Recipient Committee Campaign Statement Cover Page

Type or print in ink.

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COVER PAGE

Cover Page		LUS ANGELES COUNTY	TOKIN							
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period 7/1/2020 through 12/31/2020	Date of election if applicable JAN 27 PM 1:40 CAMPAIGN FINANCE 600	of 3 ficial Use Only							
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:								
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Sponsored Sponsored Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)		Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) □ Quarterly Statement Special Odd-Year Report □ Supplemental Preelection Statement - Attach Form 495								
3. Committee Information	D. NUMBER 1306668	Treasurer(s)								
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) LOS ANGELES COUNTY FIRE FIGHTERS LOCAL COUNTY PAC		NAME OF TREASURER JOHN SMOLIN MAILING ADDRESS								
STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE EL MONTE CA 91731	AREA CODE/PHONE							
CITY STATE ZIP C EL MONTE CA 9173		NAME OF ASSISTANT TREASURER, IF ANY	100							
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		MAILING ADDRESS								
CITY STATE ZIP C	DDE AREA CODE/PHONE	CITY STATE ZIP CODE	AREA CODE/PHONE							
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS								
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on	a that the foregoing is true and correct. By	nowled the attached schedules is true and on the attached schedules is true attached schedules in the attached schedules is true attached schedules in the attached schedules is true attached schedules in the attached schedules in th	complete. I certify							
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	20							
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC F	Form 460 (January/05)							

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period 7/1/2020	CALIFORNIA 460				
through12/31/2020	Page 2 of 3				
	I.D. NUMBER 1306668				

SEE INSTRUCTIONS ON REVERSE NAME OF FILER LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014 - COUNTY PAC

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	\$	0.00	\$	0.00				
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 through 6/30 7/1 to Date			
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	20. Contributions Received \$\$			
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	0.00	\$	0.00	Made \$ \$			
Expenditures Made					Expenditure Limit Summary for State			
6. Payments Made Schedule E, Line 4	\$	625.00	\$	625.00	Candidates			
7. Loans Made Schedule H, Line 3		0.00		0.00	an annual survey			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	625.00	\$	625.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)			
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date			
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	625.00	\$	625.00	\$			
Current Cash Statement			Г		\$			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Column B.				
13. Cash Receipts Column A, Line 3 above		0.00		d amounts in Column the corresponding				
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	am	ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.			
15. Cash Payments Column A, Line 8 above		625.00		our last report. Some ounts in Column A may				
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	24,042.25	be	negative figures that				
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from vious period amounts. If				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	is the first report being d for this calendar year, y carry over the amounts	64.			
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if				
18. Cash Equivalents See instructions on reverse	\$	0.00	ariy		- 5			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00	ı		FPPC Form 460 (Jan/2016)			
	•		I		FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			

Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from7/1/2020		CALIF	ORNIA 460	
SEE INSTRUCTIONS ON REVERSE IAME OF FILER				thro	ough 12/31/2020	Page		
LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014	- COUNTY PAC					130666	8	
CODES: If one of the following codes accurately describe CMP 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	s the payment, you may enter the code. 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			Otherwise, describe the payment. 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/spot VOT voter registration WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID	
YBARRA & GILLEPSIE CPAS LLP RANCHO CUCAMONGA, CA 91730		PRO					\$575.00	
Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.				SUBTOTAL S	575.00	

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$_

Schedule E Summary

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

575.00