Campaign Statement CALIFORNIA 460 Cover Page 2001/02 FORM Onte of election if applicable: AUG -3 PM 2: 41 Statement covers period Page 1 CAMPAIGN FINANCE from 01/01/2021 For Official Use Only G10107 SEE INSTRUCTIONS ON REVERSE through 06/30/2021 1. Type of Recipient Committee: All Committees- Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement Committee State Candidate Election Committee ✓ Semi-annual Statement Special Odd-Year Report Recall Controlled Termination Statement (Also Complete Part 5) (Also file a Form 410 Termination) Sponsored Amendment (Explain below) (Also Complete Part 6) ✓ General Purpose Committee ✓ Sponsored Primarily Formed Candidate/ Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1288733 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Working Californians, Sponsored by International Brotherhood of Brian D'Arcy Electrical Workers Local Union 18 MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE STATE STREET ADDRESS (NO P.O. BOX) Los Angeles CA 90004 (213) 452-6565 NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE AREA CODE/PHONE (213) 452-6565 Los Angeles CA 90017 MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY AREA CODE/PHONE ZIP CODE CITY AREA CODE/PHONE STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS jquard@kaufmanlegalgroup.com I have used all reasonable diligence in preparing and reviewing this statement and to the best of my kn nedules is true and complete. I certify 4. Verification under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT FPPC Form 460 (Jan/2016) FPPC Advice: Executed on advice@fppc.ca.gov DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT (866/275-3772)

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Recipient Committee

Executed on

DATE

www.fppc.ca.gov

## Recipient Committee Campaign Statement Cover Page-Part 2

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Page	2	of	6	

Officeholder or Candidate Contro	olled Committee	6.Primarily Formed Ba	allot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the controlling office	eholder, candidate, or state measure	e proponent, if any
		NAME OF OFFICEHLOLDER, CAND	DIDATE, OR PROPONENT	
Related Committees Not Included in this Sta not included in this statement that are controlled by you o contributions or make expenditures on behalf of your cane	r are primarily formed to receive	OFFICE SOUGHT OR HELD	DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER	7. Primarily Formed Can officeholder(s) or candidate(s) for which	didate/Officeholder Common this committee is primarily formed.	nittee List names of
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO	CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER OR CANI	OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CAN	DIDATE OFFICE SOUGHT OR HELD	OPPOSE
				OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CAN	DIDATE OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER OR CAN	DIDATE OFFICE SOUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)			OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE	Attach	continuation sheets if necessary	

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period CALIFORNIA **FORM** 1/1/2021 Page 3 of 6 6/30/2021 I.D. NUMBER 1288733

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Working Californians, Sponsored by International Brotherhood of Electrical Workers Local Union 18

Contributions Received	Total This Period CALEND	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	\$50,000.00	\$50,000.00	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	\$50,000.00	\$50,000.00	Received
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$50,000.00	\$50,000.00	Made
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$7,459.02	\$7,459.02	Candidates
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulative Expenditures Made *
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$7,459.02	\$7,459.02	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$1,801.80	\$1,801.80	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	\$9,260.82	\$9,260.82	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$92,120.67	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	\$50,000.00	amounts in Column A to the corresponding amounts from	27 - 67
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	Column B of your last report. Some amounts in Column A	
15. Cash Payments Column A, Line 8 above	\$7,459.02	may be negative figures that should be subtracted from	*Amounts in this section may be different from amounts
16. ENDING CASH BALANCEAdd Lines 12+13+14, then subtract Line 15	\$134,661.65	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	3.2		
18. Cash Equivalents See instructions on reverse	\$0.00		
19. Outstanding Debts Add Line 2+Line 9 in Column B above	\$1,801.80		FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

Schedule	Α	
Monetary	Contributions	Received

. Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period 1/1/2021 6/30/2021

through

**CALIFORNIA FORM** 4 of Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Californians, Sponsored by International Brotherhood of Electrical Workers Local Union 18

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
05/04/2021	Local 18 Water & Power Defense League (IBEW)  Los Angeles, CA 90004-4340  ID: 744817	☐IND ☐COM ☐OTH ☐PTY		\$50,000.00	\$50,000.00	

SUBT	OTAL	\$50,000.00	_
Schedule A Summary			*Contributor Codes
Amount received this period -itemized monetary contributions.			IND- Individual
(Include all Schedule A subtotals.)		\$50,000.00	COM- Recipient Committee (other than PTY or SCC)
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.)	AL	\$50,000.00	FPPC Form 460 (Jan/2010 FPPC Advice: advice@fppc.ca.gov (866/275-377:

## Schedule E Payments Made

. Amounts may be rounded to whole dollars.

SCHEDULE E

Stater	ment covers period	CALIFORNIA FORM		460	
from through	1/1/2021 6/30/2021	Page	5	of —	6
		I.D. NUMB			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Californians, Sponsored by International Brotherhood of Electrical Workers Local Union 18

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)

at a sampagnia and manage				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO		\$7,120.27	
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC		\$338.75	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTA	L \$7,459.02
Schedule E Summary	
Itemized payments made this period. (Include all Schedule E subtotals.)	\$7,459.02
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
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$7,459.02

## Amounts may be rounded to whole dollars.

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)

from 1/1/2021 through 6/30/2021

Statement covers period

CALIFORNIA FORM
Page 6 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Working Californians, Sponsored by International Brotherhood of Electrical Workers Local Union 18

1288733

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 fundralising 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

(a)

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)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaufman Legal Group	PRO	\$0.00	\$1,748.50	\$0.00	\$1,748.50
Los Angeles, CA 90017-5864					
Kaufman Legal Group	OFC	\$0.00	\$53.30	\$0.00	\$53.30
Los Angeles, CA 90017-5864					

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$0.00	\$1,801.80	\$0.00	\$1,801.80
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Schedu accrued expenses of \$100 or more, plus total unitemized payments	ale F, Column (b) subtotals for s on accrued expenses under \$100.)		INCURRE	D TOTALS	\$1,801.80
2. Total accrued expenses paid this period. (Include all Schedule F accrued expenses of \$100 or more, plus total unitemized payments			PAI	D TOTALS	\$0.00
Net change this period. (Subtract Line 2 from Line 1. Enter the d and on the Summary Page, Column A, Line 9.)				NET	\$1,801.80 (ay be a negative number)