Recipient Committee

Campaign Statement Cover Page		LOS ANGE	LES COUNT FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 01/01/2022 through 06/30/2022	Date of election if applicable 2022 AUG - (Month, Day, Year)	Page 1 of 17 For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) (A	Primarily Formed Ballot Measure Committee Controlled Sponsored Nso Complete Part 6)	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	☐ Quarterly Statement ☐ Special Odd-Year Report
Small Contributor Committee O Political Party/Central Committee (A	Primarily Formed Candidate/ Officeholder Committee Nso Complete Part 7)		
3. Committee information	398000	Treasurer(s) NAME OF TREASURER Margaret Finnstrom MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COI	DE AREA CODE/PHONE	Valencia NAME OF ASSISTANT TREASURER, IF ANY	STATE ZIP CODE AREA CODE/PHONE CA 91354 818-584-4013
Los Angeles CA 9007 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE AREA CODE/PHONE
feelthebernla@gmail.com 4. Verification		mfinnstrom@hotmail.com	
I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on	California that the foregoing is true and or By By Signature of Controll		consible Officer of Sponsor
Executed on	BySig	nature of Controlling Officeholder, Candidate, State Measure Pr	roponent

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORNIA FORM	460
Dana 2	at 17

. Officeholder or Candidate Contro	olled Committee	6	. Primarily Formed Ball	ot Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCA	TION AND DISTRICT NUMBER IF APPLICABL	_E)	BALLOT NO. OR LETTER	JURISDICTIO		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	ND STREET) CITY STATE	ZIP	Identify the controlling office	eholder, candid	late, or state measure pro	ponent, if any.
			NAME OF OFFICEHOLDER, C	ANDIDATE, OR P	ROPONENT	
Related Committees Not Includer not included in this statement that are contributions or make expenditures on behind the contributions of the contributions	rolled by you or are primarily formed to rec		OFFICE SOUGHT OR HELD	<u>-</u>	DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER		-			
NAME OF TREASURER	CONTROLLED COMMITTE	7	. Primarily Formed Can officeholder(s) or candidate(s	s) for which this	committee is primarily form	ned.
COMMITTEE ADDRESS STREET ADDI	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITYS	TATE ZIP CODE AREA CODE/	PHONE	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
		====				☐ OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS	CONTROLLED COMMITTE YES NO RESS (NO P.O. BOX)	≡E? 	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
CITY S	TATE ZIP CODE AREA CODE/I	PHONE	Att	ach continuatio	n sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from 01/01/2022 **FORM** through ____06/30/2022 __ of 17 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Feel the Bern Democratic Club, Los Angeles 1398000 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 1188 1188 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0 0 20. Contributions 1188 1188 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 1188 1188 Made **Expenditures Made Expenditure Limit Summary for State** 1903 1903 6. Payments Made...... Schedule E, Line 4 **Candidates** 0 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made* 1903 1903 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0 0 (mm/dd/yy) 1903 1903 **Current Cash Statement** 4237 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, 1188 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding 0 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 1903 15. Cash Payments Column A, Line 8 above amounts in Column A may 3522 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ _____ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule Monetary	A Contributions	s Received	Amoun to	nts may be rounded whole dollars.	Statement cov	ers period		schedule FORNIA 460 ORM
SEE INSTRUCTION	ONS ON REVERSE				through 6/30/202	2	Page .	4 of 17
NAME OF FILER Feel the Bern	n Democratic Club, Lo	os Angeles					I.D. NU 139800	
DATE RECEIVED		TREET ADDRESS AND ZIP CODE OF CONTRIBUTOR MITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
02/27/2022	Denis Recendez	Azusa, CA, 91702, United States	☑IND □COM □OTH □PTY □SCC		106.00	326.00		
04/24/2022	Denis Recendez	Azusa, CA, 91702, United States	☑IND □COM □OTH □PTY □SCC		220.00	326.00		
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC					
			□IND □COM □OTH □PTY. □SCC		3			
			□IND □COM □OTH □PTY □SCC					
				SUBTOTAL \$	326			:
	A Summary	- itemized monetary contributions.		220			ntributor Co Individua	

(Include all Schedule A subtotals.) \$\frac{326}{2}\$

2. Amount received this period – unitemized monetary contributions of less than \$100 $$\frac{862}{}$

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 1188 COM – Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) Amounts may be rounded **Monetary Contributions Received** to whole dollars. Statement covers period CALIFORNIA from 01/01/2022 **FORM** of $_^{17}$ through _06/30/2022 I.D. NUMBER NAME OF FILER 1398000 Feel the Bern Democratic Club, Los Angeles CUMULATIVE TO DATE PER ELECTION AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER CONTRIBUTOR DATE OCCUPATION AND EMPLOYER CALENDAR YEAR CONTRIBUTOR RECEIVED THIS TO DATE CODE * (IF SELF-EMPLOYED, ENTER NAME) RECEIVED PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) \square IND □сом □отн □ PTY □ scc □сом □ OTH □ PTY □ scc □сом □ OTH □ PTY □scc □сом OTH PTY SCC □сом

SUBTOTAL \$ 0

□ OTH PTY □ SCC

*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

	Δm	ounts may be ro	unded				SCHEE	ULE B - PART 1
Schedule B – Part 1	A	to whole dollars			Statement cov	ers period	CALIFORN	1A 460
Loans Received					from <u>01/01/2022</u>	2	FORM	"^ 40U
SEE INSTRUCTIONS ON REVERSE					through 06/30/2	2022	Page 6	of
NAME OF FILER				1			I.D. NUMBER	
Feel the Bern Democratic Club, Los Angeles							1398000	
Feet the Bern Democratic Club, Los Angeles							1398000	
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 PA OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	_ \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
•		\$	\$	\$	_	\$	-	\$
ID COM OTH PTY SCC					DATE DUE		DATE INCURRED	CALENDAR YEAR
				☐ PAID		_		CALENDAR TEAR
				\$	_	% RATE	\$	\$
				FORGIVEN		I III		PER ELECTION**
				\$		s	.	s
TO IND COM OTH PTY SCC		\$	\$		DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				\$	_ \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
			_					
TO IND COM OTH PTY SCC		5	\$	\$	DATE_DUE	\$	DATE_INCURRED_	\$
	S	UBTOTALS \$; \$	<u> </u>	\$	\$		
0 - L - L - L - D 0						(Enter (e) on Scheo	fule E, Line 3)	
Schedule B Summary				. 0				
1. Loans received this period				\$ _		-		
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period:				a 0		(to	Contributor Codes	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10							ID – Individual	
(Include loans paid by a third party that		dule A.)				C	OM – Recipient Co Other than F	ommittee PTY or SCC)
3. Net change this period. (Subtract Line				.NET \$ $\frac{0}{}$			TH - Other (e.g., I	business entity)
Enter the net here and on the Summar							TY – Political Part CC – Small Contri	
					(May be a negative number)			

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

** If required.

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

DATE

SUBTOTAL \$ 0

OTH

□ PTY □ SCC PER ELECTION (IF REQUIRED)

Summary Page, Line 17 only.

Schedule	e C		Amounts may be rounded						SCHEDULE C		
Nonmonetary Contributions Received			to whole dollars.			Statement covers period from 01/01/2022			CALIFORNIA 460		
OFF INSTRUCT	CIONE ON DEVEDEE				thro	ough <u>06/30/2022</u>		Page 8	of		
NAME OF FILE	TIONS ON REVERSE							J.D. NUME			
Feel the Berr	n Democratic Club, Los Angeles							1398000)		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	DA CALENDA	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)		
		□IND □COM □OTH □PTY □SCC									
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC									
		□IND □COM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC							,		
Attach add	itional information on appropriately labeled	continuation	sheets.	SUBTO	DTAL S	\$ 0					
1. Amount r	e C Summary received this period – itemized nonmonetal	y contribution	ns.		\$	0	IND		t Committee		
2. Amount	received this period – unitemized nonmone	tary contribut			\$	0	PTY	l – Òther (e. ′ – Political f	an PTY or SCC) g., business entity) Party ntributor Committee		
(Add Line	es 1 and 2. Enter here and on the Summar	v Page, Colu	mn A Tines 4 and 10)	TOTA	L S	_					

ıpportii	of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be rou to whole dollars		Statement covers period from 01/01/2022		california 460	
	IONS ON REVERSE			through <u>06/30/202</u>	2	Page	of
ME OF FILER el the Bern	Democratic Club, Los Angeles					1.D. NUMB	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
_		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	. \$ 0		eg Berthaly	

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

Amounts may be rounded to whole dollars.

Janaraa					through <u>06/30/202</u>	2	Page	of
NAME OF FILER Feel the Bern	Democratic Club, Los An	geles					1.D. NUMB	BER
DATE	MEASURE NUMBER OR	OFFICE, AND DISTRICT, OR LETTER AND JURISDICTION, DMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
			☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent					
	☐ Support	Oppose	Expenditure Monetary Contribution Nonmonetary Contribution					
	Support	Oppose	Independent Expenditure Monetary Contribution					
	☐ Support	☐ Oppose	☐ Nonmonetary Contribution ☐ Independent Expenditure					W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	☐ Support	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
				SUBTOTAL	\$ 0		,	

			SCHEDULE I
Schedule E Amounts may to whole of		Statement covers period	CALIFORNIA 460
Payments Made		from	FORM 400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through 06/30/2022	Page 11 of 17
Feel the Bern Democratic Club, Los Angeles			1398000
CODES: If one of the following codes accurately describes the payment, your campaign paraphernalia/misc. CMP campaign paraphernalia/misc. CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member con meetings are office expending office expending petition circle phone bank problems are politing and politing and postage, deprofessional print ads	nmunications Id appearances ses ulating s	RAD radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and production of the candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committees woter registration information technology costs	action costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Los Angeles County Registrar Recorder-County Clerk	OFC 2019 Semi annual	Fine	805.00
* Payments that are contributions or independent expenditures must also be summarized on Sch	edule D.	SUE	STOTAL \$ 805.00
Schedule E Summary		<u> </u>	
Itemized payments made this period. (Include all Schedule E subtotals.)			\$
Unitemized payments made this period of under \$100			1000
3. Total interest paid this period on loans. (Enter amount from Schedule B, Pa			^
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and or			

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts ma to whole			Statement covers per from $\frac{01/01/2022}{\text{through} \underline{06/30/2022}}$	SCHEDULE E (CONTINUE OF CALIFORNIA 460 Page 12 of 17
NAME OF FILER Feel the Bern Democratic Club, Los Angeles					I.D. NUMBER 1398000
CODES: If one of the following codes accurately described 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 campaign literature and mailings	MBR member of meetings OFC office exp PET petition cir PHO phone bar POL polling and POS postage, of the member of meetings of the member of meetings of the member of the meetings of the member of the meetings of	communications and appearances enses rculating	enger services	RAD radio airtime and property returned contribution SAL campaign workers's TEL t.v. or cable airtime at TRC candidate travel, lost staff/spouse travel, lost	oduction costs ns salaries and production costs lging, and meals lodging, and meals mmittees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	-	CODE O	R	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

						SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.				CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through <u>06/30/2</u>	022	Page _	13 of 17
NAME OF FILER Feel the Bern Democratic Club, Los Angeles					I.D. NUM 139800	
CODES: If one of the following codes accurately described campaign paraphemalia/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 communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and reprofessional services (IPRT)	ns nces earch nessenger services egal, accounting)	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate traw TRS staff/spouse tr	nd production or butions kers' salaries time and produced, lodging, and avel, lodging, and en committees of on chnology costs (i	ction costs meals Id meals of the same	
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 I THIS PER (ALSO REPOR	IOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
·						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	0	\$ 0	\$ 0	\$	0
Schedule F Summary						
 Total accrued expenses incurred this period. (Include all saccrued expenses of \$100 or more, plus total unitemized 	Schedule F, Column (b) sul accrued expenses under S	ototals for \$100.)	INCU	RRED TOTA	ALS \$ _	
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	edule F. Column (c) subtot	als for navments on			0	
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and			1	NET \$	

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

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from 01/01/2022	california 460 form				
through	Page of				
	I.D. NUMBER				
	1398000				

NAME OF FILER

Feel the Bern Democratic Club, Los Angeles

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
СТВ	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 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 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
	<u> </u>				
	SUBTOTALS	5 0	\$ 0	\$ 0	\$ 0

Schedule G			SCHEDULE (
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 06/30/2022	Page of
NAME OF FILER			I.D. NUMBER
Feel the Bern Democratic Club, Los Angeles			1398000
NAME OF AGENT OR INDEPENDENT CONTRACTOR CODES: If one of the following codes accurately describes	s the payment, you may enter the code. Ot	herwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign paraphernalia/misc. campaign consultants civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign consultants	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 con RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product candidate travel, lodging, and result transfer between committees of voter registration WEB radio airtime and product campaign workers' salaries t.v. or cable airtime and product campaign workers' salaries t.v. or cable airtime and production compaign workers' salaries t.v. or cable airtime and production compaign workers' salaries t.v. or cable airtime and production con contributions t.v. or cable airtime and production contribution contr	ction costs meals d meals of the same candidate/sponsor
* Payments that are contributions or independent expenditures must also be	summarized on Schedule D.		
NAME AND ADDRESS OF DAVES OD OPENITOR			

CODE C	DR	DESCRIPTION OF PAYMENT		AMOUNT PAID
		•		
			<u> </u>	±. ·
		CODE OR		-

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

^{*} 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 F
Schedule H	Amounts may be rounded			Statement cove	ers period	CALIFORNIA 460		
Loans Made to Others*		to whole dollars.			from01/01/202	2	FORM 400	
					06/30/2	022	16	17
SEE INSTRUCTIONS ON REVERSE					through06/30/2			of
NAME OF FILER							I.D. NÜMBER	
Feel the Bern Democratic Club, Los Angeles							1398000	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d) OUTSTANDING	(e)	(f)	(g)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT OF FORGIVENES THIS PERIOD	BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	s
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate	or committee must							-
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$ <u>.</u>	<u>\$</u>		\$	- ,	en e
				<u>. </u>		(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					. 0	ı	ı	
1. Loans made this period					\$		· г	
(Total Column (b) plus unitemized loan					_ 0			**If Required
2. Payments received on loans			•••••		\$ <u>~</u>			
(Total Column (c) plus unitemized payr					NET ¢ 0			
Net change this period. (Subtract Line)(Enter the net here and on the Summa			•••••		NEI \$			
/ Litter the her here and on the Sulfillia	iy i age, column, Line /.,	,						

(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be rou to whole dollars.	nded	Statement covers period from 01/01/2022	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVE	RSE			through	Page of	
NAME OF FILER					I.D. NUMBER	
Feel the Bern Democratic	Club, Los Angeles				1398000	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURC (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	É	DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
					,	
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	<u>. </u>					
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Attach additional inform	nation on appropriately labeled continuation she	pets.		SUBTOTA	-\$ 0	
Schedule I Summa			_			
	cash this period					
	s to cash of under \$100 this period					
3. Total of all interest re	ceived this period on loans made to others	. (Schedule H, Column (e)	.)	\$_0		
Total miscellaneous i Summary Page, Line	ncreases to cash this period. (Add Lines 1,	2, and 3. Enter here and	on the		FPPC Form 460 (Jan/2016))	
				FPDC Advices adv	iice@fnnc ca.gov (866/275-3772)	

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