Recipient Committee Campaign Statement Cover Page

Campaign Statement Cover Page			Date Stamp	20	FORNIA 460 01/02
	Statement covers period	Date of election if applicable:	2020 AUG -5	10 754 9 8	ORM
	from 2/16/2020	(Month, Day, Year)	CITY OF Mean	Page	1 of 21 For Official Use Only
OFF MOTOURTOUS OU DE /FDOF			GITY CLEMES	Ur FIGE	
SEE INSTRUCTIONS ON REVERSE	through 6/30/2020		8		
1. Type of Recipient Committee: All Committees- Comp	lete Parts 1, 2, 3, and 4.	2. Type of Staten	nent:		
Officeholder, Candidate Controlled Committee	rily Formed Ballot Measure	Preelection Statem	ent	Quarterly Sta	tement
	mittee	Semi-annual State		Special Odd-	
Recall	ontrolled	Termination Staten			
	oonsored	(Also file a Form 410 T			
_	Complete Part 6)	Amendment (Expla	in below)		
Company interpretation and approximately approximately and a second approximately a second approximately and a second approximately a second approximately and a second approximately a second	rily Formed Candidate/				
	eholder Committee				
	Complete Part 7)				
3. Committee Information 1424	MBER 529	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Public Safety Committee for Yes on Measure WC,	sponsored by	Ryan Schwartz			
Public Safety Organizations		MAILING ADDRESS	C+ Cuite 401	= 0	
		777 S. Figueroa	APTER APTER APPEAR OF THE PERSON		AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)		Los Angeles			213) 452-6565
777 S. Figueroa St., Suite 4050 CITY STATE ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREAS	SURER, IF ANY	,	
Los Angeles CA 90017	(213) 452-6565				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	(220) 102 0000	MAILING ADDRESS			
CITY STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE Z	P CODE A	REA CODE/PHONE
		DELEGRADO LORGERADOS FULBISA	carusi		
OPTIONAL: FAX/E-MAIL ADDRESS jguard@kaufmanlegalgroup.com		OPTIONAL: FAX/E-MAIL ADDR	RESS		
4. Verification I have used all reasonable diligence in preparing and revunder penalty of perjury under the laws of the State of Ca			ntained herein and in the	attached schedules is	true and complete. I certify
Executed on 08-24-2020	By	13/16/10/09/			
DATE Executed on	Ву	SIGNATURE C	AND CONTRACTOR OF THE CONTRACT		
DATE		CEHOLDER, CANDIDATE, STATE MEASURE F	PROPONENT, OR RESPONSIBLE	OFFICER OF PROPONENT	
Executed onDATE	BySIGNATURE OF	CONTROLLING OFFICEHOLDER, CANDIDAT	E OP STATE VENEURE DECOM	MENT	FPPC Advice: advice@fppc.ca.gov
Executed on	By	CONTROLLING OFFICEROLDER, CANDIDA!	E, ON STATE MEASURE PROPO	NEN!	(866/275-3772)
DATE		CONTROLLING OFFICEHOLDER, CANDIDAT	E, OR STATE MEASURE PROPO	NENT	www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page-Part 2

			E-PART
CALIF FO	ORN RM	IA Z	160
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Officeholder or Candidate Controlle	ed Committee	6.Primarily Formed Ba	llot Measure Co	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE			W-W	
		Proposed Transaction	ns (Sales) and I	Land Use T	ax
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
		WC	City of West C		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	Identify the controlling office	holder, candidate, or s	tate measure p	proponent, if any.
		NAME OF OFFICEHLOLDER, CANDI	DATE, OR PROPONENT		
Related Committees Not Included in this States not included in this statement that are controlled by you or are contributions or make expenditures on behalf of your candidates.	primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER	Primarily Formed Cand officeholder(s) or candidate(s) for which			tee List names of
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CAND	IDATE OFFICE SOU	IGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				OPPOSE
CITY STATE ZIF	CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CAND	IDATE OFFICE SOU	IGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CAND	IDATE OFFICE SOL	IGHT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?				OPPOSE
OCHUNTEE ADDRESS AND DESCRIPTION AND DESCRIPTI	YES NO	NAME OF OFFICEHOLDER OR CAND	IDATE OFFICE SOL	IGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	ROX)				OPPOSE
CITY STATE ZIF	CODE AREA CODE/PHONE	Attach co	ontinuation sheets if ne	ecessary	

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

Campaign Disclosure Statement Summary Page

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE
Statement covers period CALIFORNIA 400

CALIFORNIA 460

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from 2/16/2020 through 6/30/2020 FORM Page 3

Contributions Received	Column A Total This 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	\$20,000.00	\$80,000.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	\$0.00	\$0.00	20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$20,000.00	\$80,000.00	Received
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$20,000.00	\$80,000.00	Made
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$39,568.34	\$76,404.56	Candidates
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulative Expenditures Made *
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$39,568.34	\$76,404.56	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-\$2,500.00	\$0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	(mm/dd/yyyy)
11. TOTAL EXPENDITURES MADE Add Lines 8 +9 + 10	\$37,068.34	\$76,404.56	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$23,163.78	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	\$20,000.00	amounts in Column A to the corresponding amounts from	
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$3,210.00	Column B of your last report. Some amounts in Column A	
15. Cash Payments Column A, Line 8 above	\$39,568.34	may be negative figures that should be subtracted from	*Amounts in this section may be different from amount
16. ENDING CASH BALANCEAdd Lines 12+13+14, then subtract Line 15	\$6,805.44	previous period amounts. If	reported in schedule B.
If this is a termination statement, Line 16 must be zero.		this is the first report being filed for this calendar year, only carry over the amounts	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	from Lines 2, 7, and 9 (if any).	
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents See instructions on reverse	\$0.00		
19. Outstanding Debts Add Line 2+Line 9 in Column B above			FPPC Form 460 (Jan/201
	4 		FPPC Advice: advice@fppc.ca.gov (866/275-377 www.fppc.ca.g

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Schedule	Α	
Monetary	Contributions	Received

. Amounts may be rounded to whole dollars.

Statement covers period from 2/16/2020

through

6/30/2020

CALIFORNIA FORM
Page 4 of 21

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

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	LACA SA	PER ELECTION TO DATE (IF REQUIRED)
03/02/2020	West Covina Police Officers Association PAC PO Box 236 West Covina, CA 91793-0236 ID: 1280884	☐IND ☑COM ☐OTH ☐PTY ☐SCC	н	\$20,000.00	\$40,000.00	

SUBTOTAL	\$20,000.00	
Schedule A Summary		*Contributor Codes
Amount received this period -itemized monetary contributions.		IND- Individual
(Include all Schedule A subtotals.)	\$20,000.00	COM- Recipient Committee (other than PTY or SCC)
2. Amount received this period -unitemized monetary contributions of less than \$100	\$0.00	OTH- Other (e.g., business entity) PTY- Political Party
3. Total monetary contributions received this period.		SCC- Small Contributor Committee
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)	\$20,000.00	FPPC Form 460 (Jan/20

Statement covers period 2/16/2020 6/30/2020

through

CALIFORNIA 460 **FORM** Page 5 21

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

ALERSON STREET, CARSON DEVE	cy committeed for res on neas					1121323	
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 OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/19/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	□IND □ COM ☑ OTH □ PTY □ SCC		Memo: \$503.50 Legal and Treasury Fees Paid by Sponsor	\$0.00	\$40,000.00	
02/19/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Memo: \$0.10 Legal and Treasury Expenses Paid by Sponsor	\$0.00	\$40,000.00	
02/19/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	☐IND ☐COM ☑OTH ☐PTY ☐SCC		Memo: \$0.10 Legal and Treasury Expenses Paid by Sponsor	\$0.00	\$40,000.00	

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL	\$0.00	
Schedule C Summary			*Contributor Codes
 Amount received this period -itemized nonmonetary contributions. 			IND- Individual COM- Recipient Committee
(Include all Schedule C subtotals.)		\$0.00	(other than PTY or SCC)
2. Amount received this period -unitemized nonmonetary contributions of less than \$100		\$0.00	OTH- Other (e.g., business entity) PTY- Political Party
3. Total nonmonetary contributions received this period.			SCC- Small Contributor Committee
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)	TOTAL	\$0.00 FPPC	FPPC Form 460 (Jan/2016) Advice: advice@fppc.ca.gov (866/275-3772)

2/16/2020 6/30/2020

through

Statement covers period

CALIFORNIA 460 FORM Page 6 21

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

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 OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/19/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	☐IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Memo: \$187.50 Legal and Treasury Fees Paid by Sponsor	\$0.00	\$40,000.00	
02/19/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	IND COM OTH PTY SCC		Memo: \$1246.50 Legal and Treasury Fees Paid by Sponsor	\$0.00	\$40,000.00	
02/19/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Memo: \$15.80 Legal and Treasury Expenses Paid by Sponsor	\$0.00	\$40,000.00	

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL	\$0.00	
Schedule C Summary 1. Amount received this period -itemized nonmonetary contributions. (Include all Schedule C subtotals.)	4	\$0.00	*Contributor Codes IND- Individual COM- Recipient Committee (other than PTY or SCC) OTH- Other (e.g., business entity) PTY- Political Party
Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)	TOTAL	\$0.00 FPPC	SCC- Small Contributor Committee FPPC Form 460 (Jan/2016) Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Statement covers period

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NAME OF FILER

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

				55			
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 OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/18/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	☐IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Memo: \$243.51 Legal and Treasury Expenses Paid by Sponsor	\$0.00	\$40,000.00	
03/18/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	□IND □COM ☑OTH □PTY □SCC		Memo: \$2414.50 Legal and Treasury Fees Paid by Sponsor	\$0.00	\$40,000.00	
04/30/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Memo: \$839.50 Legal and Treasury Fees Paid by Sponsor	\$0.00	\$40,000.00	

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL	\$0.00	
Schedule C Summary			*Contributor Codes
Amount received this period -itemized nonmonetary contributions. (Include all Schedule C subtotals.)		\$0.00	IND- Individual COM- Recipient Committee (other than PTY or SCC)
 Amount received this period -unitemized nonmonetary contributions of less than \$100 Total nonmonetary contributions received this period. 		\$0.00	OTH- Other (e.g., business entity) PTY- Political Party SCC- Small Contributor Committee
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)	TOTAL	\$0.00 FPPC	FPPC Form 460 (Jan/2016) Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

from 2/16/2020

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Statement covers period

6/30/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

						110101			
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 OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
04/30/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	☐IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Memo: \$157.57 Legal and Treasury Expenses Paid by Sponsor	\$0.00	\$40,000.00			
06/01/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Memo: \$346.00 Legal and Treasury Fees Paid by Sponsor	\$0.00	\$40,000.00			
06/01/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	☐IND ☐COM ☑OTH ☐PTY ☐SCC		Memo: \$152.69 Legal and Treasury Expenses Paid by Sponsor	\$0.00	\$40,000.00	4		

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL	\$0.00	
Schedule C Summary 1. Amount received this period -itemized nonmonetary contributions. (Include all Schedule C subtotals.)		\$0.00 \$0.00	*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
Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)	TOTAL	\$0.00 FPPC	FPPC Form 460 (Jan/2016) Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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through

Statement covers period

CALIFORNIA 460 FORM Page 21

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

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 OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/29/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	□IND □COM ☑OTH □PTY □SCC		Memo: \$100.00 Legal and Treasury Expenses Paid by Sponsor	\$0.00	\$40,000.00	
06/29/2020	West Covina Firefighters Association Local 3226 137 Herondo St Hermosa Beach, CA 90254-5153	☐IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Memo: \$195.00 Legal and Treasury Fees Paid by Sponsor	\$0.00	\$40,000.00	

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL	\$0.00	
Schedule C Summary 1. Amount received this period -itemized nonmonetary contributions. (Include all Schedule C subtotals.)		\$0.00 \$0.00	*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
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)	TOTAL	\$0.00 FPPC	FPPC Form 460 (Jan/2016) Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E Payments Made

 Amounts may be rounded to whole dollars. SCHEDULE E

 from
 2/16/2020

 through
 6/30/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

I.D. NUMBER 1424529

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 TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (Internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Citizen Text PHO \$800.00 Tustin, CA 92782-0901 John Edmond WEB \$3,529.34 Long Beach, CA 90802-4718 John Edmond WEB \$348.00 Long Beach, CA 90802-4716 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$4,677.34 Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)...... \$39,568.34 \$0.00 2. Unitemized payments made this period of under \$100. \$0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).). \$39,568.34

Schedule E **Payments Made**

. Amounts may be rounded

to whole dollars. Statement covers period

> 2/16/2020 6/30/2020 through

CALIFORNIA **FORM**

SCHEDULE E

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I.D. NUMBER 1424529

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (Internet, e-mail)

Li Campaign literature and mailings	FIXT PHILLEUS	AACD	information technology costs (internet, a	e-man)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION	OF PAYMENT	AMOUNT PAID
John Ek Pasadena, CA 91103-1133	WEB			\$500.00
John Ek Pasadena, CA 91103-1133	PHO			\$1,910.00
John Ek Pasadena, CA 91103-1133	WEB			\$2,500.00
* Payments that are contributions or independent expend	itures must also be summarized on Sched	ule D.	SUBTOTAL	\$4,910.00
Schedule E Summary			And the second second	
1. Itemized payments made this period. (Include all Sch	edule E subtotals.)			\$39,568.34
2. Unitemized payments made this period of under \$100				\$0.00
3. Total interest paid this period on loans. (Enter amoun	t from Schedule B, Part 1, Column (e).)			\$0.00
4. Total payments made this period. (Add Lines 1, 2, and	d 3. Enter here and on the Summary Page	e, Column A, Line 6.)	TOTAL	\$39,568.34
			505	C Farm 400 / lan/2040)

. Amount to w

. Amounts may be rounded to whole dollars.

SCHEDULE E

 from _____ 2/16/2020 through ____ 6/30/2020
 CALIFORNIA FORM FORM Page _____ 12 ___ of ____ 21 ____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Schedule E

Payments Made

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees

FND fundraising events IND independent expenditure

LEG legal defense

LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses

PET petition circulating
PHO phone banks

POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions
SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

 ${\sf TSF} \ \ {\sf transfer} \ {\sf between} \ {\sf committees} \ {\sf of} \ {\sf the} \ {\sf same} \ {\sf candidate/sponsor}$

VOT voter registration

WEB information technology costs (Internet, e-mail)

LIT campaign literature and mailings	PRI print ads		WEB	information technology costs (Internet,	, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DESCRIPTION	OF PAYMENT	AMOUNT PAID
Firefighters Print & Design 1780 Creekside Oaks Dr Sacramento, CA 95833-3633		LIT			\$5,202.13
Firefighters Print & Design 1760 Creekside Caks Dr Sacramento, CA 95833-3633		POS			\$4,164.00
Firefighters Print & Design 1780 Creekside Caks Dr Sacramento, CA 95833-3633		POS			\$3,540.00
Payments that are contributions or independent expe	nditures must also be summariz	zed on Schedul	e D.	SUBTOTAL	\$12,906.13
Schedule E Summary					
1. Itemized payments made this period. (Include all So	chedule E subtotals.)				\$39,568.34
2. Unitemized payments made this period of under \$1	00				\$0.00
3. Total interest paid this period on loans. (Enter amou	int from Schedule B, Part 1, Co	olumn (e).)			\$0.00
I. Total payments made this period. (Add Lines 1, 2, a	and 3. Enter here and on the S	ummary Page,	Column A, Line 6.)	TOTAL	\$39,568.34

Schedule E

. Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period CALIFORNIA **Payments Made FORM** 2/16/2020 Page 13 6/30/2020 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations 1424529

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

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (Internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Firefighters Print & Design 1780 Creekside Caks Dr LIT \$3,381.85 Sacramento, CA 95833-3633 Firefighters Print & Design 1780 Creekside Caks Dr CMP \$2,149.32 Sacramento, CA 95833-3633 Firefighters Print & Design 1780 Creekside Caks Dr POS \$3,401.66 Sacramento, CA 95833-3633 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$8,932.83 Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$39,568.34 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

\$39,568.34

. Amounts may be rounded to whole dollars.

ollars. Statement covers period

from 2/16/2020 through 6/30/2020 CALIFORNIA 460
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SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Schedule E

Payments Made

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

I.D. NUMBER 1424529

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (Internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Firefighters Print & Design 1780 Creekside Caks Dr \$4,517.27 LIT Sacramento, CA 95833-3633 Firefighters Print & Design WEB 1780 Creekside Caks Dr \$96.00 Sacramento, CA 95833-3633 Firefighters Print & Design \$1,123.27 1780 Creekside Oaks Dr LIT Sacramento, CA 95833-3633 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$5,736.54 Schedule E Summary \$39,568.34 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 \$39,568.34

to whole dollars.

. Amounts may be rounded

SCHEDULE E

Statement covers period CALIFORNIA 2/16/2020 Page 15 21 6/30/2020 through I.D. NUMBER 1424529

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Schedule E

Payments Made

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

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

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations

FIL candidate filing/ballot fees FND fundraising events

IND independent expenditure LEG legal defense

MBR member communications

MTG meetings and appearances

OFC office expenses PET petition circulating PHO phone banks

POL polling and survey research

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

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

LIT campaign literature and mailings				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	8	CODE O	DESCRIPTION OF PAYMENT	AMOUNT PAID
Firestar Studios 1760 Creekside Caks Dr Sacramento, CA 95833-3633	WE.	B		\$1,042.50
Firestar Studios 1760 Creekside Caks Dr Sacramento, CA 95833-3633	WE	B		\$580.00
Political Data, Inc. 12501 Imperial Hwy Ste 200 Norwalk, CA 90650-8352			Voter Data	\$156.49
* Payments that are contributions or independent expen	ditures must also be summarized o	on Schedule	D. SUBTOTAL	\$1,778.99
Schedule E Summary				
-	nedule E subtotals.)			\$39,568.34
2. Unitemized payments made this period of under \$10	0			\$0.00
				\$0.00
4. Total payments made this period. (Add Lines 1, 2, ar	nd 3. Enter here and on the Summ	nary Page, (Column A, Line 6.)TOTAL	\$39,568.34
				DDC Form 460 (lan/2016)

Schedule E **Payments Made**

. Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period CALIFORNIA **FORM** 2/16/2020 Page 16 of 21 6/30/2020 through I.D. NUMBER 1424529

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure

LEG legal defense

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

LIT campaign literature and mailings	rature and mailings PRT print ads WEB information technology			net, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data, Inc. 12501 Imperial Hwy Ste 200 Norwalk, CA 90650-8352		Voter Data		\$158.73
Political Data, Inc. 12501 Imperial Hwy Ste 200 Norwalk, CA 90650-8352		Voter Data		\$158.73
Political Data, Inc. 12501 Imperial Hwy Ste 200 Norwalk, CA 90650-8352		Voter Data		\$23.93
* Payments that are contributions or independent expend	ditures must also be summarized on Sc	hedule D.	SUBTOTAL	\$341.39
Schedule E Summary				+
Itemized payments made this period. (Include all Sch	nedule E subtotals.)			\$39,568.34
2. Unitemized payments made this period of under \$10	0			\$0.00
3. Total interest paid this period on loans. (Enter amour				\$0.00
4. Total payments made this period. (Add Lines 1, 2, ar	nd 3. Enter here and on the Summary F	Page, Column A, Line 6.)	TOTAL	\$39,568.34
				EDBC Form 460 (Inn/2016)

www.fppc.ca.gov

Schedule E Payments Made

 Amounts may be rounded to whole dollars.

SCHEDULE E

	Statement covers period		CALIFORNIA FORM			
from through	6/30/2020	Page	17	of	21	
		I.D. NUMB				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events IND independent expenditure

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) Political Data, Inc. 12501 Imperial Hwy Ste 200 Norwalk, CA 90650-8352		Voter Data		\$145.00
Ryan Schwartz La Habra, CA 90631-6985	POS			\$140.12

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTO	TAL	\$285.12
Schedule E Summary		
Itemized payments made this period. (Include all Schedule E subtotals.)		\$39,568.34
2. Unitermized payments made this period of under \$100		\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)		\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)		\$39,568.34

Schedule F Accrued Expenses (Unpaid Bills)

 Amounts may be rounded to whole dollars.

Statement covers period

through

2/16/2020

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SCHEDULE F

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FPPC Form 460 (Jan/2016)

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

I.D. NUMBER 1424529

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

OL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (Internet, e-mail)

cit ballipaigh heratare and mailings	r Kr pilitada	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	
John Ek Pasadena, CA 91103-1133	WEB	\$2,500.00	\$0.00	\$2,500.00	\$0.00	

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$2,500.00	\$0.00	\$2,500.00	\$0.00
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedul accrued expenses of \$100 or more, plus total unitemized payments	The state of the s	00.)	INCUF	RED TOTALS	\$0.00
Total accrued expenses paid this period. (Include all Schedule F, accrued expenses of \$100 or more, plus total unitemized payments				PAID TOTALS	\$2,500.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the di and on the Summary Page, Column A, Line 9.)				NET	(\$2,500.00) (May be a negative number)

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

NAME OF AGENT OR INDEPENDENT CONTRACTOR Firefighters Print & Design

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

Statement covers period

through

2/16/2020

6/30/2020

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

CALIFORNIA

FORM

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Page

I.D. NUMBER

1424529

VOT voter registration

WEB information technology costs (Internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OF	R DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service 750 W 7th St Ste 201 Los Angeles, CA 90017-3710	POS		\$4,164.00
United States Postal Service 750 W 7th St Ste 201 Los Angeles, CA 90017-3710	POS		\$3,540.00
United States Postal Service 750 W 7th St Ste 201 Los Angeles, CA 90017-3710	POS		\$3,401.66
Attach additional information on appropriately labeled continuation sheets.	1	TOTAL*	\$11,105.66

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

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

2/16/2020

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6/30/2020 through

Statement covers period

I.D. NUMBER 1424529

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Public Safety Committee for Yes on Measure WC, sponsored by Public Safety Organizations

NAME OF AGENT OR INDEPENDENT CONTRACTOR

John Edmond

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (Internet, e-mail)

*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
Facebook Menlo Park, CA 94025-1452	WEB		\$3,529.34
Attach additional information on appropriately labeled continuation sheets.		TOTAL*	\$3,529.34

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

Schedule I Miscellaneous Increases to Cash

 Amounts may be rounded to whole dollars.

SCHEDULE I

	Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE NAME OF FILER		from 2/16/2020 through 6/30/2020	FORM Page 21 of	460
Public Safe	ty Committee for Yes on Measure WC, sponsored by Public	Safety Organizations		1424529	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION	AMOUNT OF INCREASE TO CASH		
02/27/2020	Citizen Text 266 Robinson Dr Tustin, CA 92782-0901	Check Not Negotiate	d	\$	800.00
02/27/2020	John Ek Pasadena, CA 91103-1133	Check Not Negotiate	d	s	500.00
02/27/2020	John Ek Pasadena, CA 91103-1133	Check Not Negotiate	d	\$1,	910.00

Attach additional information on appropriately labeled continuation sheets.	\$3,210.00
Schedule I Summary	
1. Itemized increases to cash this period.	\$3,210.00
2. Unitemized increases to cash of under \$100 this period	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	\$3,210.00