditures made this period. (A					

. Amounts may be rounded to whole dollars.

SCHEDULE E

Schedule E Payments Made

Statement covers period from ___ 10/23/2016 through 12/31/2016

	IA 4	460	
9	of _	15	
	ORN RM 9	RIVI	_{RM} 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mayor Eric Garcetti's Ballot Measure Committee, Yes on M

I.D. NUMBER 1373926

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure

LEG legal defense LIT campaign literature and mailings MBR member communications
MTG meetings and appearances

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)

LII campaign literature and mailings	PRI print aus	WEB Information technology costs (internet, e-mail)			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	COD	E OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Garcetti for Mayor 2017 ID: 1376009	СТВ	of M labo	r Data, Yes on Measure M - a Coalition ayor Eric Garcetti, concerned citizens, r organizations, businesses and profits 1387269	\$3,700.00	
Highway One Consulting, LLC	СТВ	Eric	Yes on Measure M - a Coalition of Mayor Garcetti, concerned citizens, labor nizations, businesses and non-profits 269	\$500.00	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTO	TAL	\$4,200.00
Schedule E Summary		
1. Itemized payments made this period. (Include all Schedule E subtotals.)		\$104,200.00
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).)		\$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.)		\$104,200.00

Schedule I	∃
Payments	Made

NAME OF FILER

. Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period **CALIFORNIA FORM** from 10/23/2016 Page through 12/31/2016 10 **of** 15 I.D. NUMBER 1373926

SEE INSTRUCTIONS ON REVERSE

Mayor Eric Garcetti's Ballot Measure Committee, Yes on M

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

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense

MBR member communications MTG meetings and appearances 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

LIT campaign literature and mailings	PRT print ads	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	
Yes on Measure M - a Coalition of Ma Garcetti, concerned citizens, labor busi	yor Eric organizations,	CTB			\$100,000.00	

ID: 1387269

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL	\$100,000.00
Schedule E Summary		
Itemized payments made this period. (Include all Schedule E subtotals.)		\$104,200.00
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).)		\$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	\$104,200.00

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

NAME AND ADDRESS OF CREDITOR

. Amounts may be rounded to whole dollars.

OUTSTANDING BALANCE

SCHEDULE F

Statement covers period		CALIF	460		
from _ through	10/23/2016	Page	11	of —	15
		I.D. NUMB 137392		-	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mayor Eric Garcetti's Ballot Measure Committee, Yes on M

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

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)

PRT print ads

CODE OR DESCRIPTION OF

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

AMOUNT INCURRED

WEB information technology costs (Internet, e-mail)

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaufman Legal Group	PRO	\$1,378.00	\$0.00	\$0.00	\$1,378.00
Kaufman Legal Group	OFC	\$11.64	\$0.00	\$0.00	\$11.64
Kaufman Legal Group	PRO	\$4,551.50	\$0.00	\$0.00	\$4,551.50
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$5,941.14	\$0.00	\$0.00	\$5,941.14
Schedule F Summary 1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized	payments on accrued expenses und	er \$100.)	IN	CURRED TOTALS	\$3,366.13
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.)					\$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Er and on the Summary Page, Column A, Line 9.)	nter the difference here			NET	\$3,366.13
					py be a negative number) PC Form 460 (Jan/2016)

. Amounts may be rounded

SCHEDULE F

Schedule F to whole dollars. Statement covers period Accrued Expenses (Unpaid Bills) **CALIFORNIA FORM** from 10/23/2016 Page 12 of through 12/31/2016 15 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER 1373926

NAME OF FILER Mayor Eric Garcetti's Ballot Measure Committee, Yes on M 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 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) NAME AND ADDRESS OF CREDITOR CODE OR DESCRIPTION OF **OUTSTANDING BALANCE** AMOUNT INCURRED AMOUNT PAID THIS OUTSTANDING (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PAYMENT BEGINNING OF THIS** THIS PERIOD PERIOD BALANCE AT CLOSE PERIOD OF THIS PERIOD (ALSO REPORT ON E) Kaufman Legal Group OFC \$15.20 \$0.00 \$0.00 \$15.20 Kaufman Legal Group PRO \$766.50 \$0.00 \$0.00 \$766.50 Kaufman Legal Group OFC \$10.98 \$0.00 \$0.00 \$10.98 *Payments that are contributions or independent expenditures must also be **SUBTOTALS** \$792.68 summarized on Schedule D. \$0.00 \$0.00 \$792.68 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 payments on accrued expenses under \$100.) **INCURRED TOTALS** \$3,366.13 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 \$0.00 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 \$3,366.13 (May be a negative number)

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

to whole dollars.

. Amounts may be rounded

SCHEDULE F

Statement covers period **CALIFORNIA FORM** from 10/23/2016 Page 13 **of** through 12/31/2016 15 I.D. NUMBER 1373926

SEE INSTRUCTIONS ON REVERSE

Accrued Expenses (Unpaid Bills)

NAME OF FILER

Schedule F

Mayor Eric Garcetti's Ballot Measure Committee, Yes on M

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

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)

PRT print ads

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)

WEB Information					iet, e-mail)
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
Kaufman Legal Group	PRO	\$0.00	\$850.50	\$0.00	\$850.50
Kaufman Legal Group	OFC	\$0.00	\$1.12	\$0.00	\$1.12
Kaufman Legal Group	PRO	\$0.00	\$767.50	\$0.00	\$767.50
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$0.00	\$1,619.12	\$0.00	\$1,619.12
Schedule F Summary 1. Total accrued expenses incurred this period. (Include al accrued expenses of \$100 or more, plus total unitemized p	payments on accrued expenses und	ler \$100.)	IN-	CURRED TOTALS	\$3,366.13
Total accrued expenses paid this period. (Include all Sc accrued expenses of \$100 or more, plus total unitemized p	payments on accrued expenses und	ler \$100 \		PAID TOTALS	\$0.00
Net change this period. (Subtract Line 2 from Line 1. En and on the Summary Page, Column A, Line 9.)	let change this period. (Subtract Line 2 from Line 1. Enter the difference here on the Summary Page, Column A, Line 9.)				
					May be a negative number)

Schedule F

. Amounts may be rounded

SCHEDULE F

Contradic i		to whole dollars.				COLLEGE
Accrued Expenses (Unpaid Bills)			Statement co	CA CA		RNIA 460
OFF WOTD LOTTON			from10/2		FOR	M 14 of 15
SEE INSTRUCTIONS ON REVERSE			through 12/3	1/2016		
NAME OF FILER Mayor Eric Garcetti's Ballot Measure Co	ommittee, Yes on M				NUMBER	
	Was a second				3926	
CODES: If one of the following codes accurat	tely describes the payment, yo	ou may enter the code. C	Otherwise, describe th	ne 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 LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea POS postage, delivery and m PRO professional services (le	arch essenger services	RFD returner SAL campaig TEL t.v. or ce TRC candida TRS staff/spc TSF transfer VOT voter re	irtime and production of discontributions gin workers' salaries able airtime and product ate travel, lodging, and ouse travel, lodging, are between committees of gistration action technology costs.	ction cos meals ad meals of the sar	ne candidate/sponsor
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 T PERIOD (ALSO REPORT ON		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaufman Legal Group						
	PRO	\$0.00	\$1,362.50	\$(0.00	\$1,362.50
Kaufman Legal Group						
	OFC	\$0.00	\$32.88	\$(0.00	\$32.88
Kaufman Legal Group						
	PRO	\$0.00	\$333.00	şc	0.00	\$333.00
				•		
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$0.00	\$1,728.38	\$0	.00	\$1,728.38
Schedule F Summary 1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized	payments on accrued expenses und	er \$100.)	IN	CURRED TOTALS		\$3,366.13
 Total accrued expenses paid this period. (Include all Scaccrued expenses of \$100 or more, plus total unitemized) 	chedule F, Column (c) subtotals for p payments on accrued expenses und	ayments on er \$100.)		PAID TOTALS		\$0.00
Net change this period. (Subtract Line 2 from Line 1. Er and on the Summary Page, Column A, Line 9.)	nter the difference here			NET		\$3,366.13
					(Ma	y be a negative number)

Schedule F Accrued Expenses (Unpaid Bills) . Amounts may be rounded to whole dollars.

SCHEDULE F

from 10/23/2016 through 12/31/2016

Statement covers period

CALIFORNIA FORM Page 15 of 15

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mayor Eric Garcetti's Ballot Measure Committee, Yes on M

I.D. NUMBER 1373926

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

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

	PRT print ads	WEB information technology costs (Internet, e-mail)				
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	
Kaufman Legal Group	OFC	\$0.00	\$18.63	\$0.00	\$18.63	

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$0.00	\$18.63	\$0.00	\$18.63
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule accrued expenses of \$100 or more, plus total unitemized payments	e F, Column (b) subtotals for on accrued expenses under \$100.)	INCURREI	O TOTALS	\$3,366.13
Total accrued expenses paid this period. (Include all Schedule F, accrued expenses of \$100 or more, plus total unitemized payments	Column (c) subtotals for payments on accrued expenses under \$100.	s on)	PAIL	TOTALS	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the diff and on the Summary Page, Column A, Line 9.)	ference here			NET	\$3,366.13 May be a negative number)