

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

2/22/2021 (1) SIZ ADKIN COVER PAGE

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2021 FEB 24 PM 2:31  
CAMPAIGN FINANCE

CALIFORNIA FORM 460  
Page 1 of 15  
For Official Use Only  
G08577

Statement covers period  
from 7/1/2020  
through 12/31/2020

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
*(Also Complete Part 5)*
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
*(Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**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
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER 1279076

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):  
LOS ANGELES COUNTY FIRE FIGHTERS LOCAL 1014,  
IAFF EDUCATION PROJECT  
STREET ADDRESS (NO P.O. BOX)  
CITY STATE ZIP CODE AREA CODE/PHONE  
EL MONTE CA 91731 310-639-1014  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

**Treasurer(s)**

NAME OF TREASURER  
JOHN SMOLIN  
MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE  
EL MONTE CA 91731 310-639-1014  
NAME OF ASSISTANT TREASURER, IF ANY  
MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
jsmolin@local1014.org

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge th the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/22/2021  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent



# Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)    CITY    STATE    ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS    STREET ADDRESS (NO P.O. BOX)	
CITY    STATE    ZIP CODE    AREA CODE/PHONE	

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COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS    STREET ADDRESS (NO P.O. BOX)	
CITY    STATE    ZIP CODE    AREA CODE/PHONE	

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

## 7. Primarily Formed Candidate/Officeholder Committee

*List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

**Attach continuation sheets if necessary**

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>15</u>
I.D. NUMBER 1279076	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF EDUCATION PROJECT

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions ..... Schedule A, Line 3	\$157,022.25	\$310,266.00
2. Loans Received ..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$157,022.25	\$310,266.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$157,022.25	\$310,266.00

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	_____	_____
21. Expenditures Made	_____	_____

	Column A	Column B
<b>Expenditures Made</b>		
6. Payments Made ..... Schedule E, Line 4	\$50.00	\$2,250,195.00
7. Loans Made ..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$50.00	\$2,250,195.00
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$50.00	\$2,250,195.00

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____

Current Cash Statement	
12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$684,632.67
13. Cash Receipts ..... Column A, Line 3 above	\$157,022.25
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$0.00
15. Cash Payments ..... Column A, Line 8 above	\$50.00
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$841,604.92
<i>If this is a termination statement, Line 16 must be zero.</i>	

To calculate Column B, add amounts in Column A to the corresponding amount from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$0.00
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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

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>15</u>
I.D. NUMBER 1279076	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF EDUCATION PROJECT

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)
7/13/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731  Memo Reference: 1	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,352.25	\$310,266.00	
8/31/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731  Memo Reference: 2	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,509.00	\$310,266.00	
9/9/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731  Memo Reference: 3	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$26,317.50	\$310,266.00	
10/5/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731  Memo Reference: 4	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$26,185.50	\$310,266.00	
11/2/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731  Memo Reference: 5	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$26,507.25	\$310,266.00	
<b>SUBTOTAL \$</b>						

## Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$157,022.25
2. Amount received this period - unitemized monetary contributions of less than \$100 .....	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$157,022.25</b>

\*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

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA</b> <b>FORM 460</b>
	Page <u>5</u> of <u>15</u>
I.D. NUMBER 1279076	

NAME OF FILER  
 L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF EDUCATION PROJECT

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)
12/9/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731  Memo Reference: 6	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$27,150.75	\$310,266.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

\*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

# Schedule B - Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>15</u>
I.D. NUMBER 1279076	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF EDUCATION PROJECT

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID		%		CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN				RATE
					DATE DUE		DATE INCURRED	
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID		%		CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN				RATE
					DATE DUE		DATE INCURRED	
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID		%		CALENDAR YEAR
				<input type="checkbox"/> FORGIVEN				RATE
					DATE DUE		DATE INCURRED	
<b>SUBTOTAL \$</b>								

(Enter (e) on  
Schedule E, Line 3)

## Schedule B Summary

- |   |                                      |
|---|--------------------------------------|
| 1. Loans received this period .....<br>(Total Column (b) plus unitemized loans of less than \$100.)   | \$0.00                               |
| 2. Loans paid or forgiven this period .....<br>(Total Column (c) plus loans under \$100 paid or forgiven.)<br>(Include loans paid by a third party that are also itemized on Schedule A.) | \$0.00                               |
| 3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET   | \$0.00<br>(May be a negative number) |

**\*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

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

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>15</u>
I.D. NUMBER 1279076	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF EDUCATION PROJECT

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)
7/31/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731  Memo Reference: 7	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LEGAL SERVICES - \$29.00	\$0.00	\$0.00	
8/31/2020	LOS ANGELES COUNTY FIREFIGHTERS LOCAL 1014 EL MONTE, CA 91731  Memo Reference: 8	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		REPORTING SERVICES - \$1,500.00	\$0.00	\$0.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

## Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) .....	\$0.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	TOTAL \$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

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>15</u>
I.D. NUMBER 1279076	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF EDUCATION PROJECT

DATE	NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$</b>						

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$0.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... \$0.00



# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>15</u>
I.D. NUMBER 1279076	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF EDUCATION PROJECT

**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                              |
| 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 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                                 | WEB 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

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

**SUBTOTAL \$**

### Schedule E Summary

1. Itemized payment made this period. (Include all Schedule E subtotals.) .....	\$0.00
2. Unitemized payments made this period of under \$100 .....	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (a).) .....	\$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.) .....	\$50.00

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>10</u> of <u>15</u>
I.D. NUMBER 1279076	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF EDUCATION PROJECT

**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
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 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	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 CLOSING OF THIS PERIOD
<b>SUBTOTAL \$</b>					

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

### Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.).....	INCURRED TOTALS	\$0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.).....	PAID TOTALS	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....	NET	\$0.00 <small>(May be a negative number)</small>

# Schedule H Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>11</u> of <u>15</u>
I.D. NUMBER 1279076	

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NAME OF FILER  
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF EDUCATION PROJECT

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
									CALENDAR YEAR
							RATE %		PER ELECTION**
						DATE DUE		DATE INCURRED	
									CALENDAR YEAR
							RATE %		PER ELECTION**
						DATE DUE		DATE INCURRED	
		<b>SUBTOTAL</b>		\$	\$	\$	\$		

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

- Loans made this period ..... \$0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans ..... \$0.00  
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$0.00  
Enter the net here and on the Summary Page, Column A, Line 7.  
(May be a negative number)

\*\* If required.

**Schedule I  
Miscellaneous Increases to Cash**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>15</u>
I.D. NUMBER 1279076	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF EDUCATION PROJECT

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
<b>SUBTOTAL \$</b>			

**Schedule I Summary**

1. Itemized increases to cash this period. ....	\$0.00
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.) .....	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

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Memo Reference: 1

AS A COLLECTION AGENT/CONDUIT FOR MEMBERS OF LOS ANGELES FIREFIGHTERS LOCAL 1014, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.

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Memo Reference: 2

AS A COLLECTION AGENT/CONDUIT FOR MEMBERS OF LOS ANGELES FIREFIGHTERS LOCAL 1014, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.

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Memo Reference: 3

AS A COLLECTION AGENT/CONDUIT FOR MEMBERS OF LOS ANGELES FIREFIGHTERS LOCAL 1014, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.

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Memo Reference: 4

AS A COLLECTION AGENT/CONDUIT FOR MEMBERS OF LOS ANGELES FIREFIGHTERS LOCAL 1014, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.

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Memo Reference: 5

AS A COLLECTION AGENT/CONDUIT FOR MEMBERS OF LOS ANGELES FIREFIGHTERS LOCAL 1014, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.

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Memo Reference: 6

AS A COLLECTION AGENT/CONDUIT FOR MEMBERS OF LOS ANGELES FIREFIGHTERS LOCAL 1014, THE COMMITTEE'S SPONSOR. NO SINGLE CONTRIBUTION OF \$100 OR MORE.

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Memo Reference: 7

PAYMENT OF ADMINISTRATIVE EXPENSE BY SPONSOR REPORT PURSUANT TO 2CCR SEC 18215 (c) (16).

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Memo Reference: 8

PAYMENT OF ADMINISTRATIVE EXPENSE BY SPONSOR REPORT PURSUANT TO 2CCR SEC 18215 (c) (16).



CALIFORNIA  
SECRETARY OF STATE

Form 460 - Recipient Committee Campaign Statement

## The Form 460 Has Been Submitted

Filing ID: 2546644-0

Time Submitted: 1/25/2021 9:17:02 AM

Your filing has been electronically submitted to the California Secretary of State. You still need to print a paper copy, by using the "View Paper Copy" button below, and send two copies (one of which must be signed with an original signature) to the California Secretary of State, Political Reform Division. Additional paper copies, where applicable, must also be filed with appropriate local filing officers. For help on [WHERE TO FILE](#) please [click here](#).

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