

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

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LOS ANGELES COUNTY
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CAMPAIGN FINANCE

CALIFORNIA FORM **460**

Page 1 of 29

For Official Use Only

Statement covers period
from 04/22/2018
through 05/19/2018

Date of election if applicable:
(Month, Day, Year)
06/05/2018

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
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1400771

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

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LONG BEACH	CA	90802	(213) 489-4792

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

(213) 489-4818 / DLGOULD@GOULDORELLANA.COM

Treasurer(s)

NAME OF TREASURER

DAVID MARTINEZ

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LONG BEACH	CA	90802	(213) 489-4818

NAME OF ASSISTANT TREASURER, IF ANY

DAVID GOULD

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LONG BEACH	CA	90802	(213) 489-4792

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 5-22-18
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**CALIFORNIA
FORM 460**

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COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

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

I.D. Number

1400771

INGRID ORFILA

LONG BEACH, CA 90802
(213)489-4792

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

COVER PAGE - PART 2

CALIFORNIA FORM 460
Page <u>3</u> of <u>29</u>

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 make expenditures on behalf of your candidacy.*

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

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE Bob Lindsey	OFFICE SOUGHT OR HELD Sheriff	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
--	----------------------------------	--

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>04/22/2018</u> through <u>05/19/2018</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>29</u>	I.D. NUMBER <u>1400771</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>112,987.00</u>	\$ <u>351,087.00</u>
2. Loans Received Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>112,987.00</u>	\$ <u>351,087.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>112,987.00</u>	\$ <u>351,087.00</u>

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

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>157,381.74</u>	\$ <u>344,203.43</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>157,381.74</u>	\$ <u>344,203.43</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>-2,500.00</u>	<u>7,500.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>154,881.74</u>	\$ <u>351,703.43</u>

**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	\$ <u>51,278.31</u>
13. Cash Receipts Column A, Line 3 above	<u>112,987.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>157,381.74</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6,883.57</u>

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 may be different from amounts reported in Column B.

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>7,500.00</u>

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 5 of 29

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

I.D. NUMBER

1400771

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)
04/24/2018	Calabasas Luxury Motorcars Calabasas, CA 91302	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	3,500.00	
04/24/2018	Calabasas Luxury Motorcars Calabasas, CA 91302	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	3,500.00	
04/24/2018	Farias Law Group Canoga Park, CA 91303	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <small>Received through intermediary: Action Legal, Inc. Canoga Park, CA 91303</small>	2,250.00	
04/24/2018	Homebridge Financial Services, Inc. Iselin, NJ 08830	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
04/24/2018	Kenneth Ingoldsby Sherman Oaks, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Kenneth Ingoldsby	200.00	200.00	

SUBTOTAL \$ 5,700.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	112,937.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	112,987.00

***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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page <u>6</u> of <u>29</u>
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

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)
04/24/2018	Jerrod Menz Brentwood, TN 37027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Jerrod Menz	5,000.00	5,000.00	
04/24/2018	Klaris Terteryan Glendale, CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Treasurer Helping Hands Wellness Center, Inc.	10,000.00	10,000.00	
05/04/2018	Leslie Bortz Monrovia, CA 91016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President RH Peterson Fireplace	1,000.00	1,000.00	
05/04/2018	Mike Stephens Escondido, CA 92029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor Mike Stephens	7,000.00	7,000.00	
05/04/2018	Viken's Jewelry Mfg. Co., Inc. Los Angeles, CA 90014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	

SUBTOTAL \$ 24,000.00

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page <u>7</u> of <u>29</u>
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

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)
05/07/2018	Bradley Bell Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer Bradley Bell	1,000.00	1,000.00	
05/07/2018	William Curry La Canada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Manager William Curry	150.00	150.00	
05/07/2018	David Davis Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advertising Consultant David Davis	150.00	150.00	
05/07/2018	Garo Esquijian Glendale, CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	250.00	250.00	
05/07/2018	HighRise Inc. Sun Valley, CA 91352	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
SUBTOTAL \$				1,800.00		

*Contributor Codes
 IND - Individual
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 (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
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page <u>8</u> of <u>29</u>
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

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)
05/07/2018	Vahan Karakossian Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Specialty Car Craft Motor Group, LLC	500.00	500.00	
05/07/2018	Tom Lanwiesner Aventura, FL 08540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Security Consultant Tom Langwiesner	500.00	500.00	
05/07/2018	Paul Loqan Encino, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entertainer Maverick	2,000.00	2,000.00	
05/07/2018	Carlo Minassian Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Ken Daniels Auto Inc.	150.00	150.00	
05/07/2018	Zorik Pirijsanian Glendale, CA 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Zorik Pirijsanian	250.00	250.00	
SUBTOTAL \$				3,400.00		

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 IND - Individual
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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page <u>9</u> of <u>29</u>
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

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)
05/07/2018	Hovik Sahakyan Burbank, CA 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Exotic Auto Transport Inc.	1,000.00	1,000.00	
05/07/2018	Vahe Soghomonian North Hollywood, CA 91605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Anda Auction	250.00	250.00	
05/07/2018	Specialty Car Craft Motor Group, LLC Los Angeles, CA 90035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	1,250.00	
05/07/2018	Specialty Car Craft Motor Group, LLC Los Angeles, CA 90035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	1,250.00	
05/07/2018	Specialty Car Craft Motor Group, LLC Los Angeles, CA 90035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	1,250.00	
SUBTOTAL \$				2,000.00		

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 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 10 of 29

NAME OF FILER MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018	I.D. NUMBER 1400771
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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)
05/07/2018	Specialty Car Craft Motor Group, LLC Los Angeles, CA 90035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	1,250.00	
05/07/2018	Specialty Car Craft Motor Group, LLC Los Angeles, CA 90035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	1,250.00	
05/07/2018	Chris Tawil Porter Ranch, CA 91326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Morph Brushes	5,000.00	5,000.00	
05/07/2018	Venus Adult Day Healthcare Center SULDBAK, CA 91506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
05/07/2018	Xiaobin Wu Ontario, CA 91761	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO XB Global Inc.	1,000.00	1,000.00	

SUBTOTAL \$ 7,500.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page <u>11</u> of <u>29</u>
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

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)
05/10/2018	Latinos Progresivos PAC (ID# 1402904) Los Angeles, CA 90037	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		30,000.00	30,000.00	
05/15/2018	Mike Asadoorian Los Angeles, CA 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Acembly	250.00	250.00	
05/15/2018	Canstone LTC Resources, Inc. San Diego, CA 92130	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	10,000.00	
05/15/2018	Claim Works, LLC Los Gatos, CA 95032	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	10,000.00	
05/15/2018	Definition Entertainment, Inc. Los Angeles, CA 90067	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
SUBTOTAL \$				55,250.00		

*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 A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 12 of 29
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

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)
05/15/2018	Dragon Steel Inc. Sun Valley, CA 91352	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
05/15/2018	Eric Petersen Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Member Celebrity Life Styles Group	250.00	250.00	
05/15/2018	Elon Spar Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,800.00	1,800.00	
05/15/2018	Armen Yemenidjian Las Vegas, NV 89169	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Integral Associates, LLC	1,000.00	1,000.00	
05/17/2018	Paul Arakelyan Glendale, CA 91028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker Legacy Partners Insurance & Financial Services	500.00	1,500.00	
SUBTOTAL \$				4,050.00		

*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 A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 13 of 29
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

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)
05/17/2018	Armik Armen Aslanian Woodland Hills, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Co-Owner Woodland Hills Fireside BBQ & Appliances	1,000.00	4,987.00	
05/17/2018	Armik Armen Aslanian Woodland Hills, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Co-Owner Woodland Hills Fireside BBQ & Appliances	1,000.00	4,987.00	
05/17/2018	Nicolas Bobroff Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP Luxury Brands, LLC	500.00	500.00	
05/17/2018	Dirk A Photography, Inc Northridge, CA 91324	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
05/17/2018	Jason Dodo Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Luxury Brands, LLC	500.00	500.00	
SUBTOTAL \$				3,250.00		

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 (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
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 14 of 29
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

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)
05/17/2018	Farias Law Group Canoga Park, CA 91303	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	2,250.00	
05/17/2018	Kambiz Kohansedgh Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Kambiz Kohansedgh	250.00	250.00	
05/17/2018	Maison Jolie Designs, LLC Los Angeles, CA 90064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
05/17/2018	Modella Uniforms. LLC La Crescenta, CA 91214	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
05/17/2018	Watch LLC Burbank, CA 91501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
SUBTOTAL \$				2,000.00		

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 (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
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 15 of 29
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

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)
05/19/2018	Armik Armen Aslanian Woodland Hills, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Co-Owner Woodland Hills Fireside BBQ & Appliances	994.00	4,987.00	
05/19/2018	Armik Armen Aslanian Woodland Hills, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Co-Owner Woodland Hills Fireside BBQ & Appliances	993.00	4,987.00	
05/19/2018	Brewster Property Management Co. Los Angeles, CA 90046	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
05/19/2018	Gary Karsh Sherman Oaks, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Gary Karsh	250.00	250.00	
05/19/2018	Daniel Passman Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Gang, Tyre, Ramer & Brown, Inc.	1,500.00	1,500.00	
SUBTOTAL \$				3,987.00		

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

SCHEDULE D

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 16 of 29
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

SEE INSTRUCTIONS ON REVERSE

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/23/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	30,000.00	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
04/23/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	11,000.00	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
04/23/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	5,000.00	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				46,000.00		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 149,318.69
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 149,318.69

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>04/22/2018</u> through <u>05/19/2018</u>	CALIFORNIA FORM 460
	Page <u>17</u> of <u>29</u>

NAME OF FILER MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018	I.D. NUMBER 1400771
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/27/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Electronic Bulletin Displays	15,000.00	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
05/08/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer Payment	5,000.00	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
05/08/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer Payment	5,000.00	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
05/08/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	RADIO ADS	7,400.00	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$	32,400.00	
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**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 18 of 29
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

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/10/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	RADIO ADS	7,000.00	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
05/10/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	RADIO ADS	12,299.26	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
05/11/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer Payment	6,000.00	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
05/11/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer Payment	5,000.00	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				30,299.26		

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>04/22/2018</u> through <u>05/19/2018</u>	CALIFORNIA FORM 460 Page <u>19</u> of <u>29</u>
NAME OF FILER MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018	
I.D. NUMBER 1400771	

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/15/2018	Bob Lindsey Sheriff Los Angeles County <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	7,500.00	324,407.29	
05/15/2018	Bob Lindsey Sheriff Los Angeles County <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Graphic Design	3,000.00	324,407.29	
05/16/2018	Bob Lindsey Sheriff Los Angeles County <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	RADIO ADS	2,500.00	324,407.29	
05/16/2018	Bob Lindsey Sheriff Los Angeles County <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer Payment	2,500.00	324,407.29	
SUBTOTAL \$				15,500.00		

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 20 of 29
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

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/16/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer Payment	5,000.00	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
05/16/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer Payment	5,000.00	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
05/16/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ads	2,919.00	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
05/16/2018	Bob Lindsey Sheriff Los Angeles County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Newspaper Ads	3,200.43	324,407.29	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$				16,119.43		
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**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>04/22/2018</u> through <u>05/19/2018</u>	CALIFORNIA FORM 460 Page <u>21</u> of <u>29</u>
I.D. NUMBER 1400771	

NAME OF FILER

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

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/16/2018	Bob Lindsey Sheriff Los Angeles County <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Radio Ads	4,000.00	324,407.29	
05/18/2018	Bob Lindsey Sheriff Los Angeles County <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Radio Ads	5,000.00	324,407.29	
	 <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	 <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				9,000.00		

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 22 of 29
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER
NAME OF FILER		1400771

SEE INSTRUCTIONS ON REVERSE

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.

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CA SLATES (ID# 1401551) Long Beach, CA 90802	IND		Slate Mailer	11,000.00
LANDSLIDE COMMUNICATIONS INC. Laguna Niguel, CA 92677	IND		Slate Mailer	30,000.00
NO PARTY PREFERENCE VOTER GUIDE (ID# 1343983) Sacramento, CA 95841	IND		Slate Mailer	5,000.00

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

SUBTOTAL \$ 46,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 157,336.74
2. Unitemized payments made this period of under \$100	\$ 45.00
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 \$ 157,381.74

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 23 of 29
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

SEE INSTRUCTIONS ON REVERSE
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.

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bulletin Displays, LLC Long Beach, CA 90805	IND		Digital Billboards	15,000.00
Gould & Orellana, LLC Long Beach, CA 90802	OFC			279.55
Gould & Orellana, LLC Long Beach, CA 90802	PRO			500.00
DAVID L. GOULD COMPANY MERCHANT ACCOUNT Long Beach, CA 90802	OFC		Credit Card Merchant Fee & Expenses	252.00
David L. Gould Company Long Beach, CA 90802	CNS			2,500.00

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

SUBTOTAL \$ 18,531.55

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 24 of 29
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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALIFORNIA REPUBLICAN TAXPAYERS ASSOCIATION (ID# 1286135) Seaside, CA 93955	IND		Slate Mailer	5,000.00
CALIFORNIANS REPRESENTED Long Beach, CA 90802	IND		Slate Mailer	5,000.00
New Inspiration Co., Inc. Glendale, CA 91203	IND		RADIO ADS	7,400.00
David L. Gould Company Long Beach, CA 90802	CNS			2,500.00
LEADERS FOR EQUAL RIGHTS (ID# 1364273) Sherman Oaks, CA 91424	IND		Slate Mailer	12,299.26

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

SUBTOTAL \$ 32,199.26

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 25 of 29
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

SEE INSTRUCTIONS ON REVERSE

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	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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
New Inspiration Co., Inc. Glendale, CA 91203	IND		RADIO ADS	7,000.00
CALIFORNIANS VOTE GREEN (ID# 1323171) Long Beach, CA 90802	IND		Slate Mailer	5,000.00
CONTINUING THE REPUBLICAN REVOLUTION (ID# 598041) Newport Beach, CA 92660	IND		Slate Mailer	6,000.00
Freeman Public Affairs, Inc. Torrance, CA 90501	CMP		Graphic Design	3,000.00
LEADERS FOR EQUAL RIGHTS (ID# 1364273) Sherman Oaks, CA 91424	IND		Slate Mailer	7,500.00

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

SUBTOTAL \$ 28,500.00

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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through	05/19/2018	Page 26 of 29
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

SEE INSTRUCTIONS ON REVERSE
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.

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blakewell Media Company of LA Los Angeles, CA 90008	IND		Newspaper AD	3,200.43
COPS VOTER GUIDE (ID# 599014) Folsom, CA 95630	IND		Slate Mailer	5,000.00
Families First Education Voter Guide (ID# 1398433) Long Beach, CA 90802	IND		Slate Mailer	2,500.00
KJLH Radio/Taxi Productions Inglewood, CA 90301	IND		RADIO ADS	4,000.00
LATINO FAMILY VOTER GUIDE (ID# 1386464) Long Beach, CA 90802	IND		Slate Mailer	2,500.00

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

SUBTOTAL \$ 17,200.43

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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through	05/19/2018	Page 27 of 29
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

SEE INSTRUCTIONS ON REVERSE

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.

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|--|--|--|
| 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, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Los Angeles Sentinel, Inc. Los Angeles, CA 90008	IND		Newspaper AD	2,919.00
OUR VOICE LATINO VOTER GUIDE (ID# 599015) Long Beach, CA 90802	IND		Slate Mailer	5,000.00
saoProductions, Inc. Huntington Beach, CA 92647	WEB			1,500.00
New Inspiration Co., Inc. Glendale, CA 91203	IND		RADIO ADS	5,000.00
DAVID L. GOULD COMPANY MERCHANT ACCOUNT Long Beach, CA 90802	OFC		Credit Card Merchant Fee & Expenses	486.50

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

SUBTOTAL \$ 14,905.50

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER 1400771

SEE INSTRUCTIONS ON REVERSE
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.

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, 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
David L. Gould Company Long Beach, CA 90802	CNS	2,500.00	0.00	2,500.00	0.00
David L. Gould Company Long Beach, CA 90802	CNS	2,500.00	0.00	2,500.00	0.00
David L. Gould Company Long Beach, CA 90802	CNS	2,500.00	0.00	0.00	2,500.00
SUBTOTALS \$		7,500.00\$	0.00\$	5,000.00\$	2,500.00

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

Schedule F Summary

- 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 \$** 2,500.00
- 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 \$** 5,000.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -2,500.00
May be a negative number

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/22/2018	
through	05/19/2018	Page 29 of 29
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. | 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 |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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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 Long Beach, CA 90802	CNS	2,500.00	0.00	0.00	2,500.00
David L. Gould Company Long Beach, CA 90802	CNS	0.00	2,500.00	0.00	2,500.00
SUBTOTALS \$		2,500.00 \$	2,500.00 \$	0.00 \$	5,000.00