Recipient Committee LOS ANGELES COUNTY **CALIFORNIA** Campaign Statement **FORM** Cover Page (Government Code Sections 84200-84216.5). Date of election if applicable: (Month, Day, Year) Statement covers period of . 01/01/2018 For Official Use Only CAMPAIGN FINANCE 06/05/2018 04/21/2018 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee X Preelection Statement Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall O Controlled Termination Statement Supplemental Preelection (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1400771 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY DAVID MARTINEZ FOR LA COUNTY SHERIFF 2018 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE LONG BEACH 90802 (213) 489-4818 CITY NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE AREA CODE/PHONE LONG BEACH CA (213)489-4792 DAVID GOULD 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 LONG BEACH CA 90802 --(213)489-4792 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS (213)489-4818 / DLGOULD@GOULDORELLANA.COM 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. Signature of Treasurer or Assistant Treasurer Executed on .. Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on ... Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016)

COVER PAGE

Recipient Committee Campaign Statement 3. Committee Information - Additional Assistant Treasurers

CALIFORNIA FORM

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) MÖTHERS FÖR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018

I.D. Number 1400771

LONG BEACH, CA 90802 (213)489-4792

INGRID ORELLANA

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIF FC	A Z	16	0			
Dago	3	- f	21			

Officeholder or Candidate Co	ntrolled Committee	6.	. Primarily Formed Ballo	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATI	Ē		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOC	CATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO.	AND STREET) CITY STATE ZIP		Identify the controlling off	ficeholder, ca	undidate, or state mea	sure proponent, if any.
Related Committees Not Inclu	ided in this Statement: List any committees		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PI	ROPONENT	
	controlled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD	-	DISTRICT	T NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Can officeholder(s) or candidate(s			
COMMITTEE ADDRESS STREET A	DDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR H	IELD
CITY	STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR H	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	HELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET A	DDRESS (NO P.O. BOX)					
CITY	STATE ZIP CODE AREA CODE/PHONE		Atta	ch continuati	ion sheets if necessar	у
					to a	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Stat	ement covers period	CALIFORNIA	460
n	01/01/2018	FORM	400
			•

SUMMARY PAGE

fron 04/21/2018 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1400771 MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018 Column A Column B Calendar Year Summary for Candidates

Contributions Received	(COLUMN A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	238,100.00	\$	238,100.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	238,100.00	\$	238,100.00	20. Contributions Received \$\$
4. Nonmonetary Contributions		0.00		0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	238,100.00	\$	238,100.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	186,821.69	\$	186,821.69	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	186,821.69	\$	186,821.69	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		7,750.00		10,000.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	194,571.69	\$	196,821.69	\$
Current Cash Statement					<i></i> \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		238,100.00		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		186,821.69		port. Some amounts in blumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	51,278.31	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.		·	ре	btracted from previous riod amounts. If this is e first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	r this calendar year, only	1.
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (if ny).	
18. Cash Equivalents See instructions on reverse	\$	0.00			**.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	10,000.00			
			I		FPPC Form 460 (Jan/2016

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

Schedule	Α						SCHEDULE A
Monetary Contributions Received			ts may be rounded whole dollars.	Statement covers period from01/01/2018		CALIFORNIA 460	
OFF INOTELIOTIC	ONG ON DEVEROE			through <u>04/21/2</u>	018	Page	5 of21
NAME OF FILER	DNS ON REVERSE						JMBER .
MOTHERS FOR	. A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB	LINDSEY FOR	LA COUNTY SHERIFF 2018	•		1400	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IE AN INDIVIDUAL ENTER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
03/16/2018	John To Monterey Park, CA 91754	IND □ COM □ OTH □ PTY □ SCC	Marketing Director Cosmopolitan of Las Vegas	5,000.00	10,	000.00	
03/21/2018	John To Monterey Park, CA 91754		Marketing Director Cosmopolitan of Las Vegas	5,000.00	10,	00.00	
03/28/2018	Paul Arakelyan Glendale, CA 91028	⊠IND □COM □OTH □PTY □SCC	Insurance Broker Legacy Partners Insurance & Financial Services	1,000.00	1,	000.00	
03/28/2018	Oganes Chimayan Glendale, CA 91504	⊠IND □COM □OTH □PTY □SCC	CEO My Accounting Center, Inc.	1,000.00	1,	000.00	
03/28/2018	G & K Foundation West Hills, CA 91307	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00		500.00	
			SUBTOTAL	12,500.00			
 Amount re (Include a Amount re 	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.) eceived this period – unitemized monetary contributions etary contributions received this period.				IND- COM OTH PTY	other) Other – Politica	al ent Committee than PTY or SCC) (e.g., business entity)
	s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)TOTAL \$	238,100.00	<u> </u>		

Schedule	A (Continuation Sheet)
Monetary	Contributions Received

SCHEDULE A (CONT.)

Monetary	onetary Contributions Received Amounts may be rounded to whole dollars.			Statement covers period from 01/01/2018 through 04/21/2018		FC	ORNIA PRM	460
NAME OF FILER						I.D. NUN		
MOTHERS FOR A	A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB L	INDSEY FOR L	A COUNTY SHERIFF 2018			140077	11	
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	TO	LECTION DATE QUIRED)
04/16/2018	Armik Armen Aslanian Woodland Hills, CA 91364	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Co-Owner Woodland Hills Fireside BBQ & Appliances	1,000.00	1,0	00.00		
04/16/2018	Zareh Aslanian Woodland Hills, CA 91364		Owner Woodland Hills Fireside BBQ & Appliances	1,000.00	1,0	00.00		
04/16/2018	George Gevorg Avetisian Burbank, CA 91502		Architect Avetisyan Design	100.00	1	00.00		
04/16/2018	Arman Celik Sun Valley, CA 91352		Rim & Tire Salesman Self Employed Business Owner	1,000.00	1,0	00.00		
04/16/2018	Farias Law Group Canoga Park, CA 91303	□IND □COM 図OTH □PTY □SCC		1,000.00 Received through inter Accion Legal, Inc. 7500 Topanga Canyon Bi Canoga Park, CA 9130	mediary:	00.00		
			SUBTOTALS	4,100.00	Subject to			

*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) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 01/01/2018		CALIFORNIA 460		
				through 04/21/	2018	Page _	of _	21
NAME OF FILER				-		I.D. NUN	MBER	
MOTHERS FOR A	A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB I	INDSEY FOR L	A COUNTY SHERIFF 2018			14007	71	
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		ECTION DATE DUIRED)
04/16/2018	Rami Khoury Manhattan Beach, CA 90706	IND COM OTH PTY SCC	Import/Export Khoury Rami	2,000.00	2,0	00.00		
04/16/2018	Mike Kobeissi La Canada, CA 91011	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Property Manager Kobeissi Properties	1,000.00	1,0	00.00		
04/16/2018	Jake Paul Los Angeles, CA 90024	⊠IND □COM □OTH □PTY □SCC	CEO 10 Digital Media	2,000.00	2,0	00.00		
04/16/2018	Proxima Media, LLC Los Angeles, CA 90067	□IND □COM 図OTH □PTY □SCC		215,000.00	215,0	00.00	••••	-
04/16/2018	Sam Zaman Beverly Hills, CA 90211	⊠IND □COM □OTH □PTY □SCC	Owner Black & White Rent A Car	1,500.00	1,5	00.00		
			SUBTOTAL	\$ 221,500.00				

*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 D SCHEDULE D **Summary of Expenditures** Statement covers period **CALIFORNIA** Amounts may be rounded **Supporting/Opposing Other** to whole dollars. 01/01/2018 **Candidates, Measures and Committees** through __04/21/2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018 1400771 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE AMOUNT THIS TYPE OF PAYMENT CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OR COMMITTEE 04/18/2018 Bob Lindsey Slate Mailer 5,292.80 175,088.60 Monetary Sheriff Contribution Los Angeles County □ Nonmonetary Contribution Independent Expenditure Oppose X Support 7,030.30 175,088.60 04/18/2018 Bob Lindsey Slate Mailer Monetary Sheriff Contribution Los Angeles County Nonmonetary Contribution [X] Independent Expenditure X Support Oppose 175,088.60 04/18/2018 Slate Mailer 8,205.50 Bob Lindsey ☐ Monetary Sheriff Contribution Los Angeles County □ Nonmonetary Contribution [X] Independent Expenditure X Support Oppose SUBTOTAL \$ 20,528.60 Schedule D Summary 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$\,_175,088.60\$ 2. Unitemized contributions and independent expenditures made this period of under \$100......\$

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

Schedule D (Continuation Sheet) SCHEDULE D (CONT.) **Summary of Expenditures** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. Supporting/Opposing Other **FORM** 01/01/2018 from_ Candidates, Measures and Committees through 04/21/2018 Page 9 of 21 NAME OF FILER I:D. NUMBER MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018 1400771 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 04/18/2018 Bob Lindsey Slate Mailer 5,000.00 175,088.60 Sheriff Contribution Los Angeles County Nonmonetary Contribution |X| Independent Expenditure X Support ☐ Oppose 04/18/2018 Bob Lindsey Slate Mailer 12,286.00 175,088.60 Contribution Los Angeles County □ Nonmonetary Contribution | Independent Expenditure X Support Oppose 04/18/2018 Bob Lindsey Slate Mailer 7,285.00 175,088.60 Monetary Sheriff Contribution Los Angeles County □ Nonmonetary Contribution | Independent Expenditure X Support Oppose 04/18/2018 Bob Lindsey Slate Mailer 13,864.00 175,088.60 Monetary Sheriff Los Angeles County Contribution □ Nonmonetary Contribution Independent Oppose Expenditure X Support

38,435.00

SUBTOTAL \$

Summary Supporting Candidate	e D ation Sheet) y of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may to whole o		Statement covers from 01/01/20 through 04/21/20	18 FOI	SCHEDULE D (CONT.) CALIFORNIA 460 FORM of 21	
NAME OF FILER	A CARE LA COMMUNE A COMMUNE TA CARDON OF	non			I.D. NUM		
DATE	A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
04/18/2018	Bob Lindsey Sheriff Los Angeles County	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Slate Mailer	7,135.00	175,088.60		
04/18/2018	X Support Oppose Bob Lindsey Sheriff Los Angeles County X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Slate Mailer	8,000.00	175,088.60		
04/18/2018	Bob Lindsey Sheriff Los Angeles County X Support Oppose	Monetary Contribution Nonmonetary Contribution X Independent Expenditure	Slate Mailer	5,000.00	175,088.60		
04/18/2018	Bob Lindsey Sheriff Los Angeles County X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Slate Mailer	6,000.00	175,088.60		
			SUBTOTAL S	26.135.00			

Schedule D (Continuation Sheet) SCHEDULE D (CONT.) **Summary of Expenditures** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. Supporting/Opposing Other **FORM** 01/01/2018 from Candidates, Measures and Committees 04/21/2018 through_ Page ___11__ of__21_ NAME OF FILER I.D. NUMBER MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018 1400771 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE AMOUNT THIS TYPE OF PAYMENT TO DATE CALENDAR YEAR MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PER!OD (IF REQUIRED) (JAN. 1 - DEC. 31) OR COMMITTEE 04/18/2018 Bob Lindsev Slate Mailer 24,640.00 175,088.60 ☐ Monetary Sheriff Contribution Los Angeles County □ Nonmonetary Contribution X Independent Expenditure X Support Oppose 04/18/2018 Bob Lindsey Slate Mailer 30,000.00 175,088.60 Sheriff Contribution Los Angeles County □ Nonmonetary Contribution X Independent Expenditure Oppose X Support 04/18/2018 Bob Lindsey Slate Mailer 15,000.00 175,088.60 Sheriff Contribution Los Angeles County Nonmonetary Contribution x Independent X Support □ Oppose Expenditure 04/18/2018 Bob Lindsey 11,000.00 175,088.60 Slate Mailer Monetary Sheriff Los Angeles County Contribution □ Nonmonetary Contribution [X] Independent Expenditure X Support Oppose SUBTOTAL \$ 80,640.00

Summary Supporti	e D ation Sheet) y of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may to whole o		Statement covers from 01/01/20 through 04/21/20	18 CA	SCHEDULE D (CONT.) CALIFORNIA 460 FORM Page 12 of 21	
NAME OF FILER				anough		NUMBER of 21	
MOTHERS FOR	A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF	BOB LINDSEY FOR LA	A COUNTY SHERIFF 2018		14	00771	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 31)	R TO DATE	
04/18/2018	Bob Lindsey Sheriff Los Angeles County	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent	Slate Mailer	9,350.00	175,088	.60	
		Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
f	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
Maria Contract			SUBTOTAL	\$ 9,350.00	E THE STREET		
						FPPC Form 460 (Jan/201)	

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 460
from01/01/2018	FORM TOU
through 04/21/2018	Page 14 of 21
	I.D. NUMBER

1400771

MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018

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 RFD returned contributions MTG meetings and appearances СТВ contribution (explain nonmonetary)* OFC SAL campaign workers' salaries office expenses CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees candidate travel, lodging, and meals PHO phone banks staff/spouse travel, lodging, and meals FND fundraising events polling and survey research POL IND independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services

LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

NAME A	ND ADDRESS OF PAYEE TEE, ALSO ENTER I.D. NUMBER)	CODE	0	DR DESC	RIPTION OF PAYMENT		AMOUNT PAID
Gould & Orellana, LLC		PRO					500.00
Long Beach, CA 90802					·		
Gould & Orellana, LLC		PRO					200.00
Long Beach, CA 90802							
JONS Supermarket		FND				 	1,757.09
Los Angeles, CA 90029							
Caren Mandoyan		FND	7			 	6,180.00
El Segundo, CA 90245							
Gould & Orellana, LLC		PRO	4			 	500.00
		PRO					300.00
Long Beach, CA 90802							
**						 IDTOTAL 6	0.137.00

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

SUBTOTAL \$

9,137.09

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

CNS campaign consultants

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

		SCHED	DLE E (CONT.,
State	ement covers period	CALIFORNIA 460	
from	01/01/2018	FORM	TOO
through	04/21/2018	Page15	of <u>21</u>
		I.D. NUMBER	

RAD radio airtime and production costs

RFD returned contributions

NAME OF FILER

MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018

1400771

CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	POS postage, del	ses lating survey resear ivery and me		SAL campaign workers' s TEL t.v. or cable airtime a TRC candidate travel, lodg TRS staff/spouse travel, lo TSF transfer between con VOT voter registration information technological	alaries nd production costs ing, and meals odging, and meals nmittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
DAVID L. GOULD COMPANY MERCHANT ACCOUNT		OFC	Credit Card Me	erchant Fee & Expenses		496.00
Long Beach, CA 90802						
CA SLATES (ID# 1401551)		IND	Slate Mailer			11,000.00
Long Beach, CA 90802						
CALIFORNIA EARLY VOTER GUIDE (ID# 1387464)	·	IND	Slate Mailer			9,350.00
Long Beach, CA 90802						
CALIFORNIA REPUBLICAN TAXPAYERS ASSOCIATION (ID# 1286135)		IND	Slate Mailer			5,000.00
Seaside, CA 93955						
CALIFORNIANS REPRESENTED		IND	Slate Mailer			5,292.80
Long Beach, CA 90802						
* Payments that are contributions or independent expenditures must also	be summarized on	Schedule D.			SUBTOTAL S	31,138.80

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from01/01/2018	FORM 400
through 04/21/2018	Page 16 of 21
	I.D. NUMBER
	1400771

MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants meetings and appearances RFD returned contributions contribution (explain nonmonetary)* SAL campaign workers' salaries CTB OFC office expenses CVC

civic donations t.v. or cable airtime and production costs petition circulating FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals fundraising events polling and survey research POL independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor IND POS postage, delivery and messenger services TSF

LEG legal defense PRO professional services (legal, accounting) VOT voter registration LΠ campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE CODE OR AMOUNT PAID DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALIFORNIANS VOTE GREEN (ID# 1323171) IND Slate Mailer 8,000.00 Long Beach, CA 90802 IND Slate Mailer 13,864.00 COALITION FOR SENIOR CITIZEN SECURITY (ID# 592015) Long Beach, CA 90802 CONTINUING THE REPUBLICAN REVOLUTION (ID# 598041) IND Slate Mailer 6.000.00 Newport Beach, CA 92660 COPS VOTER GUIDE (ID# 599014) IND Slate Mailer 24,640.00 Folsom, CA 95630 COUNCIL OF CONCERNED WOMAN VOTERS (ID# 1226327) IND Slate Mailer 12,286.00 Long Beach, CA 90802

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

SUBTOTAL \$

64,790.00

Schedule E
(Continuation Sheet)
Payments Made

	SC	HEDU	JLE, E	(CC	NT.)

Statement covers period **CALIFORNIA** Amounts may be rounded to whole dollars. **FORM** 01/01/2018 through 04/21/2018 Page __ 17 of __21 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018 1400771 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees candidate travel, lodging, and meals PHO phone banks fundraising events polling and survey research staff/spouse travel, lodging, and meals POL independent expenditure supporting/opposing others (explain)* IND 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 PAYEE CODE OR AMOUNT PAID DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Families First Education Voter Guide (ID# 1398433) IND Slate Mailer 8,205.50 Long Beach, CA 90802 FEEL THE BERN PROGRESSIVE SLATE (ID# 1385678) IND Slate Mailer 7,135.00 Long Beach, CA 90802 LANDSLIDE COMMUNICATIONS INC. IND Slate Mailer 30,000.00 Laguna Niguel, CA 92677 LATINO FAMILY VOTER GUIDE (ID# 1386464) TND Slate Mailer 7,030.30 Long Beach, CA 90802 Millennials for Effective Government (ID# 1383025) IND Slate Mailer 15,000.00 Long Beach, CA 90802 A Commence of

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

SUBTOTAL \$

67,370.80

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2018	SCHEDULE E (CONT.) CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE		through04/21/2018	Page18 of21
NAME OF FILER			I.D. NUMBER
MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT	OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018		1400771
CODES: If one of the following codes accurately desc	ribes the payment, you may enter the code. Ot	herwise, describe the payment	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)*	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	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro Candidate travel, lodging, ar TRS staff/spouse travel, lodging,	n costs s oduction costs nd meals

professional services (legal, accounting)

PRO

PRT

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

print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
NO PARTY PREFERENCE VOTER GUIDE (ID# 1343983)	IND	Slate Mailer	5,000.00
Sacramento, CA 95841			
OUR VOICE LATINO VOTER GUIDE (ID# 599015)	IND	Slate Mailer	7,285.00
Long Beach, CA 90802			
Gould & Orellana, LLC	PRO		 300.00
Long Beach, CA 90802			

SUBTOTAL \$

12,585.00

VOT voter registration
WEB information technology costs (internet, e-mail)

legal defense

campaign literature and mailings

LEG

•					SCHEDULE F
Schedule F Accrued Expenses (Unpaid Bills) Amounts may be rounded to whole dollars.			Statement cover	EC	ORM 460
SEE INSTRUCTIONS ON REVERSE			through04/21/2	2018 Page	19 of21
NAME OF FILER			_l	I.D. NUM	MBER
MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF	BOB LINDSEY FOR LA COUN	TY SHERIFF 2018		14007	71
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member communication meetings and appeara office expenses PET petition circulating PHO phone banks POL polling and survey res postage, delivery and PRO professional services PRT print ads	ns Inces earch messenger services	RAD radio airtime an returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave staff/spouse tra TSF transfer betwee VOT voter registration	d production costs outions ers' salaries ime and production cost I, lodging, and meals vel, lodging, and meals or committees of the salaries.	me 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 THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Gould & Orellana, LLC	PRO	1,000.00	0.00	1,000.00	0.00
Long Beach, CA 90802					
Gould & Orellana, LLC	PRO	250.00	0.00	250.00	0.00
Long Beach, CA 90802					
Gould & Orellana, LLC	PRO	500.00	0.00	500.00	0.00
Long Beach, CA 90802					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 1,750.00\$	0.00\$	1,750.00	\$ 0.00
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized 2. Total accrued expenses paid this period. (Include all Sch	accrued expenses under edule F, Column (c) subto	\$100.) stals for payments on			
accrued expenses of \$100 or more, plus total unitemized	payments on accrued exp	enses under \$100.)		.PAID TOTALS \$	2,250.00

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

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

SCHEDULE F (CONT.)

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

campaign paraphernalia/misc.

candidate filing/ballot fees

campaign literature and mailings

contribution (explain nonmonetary)*

independent expenditure supporting/opposing others (explain)*

campaign consultants

CVC civic donations

FND fundraising events

legal defense

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/01/2018 from. through 04/21/2018 Page ____20 ___ of __21

I.D. NUMBER

1400771

NAME OF FILER.

CTB

FIL.

IND

LEG

LΠ

MOTHERS FOR A SAFE LA COUNTY, A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018

PHO

POL

POS

PRT

print ads

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

MBR member communications RAD radio airtime and production costs MTG meetings and appearances returned contributions RFD

OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs

phone banks candidate travel, lodging, and meals polling and survey research TRS staff/spouse travel, lodging, and meals

postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting)

VOT voter registration

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
Gould & Orellana, LLC	PRO	500.00	0.00	500.00	0.00
Long Beach, CA 90802					
David L. Gould Company	CNS	0.00	2,500.00	0.00	2,500.00
Long Beach, CA 90802			·		•
David L. Gould Company	CNS	0.00	2,500.00	0.00	2,500.00
Long Beach, CA 90802					•
David L. Gould Company	CNS	0.00	2,500.00	0.00	2,500.00
Long Beach, CA 90802					
	SUBTOTALS	500.00	7,500.00	5.00.00	7,500.00

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

Amounts may be rounded to whole dollars.

| CALIFORNIA 460 | FORM | 460 | Through | 04/21/2018 | Page | 21 | of | 21 | | 1.D. NUMBER | 1400771 | 1400771

NAME OF FILER

MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018

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

^{*} 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
David L. Gould Company	CNS	0.00	2,500.00	0.00	2,500.00
Long Beach, CA 90802					
· · · · · · · · · · · · · · · · · · ·					
					·
	SUBTOTALS	\$ 0.00	\$ 2,500.00	\$ 0.00	\$ 2,500.00