

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

Statement covers period from <u>01/01/2018</u> through <u>09/22/2018</u>	Date of election if applicable: (Month, Day, Year) _____
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Page 1 of 52
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
(Also Complete Part 5.) | <input type="checkbox"/> Ballot Measure Committee
<input type="radio"/> Primary Formed
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
(Also Complete Part 6.) |
| <input checked="" type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.) |

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1407824

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Business Leaders for Ethical Government

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Encinitas	CA	92024	(760)632-3600

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS
nhaley@thinkcpa.com

Treasurer(s)

NAME OF TREASURER
Nancy R. Haley

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Encinitas	CA	92024	760-632-3600

NAME OF ASSISTANT TREASURER, IF ANY
Danielle Stephen

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Encinitas	CA	92024	760-632-3600

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 the information contained herein and in 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 09/27/2018 By Nancy R. Haley
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 52

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 to make expenditures on behalf of your candidacy.

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

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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7. Primarily Formed 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
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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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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	CALIFORNIA FORM 460
from <u>01/01/2018</u>	
through <u>09/22/2018</u>	Page <u>3</u> of <u>52</u>
I.D. NUMBER 1407824	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$111,930.04	\$111,930.04
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$111,930.04	\$111,930.04
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$111,930.04	\$111,930.04

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

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$57,788.29	\$57,788.29
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$57,788.29	\$57,788.29
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$1,000.00	\$1,000.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$58,788.29	\$58,788.29

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	\$0.00	To calculate Column B, add amounts in Column A to the corresponding amounts 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).
13. Cash Receipts	Column A, Line 3 above	\$111,930.04	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$595.00	
15. Cash Payments	Column A, Line 8 above	\$57,788.29	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$54,736.75	
If this is a termination statement, Line 16 must be zero.			

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	\$1,000.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	09/22/2018	Page 4 of 52
NAME OF FILER Business Leaders for Ethical Government		I.D. Number 1407824

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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)
8/2/2018	Business Leaders for Fair & Ethical Government to Support Anderson & Oppose Ramos for D.A. 2018 Encinitas, CA 92024 Committee ID: 1402426	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$12,930.04	\$12,930.04	
8/3/2018	Diversified Pacific Opportunity Fund 1, LLC Rancho Cucamonga, CA 91730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$40,000.00	\$40,000.00	
9/17/2018	Christopher M. Leggio Ontario, CA 91764	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark Christopher Chevrolet Co-Owner	\$10,000.00	\$10,000.00	
7/31/2018	James Louis Previti Rancho Cucamonga, CA 91730	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frontier Enterprises President & CEO	\$49,000.00	\$49,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$111,930.04

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$111,930.04
2. Amount received this period - unitemized 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.)	TOTAL \$111,930.04

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 1 Loans Received

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

Statement covers period
from 01/01/2018
through 09/22/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

I.D. NUMBER
1407824

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 <input type="checkbox"/> FORGIVEN	_____ DATE DUE	_____ % RATE	_____ DATE INCURRED	CALENDAR YEAR _____ PER ELECTION** _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	_____ DATE DUE	_____ % RATE	_____ DATE INCURRED	CALENDAR YEAR _____ PER ELECTION** _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	_____ DATE DUE	_____ % RATE	_____ DATE INCURRED	CALENDAR YEAR _____ PER ELECTION** _____

SUBTOTALS

Schedule B Summary

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

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

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

** If required.

*Contributor Codes
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

**Schedule B - Part 2
Loan Guarantors**

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

Statement covers period from <u>01/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>52</u>
	I.D. Number 1407824

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	

SUBTOTAL

Enter on
Summary Page,
Line 17 only.

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>01/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>52</u>
I.D. Number 1407824	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

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)
		<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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... _____
- Amount received this period - unitemized nonmonetary contributions of less than \$100 _____
- 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** _____

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 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.

Statement covers period
 from 01/01/2018
 through 09/22/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Business Leaders for Ethical Government

I.D. NUMBER
 1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$400.00	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$150.00	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$93.00	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$64,511.65
- 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.) **TOTAL** \$64,511.65

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	09/22/2018	Page 9 of 52
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$1,500.00	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/30/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$200.00	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/20/2018	Payee Name: Sam Crowe - IE 2018 Candidate Name: Sam Crowe Mayor Jurisdiction: City of Ontario	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Signs	\$933.00	\$1,839.90	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/20/2018	Payee Name: Sam Crowe - IE 2018 Candidate Name: Sam Crowe Mayor Jurisdiction: City of Ontario	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Sign Placement	\$450.00	\$1,839.90	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	09/22/2018	Page 10 of 52
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/2018	Payee Name: Sam Crowe - IE 2018 Candidate Name: Sam Crowe Mayor Jurisdiction: City of Ontario	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter File	\$456.90	\$1,839.90	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
8/7/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$135.00	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$73.00	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$172.00	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	09/22/2018	Page 11 of 52
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$300.00	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$449.98	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$449.86	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$150.00	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
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NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$150.00	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/21/2018	Lincoln Club of San Bernardino County	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$400.00	\$400.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Consulting	\$1,000.00	\$5,222.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: The Committee to Elect Sylvia Orozco Chino City Council 2018 Candidate Name: Sylvia Orozco City Council Member District 2 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$132.72	\$4,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
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NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: The Committee to Elect Sylvia Orozco Chino City Council 2018 Candidate Name: Sylvia Orozco City Council Member District 2 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$400.00	\$4,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: The Committee to Elect Sylvia Orozco Chino City Council 2018 Candidate Name: Sylvia Orozco City Council Member District 2 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$119.52	\$4,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: The Committee to Elect Sylvia Orozco Chino City Council 2018 Candidate Name: Sylvia Orozco City Council Member District 2 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$350.00	\$4,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: The Committee to Elect Sylvia Orozco Chino City Council 2018 Candidate Name: Sylvia Orozco City Council Member District 2 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$449.96	\$4,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
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NAME OF FILER
Business Leaders for Ethical Government

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1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: The Committee to Elect Sylvia Orozco Chino City Council 2018 Candidate Name: Sylvia Orozco City Council Member District 2 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$449.93	\$4,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: The Committee to Elect Sylvia Orozco Chino City Council 2018 Candidate Name: Sylvia Orozco City Council Member District 2 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$179.87	\$4,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: The Committee to Elect Sylvia Orozco Chino City Council 2018 Candidate Name: Sylvia Orozco City Council Member District 2 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Consulting	\$1,000.00	\$4,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Jeremiah Brosowski City Council Member District 4 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$325.00	\$3,915.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$150.00	\$3,915.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$150.00	\$3,915.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$449.88	\$3,915.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$490.00	\$3,915.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$349.92	\$3,915.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$196.00	\$3,915.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$88.00	\$3,915.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$100.00	\$3,915.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
Business Leaders for Ethical Government

I.D. NUMBER
1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$400.00	\$3,915.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$117.00	\$3,915.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Consulting	\$1,000.00	\$3,915.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/30/2018	Payee Name: Steinorth for City Council 2018 Candidate Name: Marc Steinorth City Council Member District 3 Jurisdiction: City of Rancho Cucamonga	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$315.00	\$3,109.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Business Leaders for Ethical Government	I.D. NUMBER 1407824
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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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2018	Payee Name: Steinorth for City Council 2018 Candidate Name: Marc Steinorth City Council Member District 3 Jurisdiction: City of Rancho Cucamonga	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$449.81	\$3,109.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/30/2018	Payee Name: Steinorth for City Council 2018 Candidate Name: Marc Steinorth City Council Member District 3 Jurisdiction: City of Rancho Cucamonga	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$860.88	\$3,109.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/30/2018	Payee Name: Steinorth for City Council 2018 Candidate Name: Marc Steinorth City Council Member District 3 Jurisdiction: City of Rancho Cucamonga	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$588.00	\$3,109.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/30/2018	Payee Name: Steinorth for City Council 2018 Candidate Name: Marc Steinorth City Council Member District 3 Jurisdiction: City of Rancho Cucamonga	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$256.00	\$3,109.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2018	Payee Name: Steinorth for City Council 2018 Candidate Name: Marc Steinorth City Council Member District 3 Jurisdiction: City of Rancho Cucamonga	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$254.00	\$3,109.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/30/2018	Payee Name: Steinorth for City Council 2018 Candidate Name: Marc Steinorth City Council Member District 3 Jurisdiction: City of Rancho Cucamonga	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$386.00	\$3,109.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/30/2018	Paul Russ City Council Member District 3 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$400.00	\$515.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$163.84	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14/2018	Payee Name: The Committee to Elect Sylvia Orozco Chino City Council 2018 Candidate Name: Sylvia Orozco City Council Member District 2 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$1,500.00	\$4,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/14/2018	Payee Name: Committee to Elect Tyra Weis to Chino City Council District 1 - 2018 Candidate Name: Tyra Weis City Council Member District 1 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/30/2018	Payee Name: The Committee to Elect Sylvia Orozco Chino City Council 2018 Candidate Name: Sylvia Orozco City Council Member District 2 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$180.00	\$4,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/30/2018	Jeremiah Brosowski City Council Member District 4 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$100.00	\$3,915.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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Business Leaders for Ethical Government

I.D. NUMBER
1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2018	Paul Russ City Council Member District 3 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$115.00	\$515.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$249.94	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$250.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$300.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
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NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$110.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$110.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$108.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$47.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$68.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$58.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$400.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$400.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

SCHEDULE D (CONT.)

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I.D. NUMBER
1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$48.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$33.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$53.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$110.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	09/22/2018	Page 25 of 52

NAME OF FILER
Business Leaders for Ethical Government

I.D. NUMBER
1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$110.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$300.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$249.97	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$249.99	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through	09/22/2018	Page 26 of 52

NAME OF FILER
Business Leaders for Ethical Government

I.D. NUMBER
1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$17.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$136.16	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Door Hangers	\$886.14	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Door Hangers	\$886.14	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

SCHEDULE D (CONT.)

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I.D. NUMBER
1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Voter File	\$650.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Voter File	\$650.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signs	\$2,101.12	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Sign Placement	\$600.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
Business Leaders for Ethical Government

I.D. NUMBER
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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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Signs	\$2,101.12	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Sign Placement	\$600.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Graphic Design	\$300.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Graphic Design	\$300.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
Business Leaders for Ethical Government

I.D. NUMBER
1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Graphic Design	\$300.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Graphic Design	\$300.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Consulting	\$2,250.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Consulting	\$5,000.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
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NAME OF FILER
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I.D. NUMBER
1407824

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Consulting	\$2,250.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Consulting	\$5,000.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Consulting	\$6,820.00	\$20,614.38	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Consulting	\$8,680.00	\$22,632.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$64,511.65

Schedule E Payments Made

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

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
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, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Budget Watchdogs Torrance, CA 90505	LIT		Slate Mailer	\$108.00
Committee ID: 1345115 California Taxpayer Protection Voter Guide Elk Grove, CA 95624	LIT		Slate Mailer	\$132.72
Committee ID: 1299482 COPS Voter Guide Inc. Folsom, CA 95630	LIT		Slate Mailer	\$400.00
Committee ID: 599014				

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

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$57,738.29
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 (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 \$57,788.29

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

I.D. NUMBER
1407824

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 |
| 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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Conservative Voter Guide Elk Grove, CA 95624 Committee ID: 1336975	LIT		Slate Mailer	\$119.52
Our California Latino Voters Guide Los Angeles, CA 90041 Committee ID: 1322246	LIT		Slate Mailer	\$350.00
Latino Family Voter Guide Long Beach, CA 90802 Committee ID: 1386464	LIT		Slate Mailer	\$449.96
California Families Vote Green Long Beach, CA 90802 Committee ID: 1408055	LIT		Slate Mailer	\$449.93
Educate Your Vote Encino, CA 91436 Committee ID: 1345655	LIT		Slate Mailer	\$179.87

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

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
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through <u>09/22/2018</u>		Page <u>33</u> of <u>52</u>
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

I.D. NUMBER
1407824

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 |
| 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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Taxpayer Protection Voter Guide Elk Grove, CA 95624 Committee ID: 1299482	LIT		Slate Mailer	\$110.00
Our California Latino Voters Guide Los Angeles, CA 90041 Committee ID: 1322246	LIT		Slate Mailer	\$325.00
Conservative Voter Guide Elk Grove, CA 95624 Committee ID: 1336975	LIT		Slate Mailer	\$150.00
California Taxpayer Protection Voter Guide Elk Grove, CA 95624 Committee ID: 1299482	LIT		Slate Mailer	\$150.00
Conservative Voter Guide Elk Grove, CA 95624 Committee ID: 1336975	LIT		Slate Mailer	\$110.00

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

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
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through	09/22/2018	Page 34 of 52
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

SEE INSTRUCTIONS ON REVERSE

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 |
| 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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Families Vote Green Long Beach, CA 90802 Committee ID: 1408055	LIT		Slate Mailer	\$449.88
Educate Your Vote Encino, CA 91436 Committee ID: 1345655	LIT		Slate Mailer	\$490.00
Latino Family Voter Guide Long Beach, CA 90802 Committee ID: 1386464	LIT		Slate Mailer	\$349.92
Budget Watchdogs Torrance, CA 90505 Committee ID: 1345115	LIT		Slate Mailer	\$196.00
California Voter Guide Torrance, CA 90505 Committee ID: 595004	LIT		Slate Mailer	\$88.00

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

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

I.D. NUMBER
1407824

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 |
| 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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALSAL Voter Guide Torrance, CA 90505 Committee ID: 1368249	LIT		Slate Mailer	\$100.00
Our California Latino Voters Guide Los Angeles, CA 90041 Committee ID: 1322246	LIT		Slate Mailer	\$300.00
Election Digest Torrance, CA 90505 Committee ID: 1345303	LIT		Slate Mailer	\$117.00
Latino Family Voter Guide Long Beach, CA 90802 Committee ID: 1386464	LIT		Slate Mailer	\$250.00
Safeguard Business Systems Chicago, IL 60680	OFC			\$109.56

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

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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

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from	01/01/2018	
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NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

SEE INSTRUCTIONS ON REVERSE

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 |
| 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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
James H. Erwin Highland, CA 92346	CNS			\$3,750.00
James H. Erwin Highland, CA 92346	CNS			\$3,750.00
COPS Voter Guide Inc. Folsom, CA 95630	LIT	Slate Mailer		\$400.00
Committee ID: 599014 Lincoln Club of San Bernardino County Rancho Cucamonga, CA 91701	CTB			\$400.00
Committee ID: 1339836 Educate Your Vote Encino, CA 91436	LIT	Slate Mailer		\$315.00
Committee ID: 1345655				

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

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2018</u>		
through <u>09/22/2018</u>		Page <u>37</u> of <u>52</u>
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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NAME OF FILER
Business Leaders for Ethical Government

I.D. NUMBER
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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Latino Family Voter Guide Long Beach, CA 90802	LIT		Slate Mailer	\$449.81
Committee ID: 1386464 California Families Vote Green Long Beach, CA 90802	LIT		Slate Mailer	\$860.88
Committee ID: 1408055 Budget Watchdogs Torrance, CA 90505	LIT		Slate Mailer	\$588.00
Committee ID: 1345115 CALSAL Voter Guide Torrance, CA 90505	LIT		Slate Mailer	\$256.00
Committee ID: 1368249 California Families Vote Green Long Beach, CA 90802	LIT		Slate Mailer	\$249.94
Committee ID: 1408055				

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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through	09/22/2018	Page 38 of 52
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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Business Leaders for Ethical Government

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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Voter Guide Torrance, CA 90505 Committee ID: 595004	LIT		Slate Mailer	\$254.00
Election Digest Torrance, CA 90505 Committee ID: 1345303	LIT		Slate Mailer	\$386.00
Voter Newsletter, A Project of Coalition of CA Sherman Oaks, CA 91403 Committee ID: 1355767	LIT		Slate Mailer	\$180.00
Educate Your Vote Encino, CA 91436 Committee ID: 1345655	LIT		Slate Mailer	\$163.84
Voter Newsletter, A Project of Coalition of CA Sherman Oaks, CA 91403 Committee ID: 1355767	LIT		Slate Mailer	\$100.00

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2018</u>		
through <u>09/22/2018</u>		Page <u>39</u> of <u>52</u>
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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NAME OF FILER
Business Leaders for Ethical Government

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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Voter Newsletter, A Project of Coalition of CA Sherman Oaks, CA 91403	LIT		Slate Mailer	\$115.00
Committee ID: 1355767 COPS Voter Guide Inc. Folsom, CA 95630	LIT		Slate Mailer	\$400.00
Committee ID: 599014 Voter Newsletter, A Project of Coalition of CA Sherman Oaks, CA 91403	IND		Slate Mailer Supporting Ricky Felix	\$200.00
Committee ID: 1355767 Scott & Cronin LLP Encinitas, CA 92024	PRO			\$1,617.08
Landslide Communications Laguna Niguel, CA 92677	LIT		Slate Mailer - See Last Page	\$4,500.00

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2018</u>		
through <u>09/22/2018</u>		Page <u>40</u> of <u>52</u>
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

I.D. NUMBER
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| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Landslide Communications Laguna Niguel, CA 92677	IND		Slate Mailer Supporting Ricky Felix - See Last Page	\$1,500.00
COGS South Signs Santa Ana, CA 92707	IND		Signs Opposing Sam Crowe	\$933.00
Impact Signage Santa Ana, CA 92707	IND		Sign Placement Opposing Sam Crowe	\$450.00
Voter Link Alpine, UT 84004	IND		Voter File Opposing Sam Crowe	\$456.90
COPS Voter Guide Inc. Folsom, CA 95630	LIT		Slate Mailer	\$400.00
Committee ID: 599014				

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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Statement covers period		CALIFORNIA FORM 460
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through	09/22/2018	Page 41 of 52
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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NAME OF FILER
Business Leaders for Ethical Government

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| 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 |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Election Digest Torrance, CA 90505	LIT		Slate Mailer	\$48.00
Committee ID: 1345303 CALSAL Voter Guide Torrance, CA 90505	LIT		Slate Mailer	\$33.00
Committee ID: 1368249 Budget Watchdogs Torrance, CA 90505	LIT		Slate Mailer	\$53.00
Committee ID: 1345115 California Taxpayer Protection Voter Guide Elk Grove, CA 95624	LIT		Slate Mailer	\$110.00
Committee ID: 1299482 Conservative Voter Guide Elk Grove, CA 95624	LIT		Slate Mailer	\$110.00
Committee ID: 1336975				

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
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Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	09/22/2018	Page 42 of 52
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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NAME OF FILER
Business Leaders for Ethical Government

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| 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 |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Our California Latino Voters Guide Los Angeles, CA 90041 Committee ID: 1322246	LIT		Slate Mailer	\$300.00
Latino Family Voter Guide Long Beach, CA 90802 Committee ID: 1386464	LIT		Slate Mailer	\$249.97
California Families Vote Green Long Beach, CA 90802 Committee ID: 1408055	LIT		Slate Mailer	\$249.99
California Voter Guide Torrance, CA 90505 Committee ID: 595004	LIT		Slate Mailer	\$17.00
Educate Your Vote Encino, CA 91436 Committee ID: 1345655	LIT		Slate Mailer	\$136.16

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	09/22/2018	Page 43 of 52
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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Business Leaders for Ethical Government

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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Crown Connect San Bernardino, CA 92408	LIT		Door Hangers	\$1,772.28
Voter Link Alpine, UT 84004	LIT		Voter File	\$650.00
Voter Link Alpine, UT 84004	LIT		Voter File	\$650.00
COGS South Signs Santa Ana, CA 92707	CMP			\$2,101.12
Impact Signage Santa Ana, CA 92707	CMP			\$600.00

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	09/22/2018	Page 44 of 52
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COGS South Signs Santa Ana, CA 92707	CMP			\$2,101.12
Impact Signage Santa Ana, CA 92707	CMP			\$600.00
3AM Communications Manteca, CA 95337	LIT		Graphic Design	\$600.00
3AM Communications Manteca, CA 95337	LIT		Graphic Design	\$600.00
COPS Voter Guide Inc. Folsom, CA 95630	LIT		Slate Mailer	\$400.00
Committee ID: 599014				

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2018</u>		
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NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Election Digest Torrance, CA 90505	LIT		Slate Mailer	\$58.00
Committee ID: 1345303 The La Jolla Group San Diego, CA 92111	CNS			\$15,500.00
COPS Voter Guide Inc. Folsom, CA 95630	IND		Slate Mailer Supporting Ricky Felix	\$400.00
Committee ID: 599014 Election Digest Torrance, CA 90505	IND		Slate Mailer Supporting Ricky Felix	\$135.00
Committee ID: 1345303 CALSAL Voter Guide Torrance, CA 90505	LIT		Slate Mailer	\$68.00
Committee ID: 1368249				

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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Statement covers period		CALIFORNIA FORM 460
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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALSAL Voter Guide Torrance, CA 90505 Committee ID: 1368249	IND		Slate Mailer Supporting Ricky Felix	\$93.00
California Voter Guide Torrance, CA 90505 Committee ID: 595004	IND		Slate Mailer Supporting Ricky Felix	\$73.00
Budget Watchdogs Torrance, CA 90505 Committee ID: 1345115	IND		Slate Mailer Supporting Ricky Felix	\$172.00
Our California Latino Voters Guide Los Angeles, CA 90041 Committee ID: 1322246	IND		Slate Mailer Supporting Ricky Felix	\$300.00
Latino Family Voter Guide Long Beach, CA 90802 Committee ID: 1386464	IND		Slate Mailer Supporting Ricky Felix	\$449.98

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2018</u>		
through <u>09/22/2018</u>		Page <u>47</u> of <u>52</u>
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Families Vote Green Long Beach, CA 90802 Committee ID: 1408055	IND		Slate Mailer Supporting Ricky Felix	\$449.86
Educate Your Vote Encino, CA 91436 Committee ID: 1345655	IND		Slate Mailer Supporting Ricky Felix	\$150.00
California Taxpayer Protection Voter Guide Elk Grove, CA 95624 Committee ID: 1299482	IND		Slate Mailer Supporting Ricky Felix	\$150.00
Conservative Voter Guide Elk Grove, CA 95624 Committee ID: 1336975	IND		Slate Mailer Supporting Ricky Felix	\$150.00
California Voter Guide Torrance, CA 90505 Committee ID: 595004	LIT		Slate Mailer	\$47.00

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SUBTOTAL \$57,738.29

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
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| 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, email) |

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
Scott & Cronin LLP Encinitas, CA 92024	PRO	\$0.00	\$1,000.00	\$0.00	\$1,000.00
	SUBTOTALS	\$0.00	\$1,000.00	\$0.00	\$1,000.00

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

Schedule F Summary

- 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** \$1,000.00
- 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
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$1,000.00
May be a negative number.

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

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

Statement covers period
 from 01/01/2018
 through 09/22/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Business Leaders for Ethical Government

I.D. NUMBER
 1407824

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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 |
| 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, email) |

* 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

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* 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 H – Loans Made to Others*

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

Statement covers period from <u>01/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1407824	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

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		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
		SUBTOTALS						

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

** If Required

(May be a negative number)

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	09/22/2018	Page 51 of 52
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/17/2018	Voter Newsletter, A Project of Coalition of CA Sherman Oaks, CA 91403 Filer ID: 1355767	Refund: Not Publishing	\$595.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$595.00

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$595.00
2. Unitemized increases to cash 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.).....	TOTAL \$595.00

Memo Reference:

Landslide Communications Sub-vendors: Women's Voice #1293667; CA Pubic Safety Voter Guide #1298740; Nat's Tax Limitation Comm. Early Voter Guide #1306386; Taxifornia-Tax Fighter's Voter Guide #1378949; Save Prop. 13 #598040; Inland Empire Republican Leadership Voter Guide #129367. Address for all slates: 30011 Ivy Glenn Drive Suite 223, Laguna Niguel CA 92677.
