Recipient Committee Campaign Statement Cover Page

Statement covers period from 01/01/2022 Date of election if applicable ES COUNTY (Month, Day, Year)

All Committees - Complete Parts 1, 2, 3, and 4.

Date of election if applicable ES COUNTY (Month, Day, Year)

Page 1 of 10

For Official Use Only

C AMPAIGN FINANCE

C // 34

C // 3

I. Type of Recipient Committee: All Committees – Com Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	through 09/24/2022 through 09/24/2022 plete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ fficeholder Committee Complete Part 7)	2022 SEP 30 PM 12: 2022 SEP 30 PM 12: CAMPAIGN FINAR 2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Quarte	rly Statement Odd-Year Report
	AREA CODE/PHONE (213) 452-6565	Treasurer(s) NAME OF TREASURER Antonio Sanchez MAILING ADDRESS CITY Pasadena NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS CITY	STATE ZIP COD CA 91101 STATE ZIP COD	(626) 243-9700
OPTIONAL: FAX / E-MAIL ADDRESS I. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Control Executed on	By Signature of Controlling	OPTIONAL: FAX / E-MAIL ADDRESS ing Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture of Controlling Officeholder, Candidate, State Measure Proponent or Responanture Officeholder, Candidate, State Measure Proponent Officeholder, Candidate, State Me	pponent	les is true and complete. I
				FPPC Form 460 (Jan/2016))

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

CALIFORNIA FORM			460
Page	2	of	10

Officeholder or Candidate Controlled Co	6.Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE LA Community College District Safety, Repair, Job Training				
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER LA	JURISDICTION Los Angeles College Dist	Community =	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	Identify the controlling office	ceholder, candidate, o	r state measure pr	oponent, if any
		NAME OF OFFICEHLOLDER, CAN	IDIDATE, OR PROPONENT		· · · · · · · · · · · · · · · · · · ·
Related Committees Not Included in this Statement: Lead in this statement that are controlled by you or are primarily contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO. IF A	NY
COMMITTEE NAME I.D	, NUMBER	Primarily Formed Car officeholder(s) or candidate(s) for whi			ee List names of
NAME OF TREASURER	ONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CAN	NDIDATE OFFICE S	SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CAN		SOUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	YES NO		NDIDATE OFFICE S		OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE COMMITTEE NAME	YES NO AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CAN	NDIDATE OFFICE S	SOUGHT OR HELD	OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE COMMITTEE NAME	AREA CODE/PHONE NUMBER ONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CAN	NDIDATE OFFICE S	SOUGHT OR HELD	OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

from 1/1/2022 through 9/24/2022 CALIFORNIA FORM FORM Page 3 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure LA Committee for Quality Education and Student Success, Sponsored by Labor Organizations and Educators

1452899

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	\$230,000.00	\$230,000.00		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	\$230,000.00	\$230,000.00	Received	
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$230,000.00	\$230,000.00	Made	
Expenditures Made		-		Summary for State
6. Payments Made Schedule E, Line 4	\$123,394.05	\$123,394.05	Candidates	
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulative Expenditures Made *	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$123,394.05	\$123,394.05	(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/yyyy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 +9 + 10	\$123,394.05	\$123,394.05		
Current Cash Statement			-	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$0.00	To calculate Column B, add		
13. Cash Receipts Column A, Line 3 above	\$230,000.00	amounts in Column A to the corresponding amounts from		
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	\$123,394.05	may be negative figures that should be subtracted from	*Amounts in this se	ction may be different from amounts
16. ENDING CASH BALANCEAdd Lines 12+13+14, then subtract Line 15	\$106,605.95	previous period amounts. If	reported in schedul	
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	\$0.00		FPPC A	FPPC Form 460 (Jan/2016 dvice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

SCHEDULE A

10

. Amounts may be rounded to whole dollars.

Schedule A Monetary Contributions Received

Statement covers period CALIFORNIA 460 **FORM** 1/1/2022 from 9/24/2022 Page of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure LA Committee for Quality Education and Student Success, Sponsored by Labor Organizations and Educators

I.D. NUMBER

					1452899	
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)
09/15/2022	Los Angeles County Building and Contruction Trades Council - (Nonprofit 501(c)(5)) Los Angeles, CA 90026-5733 ID: 1445586	□IND □COM □OTH □PTY □SCC		\$100,000.00	\$100,000.00	
09/23/2022	Sheet Metal Air Rail Transportation Workers Local Union 105 Glendora, CA 91740-6720 ID: 962809	☐IND ☑COM ☐OTH ☐PTY ☐SCC		\$30,000.00	\$30,000.00	
09/14/2022	Southern California I.B.E.W N.E.C.A. Labor Management Cooperation Committee Pasadena, CA 91103-3853 ID: 1250083	□IND □COM □OTH □PTY □SCC		\$100,000.00	\$100,000.00	

	SUBTOTAL	\$230,000.00	
Schedule A Summary			*Contributor Codes
Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.)		\$230,000.00	IND- Individual COM- Recipient Committee (other than PTY or SCC)
Amount received this period -unitemized monetary contributions of less than \$100 Total monetary 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, Line 1.)	TOTAL _	\$230,000.00	FPPC Form 460 (Jan/2016) FPPC 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

Statement covers period	CALIFORNIA 460
from 1/1/2022 through 9/24/2022	Page - 5 of 10
	I.D. NUMBER 1452899

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure LA Committee for Quality Education and Student Success, Sponsored by Labor Organizations and Educators

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

CMP campaign paraphemalia/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 car VOT voter registration WEB information technology costs (Internet, e-mail		ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYME	NT	AMOUNT PAID
Bryson Gillette, LLC Santa Barbara, CA 93101-1875		WEB				\$3,750.00
Bryson Gillette, LLC Santa Barbara, CA 93101-1875		TEL				\$6,500.00
Bryson Gillette, LLC Santa Barbara, CA 93101-1875		CNS	,			\$15,000.00
* Payments that are contributions or independent expenditures in	nust also be summar	ized on Schedul	e D.		SUBTOTAL	\$25,250.00
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)				\$123,394.05 \$0.00 \$0.00		
4. Total payments made this period. (Add Lines 1, 2, and 3. En	er here and on the	Summary Page,	Column A, Line 6.)			\$123,394.05
•					FPF	PC Form 460 (Jan/2016)

. Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period **CALIFORNIA FORM** 1/1/2022 Page 6 of 10 9/24/2022 through I.D. NUMBER 1452899

SEE INSTRUCTIONS ON REVERSE

Schedule E

Payments Made

Yes on Measure LA Committee for Quality Education and Student Success, Sponsored by Labor Organizations and Educators

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

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

LEG legal defense LIT campaign literature and mailings	PRO professional PRT print ads	services (legal, accounting) VOT voter registing WEB information			r registration rmation technology costs (Internet, e-mail)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR .	DESCRIPTION OF PAYMENT		AMOUNT PAID	
Bryson Gillette, LLC Santa Barbara, CA 93101-1875		CNS	,			\$11,129.03	
Bryson Gillette, LLC Santa Barbara, CA 93101-1875		CNS				\$8,000.00	
CA Slates Long Beach, CA 90802-8846			Slate Mailer			\$22,520.00	
* Payments that are contributions or independent expenditures	must also be summar	ized on Schedul	e D.		SUBTOTAL	\$41,649.03	
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from the second		•••••				\$123,394.05 \$0.00 \$0.00	
4. Total payments made this period. (Add Lines 1, 2, and 3. En	nter here and on the S	Summary Page,	Column A, Line 6.)		TOTAL	\$123,394.05	

. Amounts may be rounded

to whole dollars.

SCHEDULE E

Statement covers period CALIFORNIA 460 **FORM** 1/1/2022 Page 7 of 10 9/24/2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Schedule E

Payments Made

Yes on Measure LA Committee for Quality Education and Student Success, Sponsored by Labor Organizations and Educators

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

I.D. NUMBER 1452899

CMP campaign paraphemalia/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 of TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the s VOT voter registration WEB information technology costs (Intern	als ame candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Coalition for Senior Citizen Security Los Angeles, CA 90039-3634			Slate Mailer		\$7,094.00
Continuing the Republican Revolution Newport Beach, CA 92660-2989			Slate Mailer		\$2,100.00
Council of Concerned Women Voters Los Angeles, CA 90039-3634			Slate Mailer		\$8,021.00
* Payments that are contributions or independent expenditures mu	st also be summari	zed on Schedule	e D.	SUBTOTAL	\$17,215.00
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E st. 2. Unitemized payments made this period of under \$100	nedule B, Part 1, C	olumn (e).)			\$123,394.05 \$0.00 \$0.00 \$123,394.05
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter	r here and on the S	lummary Page,	Column A, Line 6.)	TOTAL _	\$123,394.05

. Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period from 1/1/2022			CALIFORNIA FORM			
through	9/24/2022	Page	8	of —	10	
			I.D. NUMBER 1.452899			

Payments Made

Schedule E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure LA Committee for Quality Education and Student Success, Sponsored by Labor Organizations and Educators

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

CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*

CVC civic donations FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure

LFG 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

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

LEG legal defense LIT campaign literature and mailings	PRO professional services (legal, a PRT print ads		er registration ormation technology costs (internet, e-mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMEN	т	AMOUNT PAID
Our California Latino Voters Guide Los Angeles, CA 90041-1735		Slate Mailer		\$7,380.00
Our Voice Latino Voter Guide Los Angeles, CA 90039-3634		Slate Mailer		\$5,978.00
United Democratic Campaign Committee Inglewood, CA 90301-1764		Slate Mailer		\$2,422.02
* Payments that are contributions or independent expenditures mu	ist also be summarized on Schedu	ile D.	SUBTOTAL	\$15,780.02
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E s 2. Unitemized payments made this period of under \$100	hedule B, Part 1, Column (e).)			\$123,394.05 \$0.00 \$0.00
Total payments made this period. (Add Lines 1, 2, and 3. Enter	r here and on the Summary Page	, Column A, Line 6.)	TOTAL	\$123,394.05

Schedule E Payments Made

 Amounts may be rounded to whole dollars. SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure LA Committee for Quality Education and Student Success, Sponsored by Labor Organizations and Educators

1452899

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

CMP campaign paraphemalia/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)

Life Campaign increases and mainings		VILD Information technology costs (internet, e-mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Voter Newsletter Sherman Oaks, CA 91403-2442		Slate Mailer	\$13,500.00
W & S Consulting LLC Long Beach, CA 90814-1156	CNS		\$10,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTO		\$23,500.00
Schedule E Summary		
Itemized payments made this period. (Include all Schedule E subtotals.)		\$123,394.05
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.)	TOTAL	\$123,394.05

10

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

 Statement covers period

 from
 1/1/2022

 through
 9/24/2022

CALIFORNIA

FORM

Page 10 of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure LA Committee for Quality Education and Student Success, Sponsored by Labor Organizations and Educators

I.D. NUMBER 1452899

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bryson Gillette, LLC

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
Meeno, Inc. Los Angeles, CA 90031-2830		Photography	\$11,450. 00
Attach additional information on appropriately labeled continuation sheets.		TOTAL*	\$11,450.00

^{*} 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