5 1 1 A				COVER PAGE
Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460 FORM
	Statement covers period from04/24/2016	Date of election if applicable: (Month, Day, Year)	Y OF DANA POINT	Page1 of18 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through05/21/2016	06/07/2016	6 MAY 26 A 10: 08	
Type of Recipient Committee: All Committees – Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: X Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	Speci Supprermination) State	terly Statement ial Odd-Year Report Iemental Preelection ment - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Save Public Parking, No on H; Yes on I	I.D. NUMBER 1384493 EE)	Treasurer(s) NAME OF TREASURER Jen Slater MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C.	CODE AREA CODE/PHONE D. BOX	NAME OF ASSISTANT TREASUR	STATE ZIP CO	DDE AREA CODE/PHONE
	CODE AREA CODE/PHONE	CITY	STATE ZIP CC	DDE AREA CODE/PHONE
Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo	rnia that the foregoing is true and correct.	optional: FAX / E-MAIL ADDR		es is true and complete. I certify
Executed on	BySignature of Cor	Signature of Treasurer or Assistant ntrolling Officeholder, Candidate, State Measure Pro Signature of Controlling Officeholder, Candidate, S Signature of Controlling Officeholder, Candidate, S	oponent or Responsible Officer of Sponsor tate Measure Proponent	
\$ Shanner				FPPC Form 460 (Jan/2016)

	COVER PAGE - PART 2							
CALII FC	FORNIA DRM	4	460					
Dama	2		10					

Officeholder or Candidate Cont	trolled Committee	6.	. Primarily Formed Ball	lot Measure C	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE	· · · · · · · · · · · · · · · · · · ·		NAME OF BALLOT MEASURE 2015 TOWN CENTER INIT	CIATIVE		
OFFICE SOUGHT OR HELD (INCLUDE LOCA	ATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	·	SUPPORT
			Н	Dana Point		X OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A	ND STREET) CITY STATE ZIP		Identify the controlling of	fficeholder, cand	lidate, or state measure	proponent, if any
		_	NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PRO	PONENT	
	led in this Statement: List any committees ontrolled by you or are primarily formed to receive behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER			· · · · · · · · · · · · · · · · · · ·		
		_ 7	. Primarily Formed Car	ndidate/Office	holder Committee	l ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	•	officeholder(s) or candidate(
COMMITTEE ADDRESS STREET AD	DRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	. CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHON	E	NAME OF OFFICEHOLDER OR	. CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	
COMMITTEE ADDRESS STREET AD	DRESS (NO P.O. BOX)	_				
OLTY	CTATE 71D CODE ADEA CODE/DUCA					
CITY	STATE ZIP CODE AREA CODE/PHON	Ė,	Atta	ach continuation	sheets if necessary	

Recipient Committee Campaign Statement 6. Primarily Formed Ballot Measure Committee (Continued)

	ORNIA ORM	4	160	
Page _	3	of _	18	

NAME OF BALLOT MEASURE 2016 Town Center and Public Parking Improvement

BALLOT NO. OR LETTER

JURISDICTION Dana Point

SUPPORT/OPPOSE Support

Campaign Disclosure Statement

SUMN	IARY	PAGE
------	------	------

Summary Page	to whole dollars.		Staten	nent covers period	CALIFORNIA 460
, 0		fre	om	04/24/2016	FORM TOU
SEE INSTRUCTIONS ON REVERSE		th	rough _	05/21/2016	Page4 of18
NAME OF FILER		1			I.D. NUMBER
Save Public Parking, No on H; Yes on I					1384493
Contributions Received	Column A TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE			mary for Candidates e State Primary and

Contributions Received	Column A TOTALTHIS 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	\$ 24,699.00	\$	29,599.00	
2. Loans Received	15,000.00		15,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 39,699.00	\$	44,599.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions	3,485.43		5,245.43	21 Evnenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 43,184.43	\$	49,844.43	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 24,747.10	\$	24,747.10	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 24,747.10	\$	24,747.10	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	9,031.02		21,190.82	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	3,485.43		5,245.43	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 37,263.55	\$	51,183.35	\$
Current Cash Statement				\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 4,900.00	То	calculate Column B, add	·
13. Cash Receipts	39,699.00	an	nounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	rresponding amounts om Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	24,747.10		port. Some amounts in blumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 19,851.90	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.		ре	btracted from previous	
17. LOAN GUARANTEES RECEIVED	\$ 0.00	foi	e first report being filed this calendar year, only try over the amounts	
Cash Equivalents and Outstanding Debts			om Lines 2, 7, and 9 (if ay).	
18. Cash Equivalents See instructions on reverse	\$ 0.00			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 36,190.82			

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cover from04/24/2	•	CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through05/21/2	016	Page	5 of18	
NAME OF FILER	NO ON NEVEROL					I.D. NI	JMBER	
Caro Dublic	Parking, No on H; Yes on I					1384	1 Q Z	
Save Public	Parking, No on h; les on l					1304	473	
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	PER ELECTION TO DATE (IF REQUIRED)	
04/29/2016	Issues Mobilization PAC - CA Assn of Realtors	□IND XCOM □OTH □PTY □SCC		10,000.00	10,	000.00		
05/02/2016	Shibumi Strategies, LLC	□IND □COM 図OTH □PTY □SCC		400.00		400.00		
05/10/2016	Harold R. Kaufman	⊠IND □COM □OTH □PTY □SCC	Owner EPS Settlements Group	250.00		250.00		
05/11/2016	Peter Burke	IND COM OTH PTY SCC	CEO P.J.Salvage	1,000.00	1,	000.00		
05/11/2016	Patrick Prendiville Insurance Agency Inc	□IND □COM ⊠OTH □PTY □SCC		1,000.00	1,	000.00		
			SUBTOTAL\$	12,650.00				
1. Amount re	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	24,550.00	IND - COM	(other	al ent Committee than PTY or SCC)	
2. Amount re	ceived this period – unitemized monetary contributions	s of less than s	\$100 \$	149.00		– Other – Politica	(e.g., business entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)) TOTAL \$	24,699.00			Contributor Committee	

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		Contributions Received Amounts may be rounded to whole dollars.			ers period	FORM 460		
				through 05/21/	2016	Page	6 of18	
NAME OF FILER			-	1		I.D. NUMBI	ER	
Save Public E	Parking, No on H; Yes on I					1384493	·	
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 YE (JAN. 1 - DEC.	31)	PER ELECTION TO DATE (IF REQUIRED)	
05/11/2016	Carma J. Tomlinson	⊠IND □COM □OTH □PTY □SCC	Retired None	1,000.00	1,00	00.00		
05/11/2016	John A. Tomlinson	IND COM OTH PTY SCC	Corporate VP Tomlinson Management	500.00	50	00.00		
05/17/2016	Stephen C. Park	XIND COM OTH PTY	Owner Park Gibbs Development	500.00	50	00.00		
05/17/2016	Sultana Investments LLC	□IND □COM ☑OTH □PTY □SCC		9,900.00	9,90	00.00		
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 11,900.00				

*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

							SCHF	EDULE B - PART 1
Schedule B – Part 1	Amo	ounts may be ro	ounded		Statement cov	ers period	CALIFORN	1A 460
Loans Received		to whole dollar	rs.		from04/2	4/2016	FORM	^{IIA} 460
					110111			
SEE INSTRUCTIONS ON REVERSE					through05/2	1/2016	Page7	of <u>18</u>
NAME OF FILER							I.D. NUMBER	
Save Public Parking, No on H; Yes on I	<u></u>	(2)	¹ (b)	T /->	(d)	(0)	1384493	(a)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	(a) OUTSTANDING BALANCE	(b) AMOUNT RECEIVED THIS	(c) AMOUNT PA	DALANCE AT	(e) INTEREST PAID THIS	(f) ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTIONS
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BEGINNING THIS PERIOD	PERIOD	OR FORGIVE THIS PERIO		PERIOD	LOAN	TO DATE
Dana Point Taxpayers Association (ID# 1380834)				☐ PAID				CALENDAR YEAR
				\$0.0	5,000.00	0.00%	\$_5,000.00	\$_15,000.00
				FORGIVEN		RATE		PER ELECTION**
<u> </u>		\$	\$5,000.00	\$0.0		\$0.00	04/29/2016	\$
†□ IND ☑ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
Dana Point Taxpayers Association (ID# 1380834)		-		PAID				CALENDAR YEAR
				\$\$	00 \$ 10,000.00	0.00% %	\$ 10,000.00	\$_15,000.00
		-		FORGIVEN		RATE		PER ELECTION **
·		\$0.00	\$_10,000.00	\$0.0	_	\$0.00	05/16/2016	\$
†□ IND ☑ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
!				☐ PAID				CALENDAR YEAR
l				\$	\ \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION **
+		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
		SUBTOTALS \$	\$ 15,000.00	\$ 0.	.00\$ 15,000.00	\$ 0.00	1	
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	15,000.00	<u>1</u>		
(Total Column (b) plus unitemized loans				•		(†0	Contributor Codes	
O I				Φ.	0.00	\ I	ID – Individual	
2. Loans paid or forgiven this period	,			🗘 🚐	0.00	- C(OM - Recipient Co	ommittee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

(Total Column (c) plus loans under \$100 paid or forgiven.)

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

PTY - Political Party

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.				eriod C	ALIFO	SCHEDULE
					from	04/24/201	.6	FOR	M 400
SEE INSTRUC	TIONS ON REVERSE				thro	ugh 05/21/201	_6 Р	age8	3 of18
NAME OF FILE							1.0	D. NUMBE	:R
Save Publi	c Parking, No on H; Yes on I						1	384493	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULATIVE DATE CALENDAR Y (JAN 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
05/19/2016	Bill Brough State Assembly 2016 (ID#	□IND ICOM □OTH □PTY □SCC		Printing & Por Costs	stage	2,985.43	3,1	35.43	
05/21/2016	Bill Brough State Assembly 2016 (ID#	□IND ICOM □OTH □PTY □SCC		Automated Cal	ls	150.00	3,1	35.43	
05/21/2016	Mike Powers	⊠IND □COM □OTH □PTY □SCC		Campaign Walk Costs	er	350.00	3	50.00	
		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labe	led continuati	ion sheets.	SUBTO	STAL \$	3,485.43			
Schodul	e C Summary						(+0 .::		
Schean	c o oummary						*Contribu	itor Cod	es

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$ _ 3,485.43

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

3. Total nonmonetary contributions received this period. 3,485.43 IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

			SCHEDULE
Schedule E	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from04/24/2016	FORM TOU
EE INSTRUCTIONS ON REVERSE		through05/21/2016	Page9 of18
AME OF FILER			I.D. NUMBER
ave Public Parking, No on H; Yes on I			1384493

NAME OF FILER						I.D. NUMB	ER
Save Public Parking, No on H; Yes on I						1384493	
CNS campaign consultants CTB contribution (explain nonmonetary)* CTC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* MTG meeting office of office of petition PET petition PHO phone I POL polling POS postage	r communications us and appearance expenses circulating panks and survey resear e, delivery and me ional services (leg	s ch ssenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and returned contrib campaign worke t.v. or cable airti candidate travel, staff/spouse trav	d production co- utions ers' salaries me and produc , lodging, and m vel, lodging, and n committees on	tion costs neals d meals f the same	e candidate/sponsor nail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR	DESCRIPTION	N OF PAYMENT			AMOUNT PAID
Campaign Compliance Group	OFC		<u></u>				50.00
Campaign LA	CMP						435.00
Law Office of Chad D. Morgan	PRO						3,500.00
Payments that are contributions or independent expenditures must also be s	ummarized on S	chedule D.			SUB1	OTAL\$	3,985.00
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E subtotals.)						\$	24,655.28
2. Unitemized payments made this period of under \$100						\$	91.82
3. Total interest paid this period on loans. (Enter amount from Schedule B, F	Part 1, Column	(e).)				\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and	on the Summa	y Page, Colum	n A, Line 6.)	TOTA	L \$	24,747.10

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

OOHEDOLE E (OOM).
CALIFORNIA 460
FORM TOO
Page10 of18
I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Bieber Communications

1384493 Save Public Parking, No on H; Yes on I 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 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 candidate filing/ballot fees РНО candidate travel, lodging, and meals phone banks fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor legal defense professional services (legal, accounting) VOT voter registration LEG LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Jennifer Beall CNS 5,000.00

Campaign Compliance Group	PRO	600.00
Bieber Communications	LIT	1,643.60
COGS South Signs	CMP	1,366.20

LIT

SUBTOTAL \$

15,629.40

7,019.60

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

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
m 04/24/2016	FORM 400

to whole dollars. through ___05/21/2016 Page ____11___ of ___18__ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Save Public Parking, No on H; Yes on I 1384493 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 RFD returned contributions CNS campaign consultants MTG meetings and appearances 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 candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals FIL PHO polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events POL independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) COGS South Signs CMP 636.22 Budget Watchdogs (ID# 1345115) LIT Slate Card 1,107.00 California Voter Guide (ID# 595004) LIT Slate Card 496.00 Campaign Compliance Group PRO 600.00 Campaign LA CMP 585.00

SUBTOTAL \$

3,424.22

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

Schedule E
(Continuation Sheet)
Payments Made

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
04/24/2016	FORM TOO

(Continuation Sneet) Payments Made	Amounts may be to whole do			from04.	/24/2016	FOR	460
SEE INSTRUCTIONS ON REVERSE				through05.	/21/2016		12 of <u>18</u>
NAME OF FILER Save Public Parking, No on H; Yes on I						I.D. NUMBE 1384493	R
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses ating survey resea very and me	es	RAD radio air RFD returned SAL campaig TEL t.v. or ca TRC candidat TRS staff/spo TSF transfer VOT voter reg	ime and production contributions noworkers' salarie ble airtime and protection travel, lodging, a use travel, lodging between committed	on costs s oduction costs and meals g, and meals bes of the sam	e candidate/sponsor mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYN	IENT		AMOUNT PAID
Brian Harrington		OFC					335.10
Political Data Inc		LIT					201.9
Jennifer Beall		СМР	Banner Ad		÷		129.60
Continuing the Republican Revolution (ID# 598041)		LIT	Slate Card				950.0

SUBTOTAL \$

1,616.66

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

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

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 04/24/2016 through $\frac{05/21/2016}{}$ Page 13 of 18

I.D. NUMBER

1384493

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Public Parking, No on H; Yes on I

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

CNS campaign consultants CTB contribution (explain nonmonetary)*

CVC civic donations

candidate filing/ballot fees FND fundraising events

independent expenditure supporting/opposing others (explain)* IND

LEG legal defense

campaign literature and mailings

meetings and appearances OFC office expenses

PET petition circulating

PHO phone banks polling and survey research

postage, delivery and messenger services POS PRO professional services (legal, accounting)

PRT print ads RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

· ·	•			• • • • • • • • • • • • • • • • • • • •	•
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
Bieber Communications	LIT	1,643.60	0.00	1,643.60	0.0
Law Office of Chad D. Morgan	PRO	3,500.00	0.00	3,500.00	0.0
COGS South Signs	CMP	1,366.20	0.00	1,366.20	0.0
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	6,509.80	0.00\$	6,509.80	0.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F. Column (b) subtotals for

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$ 9,031.02

May be a negative number

12,159.80

21,190.82

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

Amounts may be rounded to whole dollars.

 Statement covers period from _____04/24/2016

 through ____05/21/2016
 CALIFORNIA FORM
 4-60

 Page ____14 ___ of ___18
 I.D. NUMBER

1384493

NAME OF FILER

Save Public Parking, No on H; Yes on I

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

print ads

PRT

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 of MBR of

IND independent expenditure supporting/opposing others (explain)* LEG legal defense

LIT campaign literature and mailings

MBR member communications RAD radio airtime and production costs

MTG meetings and appearances RFD returned contributions
OFC office expenses SAL campaign workers' salaries
PET petition circulating TEL t.v. or cable airtime and production costs

petition circulating TEL t.v. or cable airtime and production cost phone banks TRC candidate travel, lodging, and meals polling and survey research TRS staff/spouse travel, lodging, and meals

postage, delivery and messenger services professional services (legal, accounting)

TSF transfer between committees of the same candidate/sponsor 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
Campaign Compliance Group	PRO	600.00	0.00	. 600.00	0.00
Jennifer Beall	CNS	5,000.00	0.00	5,000.00	0.00
Hart & Associates, LLC	CNS	0.00	5,000.00	0.00	5,000.00
COGS South Signs	CMP Outdoor Signs	0.00	136.40	0.00	136.40
	SUBTOTALS S	5,600.00	5,136.40	5,600.00	5,136.40

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

Amounts may be rounded to whole dollars.

 Statement covers period from _____04/24/2016

 through ____05/21/2016
 CALIFORNIA FORM
 4-60

 Page ____15 ___ of ___18
 I.D. NUMBER

NAME OF FILER

Save Public Parking, No on H; Yes on I

1384493

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 petition circulating PET 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 independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor IND POS postage, delivery and messenger services LEG legal defense professional services (legal, accounting) VOT voter registration print ads LIT campaign literature and mailings PRT 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
Impact Signage	CMP Sign Placement Services	0.00	300.00	0.00	300.00
Jennifer Beall	CNS	0.00	5,000.00	0.00	5,000.00
Political Data Inc	LIT	0.00	145.47	0.00	145.47
Bieber Communications	LIT	0.00	5,136.04	0.00	5,136.04
	SUBTOTALS :	\$ 0.00	10,581.51	0.00	\$ 10,581.51

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

Amounts may be rounded to whole dollars.

1384493

NAME OF FILER

Save Public Parking, No on H; Yes on I

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)

^{*} 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
Bieber Communications	LIT	0.00	5,472.91	0.00	5,472.91
	SUBTOTALS	\$ 0.00	5,472.91	\$ 0.00	5,472.91

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		nts may be rou whole dollars.	nded	from	Statement covers period 04/24/2016	CALIFOI FORI	
SEE INSTRUCTIONS ON REVERSE				thro	ugh 05/21/2016	Page1	7 of <u>18</u> _
NAME OF FILER						I.D. NUMBER	R
Save Public Parking, No on H; Yes on I						1384493	
NAME OF AGENT OR INDEPENDENT CONTRACTOR Jennifer Beall CODES: If one of the following codes accurately describe	es the payment	Voll may el	nter the code (Otherwise	describe the navmen		
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 LIT campaign literature and mailings	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	mmunications nd appearance enses culating ks survey researd	s ch ssenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and staff/spouse travel, lodging, transfer between committees voter registration information technology costs	costs uction costs meals and meals of the same	,
* Payments that are contributions or independent expenditures must als	so be summarized o	n Schedule D.					
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	DE	ESCRIPTION	OF PAYMENT		AMOUNT PAID
Brian Harrington		CNS					2,000.00

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	UK	DESCRIPTION OF PATMENT	AMOUNT PAID
Brian Harrington	CNS			2,000.0
Aaron Ohnemus	CNS			500.0

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

2,500.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G	
Payments Made b	y an Agent or Independent
Contractor (on Be	ehalf of This Committee)

Amounts may be rounded

		S	CHEDULE G
Stat	ement covers period	CALIFORNIA	460
rom	04/24/2016	FORM	460

to whole dollars.	from04/24/2016	FORM TOO
	through05/21/2016	Page18 of18
		I.D. NUMBER
		1384493
-	to whole dollars.	from

Bieber Communications

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
LΠ	campaign literature and mailings	PRT	print ads	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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JS Postmaster	POS		1,846.
S Postmaster	POS		1,154.
S Postmaster	POS		1,232.
tach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 4,233.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016)