Recipient Committee				COVER PAGE
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460 FORM
,	Statement covers period	Date of election if applicable:		1 - 1 16
	from05/22/2016	(Month, Day, Year)	CITY OF DANA PO	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2016		2016 JUL 22 P 3	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	RECEIVED CITY CLERK'S DEPAR	TMENT
<ul> <li>◯ State Candidate Election Committee</li> <li>◯ Recall</li> <li>(Also Complete Part 5)</li> <li>◯ General Purpose Committee</li> <li>◯ Sponsored</li> <li>◯ Small Contributor Committee</li> </ul>	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 T ☐ Amendment (Explain b	t	Quarterly Statement pecial Odd-Year Report upplemental Preelection tatement - Attach Form 495
3. Commutee miormation	D. NUMBER 1384493	Treasurer(s)	* * * * * * * * * * * * * * * * * * * *	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		-
Save Public Parking, No on H; Yes on I		Jen Slater		
		MAILING ADDRESS		1+ 4 = 5
STREET ADDRESS (NO P.O. BOX)	· · · · · · · · · · · · · · · · · · ·	CITY	STATE ZIF	P CODE AREA CODE/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	зох	MAILING ADDRESS	× 4	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIF	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification		1.7		
I have used all reasonable diligence in preparing and reviewin	g this statement and to the best of my kn	owledge the information contained he	rein and in the attached sch	edules is true and complete. I certify
under penalty of perjury under the laws of the State of Californi	a that the foregoing is true and correct.	\ C).		
Executed on	Ву	Signature of Treasurer or Assistant	Treasurer	
Executed onDate	BySignature of Co	ontrolling Officeholder, Candidate, State Measure Pro	oponent or Responsible Officer of Spons	sor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	
		5 5 Gardidato, C		EDDO E 400 (1 /0040)

			1112		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE 2015 TOWN CENTER INIT	FIATIVE		
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	N AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION			SUPPORT OPPOSE
		Н	Dana Point		OTTOOL
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP	Identify the controlling o	fficeholder, candidate,	or state measure p	roponent, if a
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PROPONENT	-	
Related Committees Not Included	in this Statement: List any committees				
	rolled by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO. II	ANY
COMMITTEE NAME	I.D. NUMBER				
		7 Primarily Formed Ca	ndidate/Officeholde	r Committee Lie	of names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Ca			
NAME OF TREASURER	CONTROLLED COMMITTEE?	officeholder(s) or candidate	e(s) for which this commit	tee is primarily form	
			e(s) for which this commit		ed.
COMMITTEE ADDRESS STREET ADDRI	YES NO	officeholder(s) or candidate	R CANDIDATE OFFICE	tee is primarily form	SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRI	YES NO	NAME OF OFFICEHOLDER OF	R CANDIDATE OFFICE R CANDIDATE OFFICE	SOUGHT OR HELD SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR
COMMITTEE ADDRESS STREET ADDRI	YES NO ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate  NAME OF OFFICEHOLDER OF	R CANDIDATE OFFICE R CANDIDATE OFFICE	sought or Held	SUPPOR SUPPOR OPPOSE SUPPOR SUPPOR
COMMITTEE ADDRESS STREET ADDRI	YES NO ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OF	R CANDIDATE OFFICE R CANDIDATE OFFICE R CANDIDATE OFFICE R CANDIDATE OFFICE	SOUGHT OR HELD  SOUGHT OR HELD  SOUGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE SUPPOR OPPOSE
COMMITTEE ADDRESS STREET ADDRI	TYES NO  ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER OF	R CANDIDATE OFFICE R CANDIDATE OFFICE R CANDIDATE OFFICE R CANDIDATE OFFICE	SOUGHT OR HELD SOUGHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR SUPPOR SUPPOR
CITY ST.  COMMITTEE NAME  NAME OF TREASURER	TYES NO  ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	R CANDIDATE OFFICE R CANDIDATE OFFICE R CANDIDATE OFFICE R CANDIDATE OFFICE	SOUGHT OR HELD  SOUGHT OR HELD  SOUGHT OR HELD	SUPPOR
COMMITTEE ADDRESS STREET ADDRI  CITY ST.  COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRI	TYES NO  ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER OF  NAME OF OFFICEHOLDER OF  NAME OF OFFICEHOLDER OF  NAME OF OFFICEHOLDER OF	R CANDIDATE OFFICE R CANDIDATE OFFICE R CANDIDATE OFFICE R CANDIDATE OFFICE	SOUGHT OR HELD  SOUGHT OR HELD  SOUGHT OR HELD  SOUGHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR

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

CALIFORNIA 460

Page \_\_\_\_3 \_\_ of \_\_\_16

NAME OF BALLOT MEASURE

2016 Town Center and Public Parking Improvement

BALLOT NO. OR LETTER

JURISDICTION Dana Point SUPPORT/OPPOSE Support

### **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

CALIFORNIA FORM Statement covers period 05/22/2016 from \_

**SUMMARY PAGE** 

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Public Parking, No on H; Yes on I

Page \_\_\_\_4 \_\_\_ of \_\_\_\_16 06/30/2016 through. I.D. NUMBER 1384493

Save Public Parking, No on H; Yes on 1					1384493
Contributions Received	(	Column A TOTALTHIS PERIOD FROM ATTACHED 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	\$	11,245.00	\$	40,844.00	
2. Loans Received Schedule B, Line 3		0.00		15,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	11,245.00	\$	55,844.00	20. Contributions  Received \$61,089.43 \$0.00
4. Nonmonetary Contributions Schedule C, Line 3		0.00		5,245.43	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	11,245.00	\$	61,089.43	Made \$ <u>62,722.09</u> \$ 0.00
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	27,129.56	\$	51,876.66	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
B. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	27,129.56	\$	51,876.66	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		-15,590.82		5,600.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		5,245.43	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	11,538.74	\$	62,722.09	/\$
Current Cash Statement					/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	19,851.90	То	calculate Column B, add	
13. Cash Receipts		11,245.00		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
5. Cash Payments Column A, Line 8 above		27,129.56		port. Some amounts in blumn A may be negative	
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	3,967.34	fig	ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is e first report being filed	
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for ca	r this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (if ny).	
18. Cash Equivalents See instructions on reverse					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	20,600.00			
			=		FPPC Form 460 (Jan/2

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

Schedule	Δ					SCHEDULE A	
	Ionetary Contributions Received		s may be rounded whole dollars.	Statement covers period from05/22/2016		CALIFORNIA 460	
SEE INSTRUCTIO	ONS ON REVERSE			through06/30/2	016	Page5 of16	
NAME OF FILER	NO ON NEVEROL				I.	D. NUMBER	
Save Public	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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAF (JAN. 1 - DEC. 31	TO DATE	
05/23/2016	GCRE Development Corporation	□IND □COM 図OTH □PTY □SCC		500.00	500	.00	
05/23/2016	Hennesseys Tavern, Inc	□IND □COM 図OTH □PTY □SCC		250.00	250	.00	
05/23/2016	Muller-Lighthouse, LLC	□IND □COM 図OTH □PTY □SCC		500.00	500	.00	
06/02/2016	Huff Meridian, LLC	□IND □COM ☑OTH □PTY □SCC		500.00	500	.00	
06/02/2016	Metro RCT, Inc	□IND □COM ※OTH □PTY □SCC		2,000.00	6,900	.00	
			SUBTOTAL\$	3,750.00			
1. Amount re (Include al	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)			10,750.00	IND – Ind COM – F	utor Codes lividual decipient Committee other than PTY or SCC) Other (e.g., business entity)	
	eceived this period – unitemized monetary contributions	s of less than \$	5100 \$	495.00	PTY-P	olitical Party	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$	11,245.00	SCC-S	mall Contributor Committee	

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole o		Statement covers period from05/22/2016		FORM 460	
				through 06/30/	2016	Page	6 of 16
NAME OF FILER						I.D. NUMB	ER
Save Public	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 Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
06/02/2016	P. I. & I.	□IND □COM 図OTH □PTY □SCC		3,000.00	3,0	000.00	
06/06/2016	M & A Gabaee, LP	□IND □COM 図OTH □PTY □SCC		1,500.00	1,5	500.00	
06/07/2016	Steven C. Kalb	⊠IND □COM □OTH □PTY □SCC	Executive Kalb Industries of Nevada, LTD	500.00	F	500.00	
06/07/2016	Sultana Investments LLC/Paul Hofer and Related Entities	□IND □COM ⊠OTH □PTY □SCC		2,000.00	11,5	000.00	
		□IND □COM □OTH □PTY □SCC					
			SUBTOTALS	7,000.00			

\*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

				_			SCHE	DULE B - PART		
Schedule B – Part 1	Amounts may be rounded				Statement cov	ers period	CALIFORNIA 460			
Loans Received		to whole dollar	le dollars. from05/22/2016					FORM 40U		
SEE INSTRUCTIONS ON REVERSE					through06/30	0/2016	Page7	of <u>16</u>		
NAME OF FILER	······································						I.D. NUMBER			
Save Public Parking, No on H; Yes on I						4	1384493			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION: TO DATE		
Dana Point Taxpayers Association (ID# 1380834)				☐ PAID	, , , , , , , , , , , , , , , , , , , ,			CALENDAR YEAR		
				\$ 0.0	0 8 5,000.00	0.00% %	\$ 5,000.00	\$ 15,000.00		
				FORGIVEN		RATE	\$	PER ELECTION*		
†□ IND ☑ COM □ OTH □ PTY □ SCC		\$5,000.00	\$	\$0.0	DATE DUE	\$0.00	DATE INCURRED	\$		
Dana Point Taxpavers Association (ID# 1380834)				PAID				CALENDAR YEAR		
				s 0.0	0   8 10,000.00	0.00% %	. 10 000 00	\$ 15,000.00		
				FORGIVEN	<u> </u>	RATE	\$ 10,000.00	PER ELECTION *		
								TERCECOTION		
†□ IND ☑ COM □ OTH □ PTY □ SCC		\$	\$0.00	\$	DATE DUE	\$	05/16/2016 DATE INCURRED	\$		
T□ IND ☑ COM □ OTH □ PTY □ SCC					DATE BOL		BATE INCOMINED			
				PAID				CALENDAR YEAR		
				\$	\$	% RATE	\$	\$		
				FORGIVEN		1002		PER ELECTION*		
•		\$	\$	\$		\$	- l	\$		
†□ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED			
		SUBTOTALS \$	0.00	\$ 0.	00\$ 15,000.00	\$ 0.00	0	100		
					***************************************	(Enter (e) on				
Schedule B Summary						Schedule E, Line 3)				
1. Loans received this period				\$	0.00					
(Total Column (b) plus unitemized loans	s of less than \$100.)					(†(	Contributor Codes			
2. Loans naid or forgiven this period				¢	0.00	i i	ID – Individual	***		
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100				Ф —	0.00	C	OM – Recipient Co (other than	ommittee PTY or SCC)		

\*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.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0.00 (May be a negative number)

FPPC Form 460 (Jan/2016)

PTY - Political Party

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

SCC - Small Contributor Committee

, a							SCHEDULE E		
Schedule E	Amounts may be rounded to whole dollars.			Statement covers period			CALIFORNIA 460		
Payments Made				from	05/22/2016	FOR	M 400		
SEE INSTRUCTIONS ON REVERSE				through _	06/30/2016	_   Page8	of16		
NAME OF FILER						I.D. NUME	BER		
Save Public Parking, No on H; Yes on I						1384493	3		
CODES: If one of the following codes accurately describe	s the payment, yo	ou may enter the	code. Otherwis	se, descrit	pe the payment.				
CMP campaign paraphernalia/misc.	MBR member com				airtime and production	n costs			
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings an OFC office exper				ied contributions aign workers' salaries	•			
CVC civic donations	PET petition circu			•	cable airtime and pro				
FIL candidate filing/ballot fees	PHO phone banks				date travel, lodging, ar				
FND fundraising events	. •	survey research			spouse travel, lodging, er between committee		o condidato/ononcor		
IND independent expenditure supporting/opposing others (explain)* LEG legal defense	•	livery and messenge services (legal, acc			registration	es of the same	e candidate/sponsor		
LIT campaign literature and mailings	PRT print ads				nation technology cost	s (internet, e-	mail)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCR	IPTION OF PA	YMENT		AMOUNT PAID		
Jennifer Beall		CNS					5,000.00		
Bieber Communications		LIT	C== 101				5,136.04		
Dishau Gamuninghi ang		LIT					5,472.91		
Bieber Communications							3,472.71		
					<u> </u>				
* Payments that are contributions or independent expenditures	must also be summ	arized on Schedu	le D.		SI	UBTOTAL\$	15,608.95		
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	27,129.56		
2. Unitemized payments made this period of under \$100						\$	0.00		
3 Total interest paid this period on loans. (Enter amount from	Schedule B. Part	1. Column (e)				\$	0.00		

27,129.56

Schedule	E	
(Continua	tion	Sheet)
Pavments	Mad	de

SCHEDULE	E (CONT.)
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Schedule E			3011LD0LL L (CON			
(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA Z	160		
Payments Made	to whole dollars.	from05/22/2016	FORM	FUU		
SEE INSTRUCTIONS ON REVERSE		through06/30/2016	Page9 of _	16		
NAME OF FILER		And the part of the control of the c	I.D. NUMBER			
Save Public Parking, No on H; Yes on I			1384493			
CODES: If one of the following codes accurate	ely describes the payment, you may enter the cod	e. Otherwise, describe the paymen	t.			
CMD campaign paraphernalia/misc	MPD member communications	PAD radio sirtime and production	n coete			

CMP CNS CTB CVC FIL FND IND LEG LIT	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	d appearance ses lating survey resear very and me	SAL campaign workers' salaries TEL t.v. or cable airtime and production co TRC candidate travel, lodging, and meals	ion costs eals meals the same candidate/sponsor	
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (	DR DESCRIPTION OF PAYMENT	AMOUNT PAID	
COGS	South Signs	СМР	Outdoor Signs	136.40	
Impa	ct Signage	СМР	Sign Placement Services	300.00	
Poli	tical Data Inc	LIT		145.47	
Fibe	rzwifi	WEB		159.98	
Bieb	er Communications	LIT		702.00	

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

1,443.85

SUBTOTAL \$

Schedule E
(Continuation Sheet)
Payments Made

S	С	Н	ΙE	D	L	IL	Ε	E	(	C	O	N	1	١

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from05/22/2016	FORM 400
SEE INSTRUCTIONS ON REVERSE		through 06/30/2016	Page 10 of 16
NAME OF FILER			I.D. NUMBER
Save Public Parking, No on H; Yes on I			1384493
CODES: If one of the following codes accurate	tely describes the payment, you may enter the code. Ot	herwise, describe the payment	

CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings		I appearanceses ating urvey resea very and me		RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime and production cost- returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and me staff/spouse travel, lodging, and transfer between committees of the voter registration information technology costs (inter-	n costs als meals the same cand	lidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	AMC	OUNT PAID
Campaign Compliance Group		PRO					600.00
Political Data Inc		LIT					153.20
Political Data Inc		LIT					213.69
Political Data Inc		РНО					147.15
American Express		POS					21.86
* Payments that are contributions or independent expenditures must als	so be summarized on	Schedule D		****	SUBTO	TAL \$	1,135.90

Schedule E
(Continuation Sheet)
Payments Made

SCHEDU	JLE E (C	ON 1.)

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from05/22/2016	FORM 400
SEE INSTRUCTIONS ON REVERSE		through 06/30/2016	Page11 of16
NAME OF FILER			I.D. NUMBER
Save Public Parking, No on H; Yes on I			1384493

IND independent expenditure supporting/opposing others (explain)* POS postage, deli	unications RAD radio airtime and production costs appearances RFD returned contributions as SAL campaign workers' salaries
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID
Jennifer Beall	CMP Vinyl Signs 113.7
Bieber Communications	LIT 6,321.6
Capitol Tech Solutions	OFC 105.5
Bill Ludwig Productions	TEL Video Production 1,500.0
Smokey's	MTG 6/5 Fire Truck Rental 900.0

SUBTOTAL \$

8,940.86

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

Amounts may be rounded to whole dollars.

**CALIFORNIA** Statement covers period **FORM** 05/22/2016 through \_\_06/30/2016 Page 12 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Save Public Parking, No on H; Yes on I

1384493

CO	DES: If one of the following codes accurately describe	s the	payment, you may	enter the code.	Otherwis	e, describe t	he payment.		
CMP	campaign paraphernalia/misc.	MBR	member communication	ns	RAD	radio airtime a	nd production costs		
CNS	campaign consultants	MTG	meetings and appearar	nces	RFD	returned contr	ibutions		
CTB	contribution (explain nonmonetary)*	OFC	office expenses		SAL	campaign wor	kers' salaries		
CVC	civic donations	PET	petition circulating		TEL	t.v. or cable air	rtime and production cos	ts	
FIL	candidate filing/ballot fees	PHO	phone banks		TRC	candidate trave	el, lodging, and meals		
FND	ND fundraising events		POL polling and survey research		TRS	TRS staff/spouse travel, lodging, and meals			
IND	independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		TSF	TSF transfer between committees of the same candidate/sponsor				
LEG	legal defense	PRO professional services (legal, accounting)		VOT	VOT voter registration				
LIT	campaign literature and mailings	PRT print ads		WEB	information tec	chnology costs (internet,	e-mail)		
	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	CODE OR SCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING		(b) JNT INCURRED HIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE	

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
Hart & Associates, LLC	CNS	5,000.00	0.00	0.00	5,000.00
COGS South Signs	CMP Outdoor Signs	136.40	0.00	136.40	0.00
Impact Signage	CMP Sign Placement Services	300.00	0.00	300.00	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 5,436.40	0.00\$	436.40	5,000.00

#### **Schedule F Summary**

<ol> <li>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.)</li></ol>	600.00
<ol> <li>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.)</li></ol>	16,190.82

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

#### 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,

COL	DES. If one of the following codes accurately describe	22 1116	payment, you may enter the code.	Official	s, 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)
_					

<sup>\*</sup> 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
Jennifer Beall	CNS	5,000.00	0.00	5,000.00	0.00
Political Data Inc	LIT	145.47	0.00	145.47	0.00
Bieber Communications	LIT	5,136.04	0.00	5,136.04	0.00
Bieber Communications	LIT	5,472.91	0.00	5,472.91	0.00
	SUBTOTALS	\$ 15,754.42	0.00	15,754.42	\$ 0.00

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

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 05/22/2016 from through 06/30/2016 Page 14 of 16 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.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	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

PRO professional services (legal, accounting) VOT voter registration PRT print ads WEB information technology costs (internet, e-mail)

campaign literature and mailings

<sup>\*</sup> 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	0.00	600.00	0.00	600.00
	SUBTOTALS	\$ 0.009	600.00	\$ 0.00 \$	600.00

Schedule G	ì
Payments I	Made by an Agent or Independent
Contractor	(on Behalf of This Committee)

Amounts may be rounded to whole dollars.

State	ement covers period	CALIFO
from	05/22/2016	FOR

CALIFORNIA	46	; A
FORM	40	JU

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

through \_\_\_06/30/2016

Page 15 of 16 I.D. NUMBER

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 describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants

CTB contribution (explain nonmonetary)\* CVC civic donations

candidate filing/ballot fees

FND fundraising events independent expenditure supporting/opposing others (explain)\* IND

LEG legal defense

campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses petition circulating PET

PHO phone banks POL.

polling and survey research postage, delivery and messenger services

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)

<sup>\*</sup> 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	AN	IOUNT PAID
Spectrum Signs	CMP	Vinyl Signs		113.70
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$	113.70

\* 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 by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

State	ement covers period	CALI
from	05/22/2016	F

06/30/2016 through.

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I.D. NUMBER

1384493

Save Public Parking, No on H; Yes on I NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bieber Communications

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. CNS campaign consultants CTB contribution (explain nonmonetary)\* CVC civic donations candidate filing/ballot fees FND fundraising events POL independent expenditure supporting/opposing others (explain)\* IND

LEG legal defense

campaign literature and mailings

member communications

MTG meetings and appearances OFC office expenses

petition circulating PET РНО phone banks

polling and survey research postage, delivery and messenger services POS 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)

<sup>\*</sup> 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		1,536.9

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

1,536.92

<sup>\*</sup> 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.