Recipient Committee		,		COVER PAG
Campaign Statement			Date Stamp	CALIFORNIA 160
Cover Page			DLOL	FORM 460
(Government Code Sections 84200-84216.5)			UCC -V	/-
·	Statement covers period	Date of election if applicable:		
		(Month, Day, Year)	2017 JUL 31 AM	Page1 of9
	from10/23/2016	, , , , , , , , , , , , , , , , , , , ,	TOTAL ST AM	10: 02 For Official Use Only
SEE INSTRUCTIONS ON REVERSE				1 of Official Ose Offig
SEE INSTRUCTIONS ON REVERSE	through12/31/2016	11/08/2016	_ OFFICE OF	
1. Type of Recipient Committee: All Committees - C	and District	0 7 10	A CONTRACTOR	3
- om		2. Type of Statement:	UNIY OF NEYPORT A	EAH
State Candidate Election Committee	Primarily Formed Ballot Measure	☐ Preelection Statement		Quarterly Statement
Recall	Committee Controlled	X Semi-annual Statement		Special Odd-Year Report
(Also Complete Pert 5)	Sponsored	☐ Termination Statement		Supplemental Preelection
_	(Also Complete Part 6)	(Also file a Form 410 Te	rmination)	Statement - Attach Form 495
☐ General Purpose Committee	, as complete, are of	X Amendment (Explain be		Action - Attach Form 495
	Primarily Formed Candidate/		,	
	Officeholder Committee	<u>Updated Information</u>		
O Political Party/Central Committee	'Also Complete Part 7)			
3. Committee Information	D. NUMBER 1384394	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1304394			
SHELLEY HENDERSON FOR CITY COUNCIL 2016		NAME OF TREASURER		
		Cine D. Ivery		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		111 N. La Brea Ave., S	Suite 408	
111 N. La Brea Ave., Suite 408		CITY	STATE ZIF	P CODE AREA CODE/PHONE
CITY		Inglewood	CA S	90301 (310)817-6679
STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		(310) 617-6679
Inglewood CA 9030	01 (310)817-6679	Michelle Moore Sanders		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	OX	MAILING ADDRESS		
		111 N La Brea Ave., Su	ite 400	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY		
		Inglewood		P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS				90301 (310)817-6679
(310)672-6679 / cine@politicalreportingplus.	com	OPTIONAL: FAX / E-MAIL ADDRE	SS	
Verification				
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	this statement and to the best of my know	wledge the information contained here	in and in the attached sche	edules is true and complete. I certify
persons, or perjury under the laws of the state of California	that the foregoing is true and correct.			and complete. Teerthy
Executed on07/28/2017	D	line of	A	
Date	Ву	Signature Treasurer of Assistant Tre	asurer	<u></u>
Executed on07/28/2017	B. Mall	Very WI Her	lama)	
Date	BySignature of Contr	rolling Officeholder, Candidate, State Measure Propo	nent or Responsible Officer of Same	-
Executed on	/	The measure in topo	name of responsible Officer of Spons	OI .
Date	Ву	Signature of Controlling Officeholder, Candidate, State	Measure Proponent	
Executed on		Salaria de la companya de la company		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

	COVER	PAGE - PART 2
	FORNIA DRM	460
Page _	2	of9

Officeholder or Candidate Controlled Co	mmittee		6	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			·		NAME OF BALLOT MEASURE				
Shelley Henderson									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
City Council Member: Newport Beach Distr	rict 2								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP			<u> </u>			
111 N. La Brea Ave., Suite 408	Inglewood	CA	90301		Identify the controlling office	eholder, ca	ndidate, or st	ate measure	proponent, if any
			30301		NAME OF OFFICEHOLDER, CANE	DIDATE, OR PI	ROPONENT	- <u> </u>	
Related Committees Not Included in this	Statement: L	ist anv comn	nittees						
not included in this statement that are controlled by contributions or make expenditures on behalf of you	vou or are primaril	ly formed to	receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME									
COMMITTEENAME	I.D. NUMBER	₹							
	ļ								
NAME OF TREASURER	CONTROLLE	D COMMITTEE	7	7.	Primarily Formed Cand	idate/Offic	eholder Co	mmittee i	ist names of
	☐ YES	☐ NO			officeholder(s) or candidate(s)	tor which thi	s committee is	primarily for	ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX)				NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
									OPPOSE
CITY STATE 2	ZIP CODE	AREA CODE/	PHONE	i	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	-
									SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			:	NAME OF OFFICE IOLDED OD O				
					NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED	D COMMITTEE	?		NAME OF OFFICE VOLUME		<u> </u>	 .	U OFFOSE
	☐ YES	□ NO		ı	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUC	SHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)			-					OPPOSE
CITY STATE 7	VID 0005								
CITY STATE Z	ZIP CODE	AREA CODE/F	PHONE		Attach	continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUI	Vimar'	Y PAGE

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

Summary Page		to whole dollars.	iaea		ment covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					from		Page3 of9
SHELLEY HENDERSON FOR CITY COUNCIL 2016							I.D. NUMBER
		Column A		Calarra		Ta i	1384394
Contributions Received		TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEA TOTAL TO DATE	R	Running in Both the	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	130.00	\$	1,73	34.00	General Elections	
2. Loans Received Schedule B, Line 3		0.00		10	00.00	1/1 th	rough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2		130.00	\$	1,83	34.00	20. Contributions	_
4. Nonmonetary Contributions Schedule C, Line 3		0.00			0.00	Received \$	\$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	130.00	\$	1,83	4.00		\$
Expenditures Made						Expenditure Limit S	
6. Payments Made Schedule E, Line 4	\$	442.33	\$	1,74	7.59	Candidates	ounnitary for State
7. Loans Made Schedule H, Line 3		0.00			0.00		
3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		442.33	\$	1,74	7.59	22. Cumulative	e Expenditures Made* /oluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		125.00		1,75	0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00			0.00	(mm/dd/yy)	total to Date
11. TOTAL EXPENDITURES MADE	\$	567.33	\$	3,49	7.59		- \$
Current Cash Statement							_ \$
2. Beginning Cash Balance Previous Summary Page, Line 16		398.74	To	calculate Column I	R add		·
3. Cash Receipts Column A, Line 3 above		130.00	am	ounts in Column A	to the		
4. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	cor fror	responding amou m Column B of yo	nts ur last	*Amounts in this section ma	ay be different from amounts
5. Cash Payments		442.33	rep	ort. Some amoun	ts in	reported in Column B.	
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	86.41	figu	lumn A may be ne ares that should be	е		
If this is a termination statement, Line 16 must be zero.			per	otracted from previon amounts. If the	is is		
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	first report being this calendar year ry over the amour	r, only		
Cash Equivalents and Outstanding Debts			fror	n Lines 2, 7, and			
8. Cash Equivalents See instructions on reverse	\$	0.00	any	/) .			
9. Outstanding Debts Add Line 2 + Line 9 in Column B above		1,850.00					
					İ		FPPC Form 460 (Jan/2016)

Schedule								
Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov	•	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through _12/31/2	016		4 4 6	
NAME OF FILER				till Odgii	010	Page _	of9	
SHELLEY HEN	DERSON FOR CITY COUNCIL 2016					I.D. NUMI		
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	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR Y	EAR	PER ELECTION TO DATE	
10/26/2016	Mac Markey		(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	(JAN. 1 - DEC	. 31)	(IF REQUIRED)	
10/26/2016	Mae Mackey	⊠IND □COM □OTH □PTY □SCC	Sr. Vice President Sun West Mortgage	Received through inter Anedot 5555 Hilton Ave., Suit Baton Rouge, LA 70808	mediary: e 106	100.00		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	100.00				
I. Amount red (Include all 2. Amount red	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)			100.00	*Contr IND – COM -	ributor Code Individual - Recipient ((other than	Committee n PTY or SCC) a., business entity)	
Total monet	tary contributions received this period. 1 and 2. Enter here and on the Summary Page. Colum			130.00	SCC-	Political Pa Small Cont	arty tributor Committee	

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

CALIFORN FORM	IA 460
Page5	of9
1384394 (f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
\$500.00	CALENDAR YEAR \$ 100.00 PER ELECTION**
03/24/2016 DATE INCURRED	\$
s	\$ PER ELECTION **
DATE INCURRED	\$
s	\$ PER ELECTION **
DATE INCURRED	\$

Schedule B – Part 1	A	nounts may be r		ſ			SCH	EDULE B - PART
Loans Received	АП	Statement co	•	CALIFORNIA 460				
					from10/2	23/2016	FORM	700
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2016	Page 5	of <u>9</u>
NAME OF FILER							I.D. NUMBER	. 01
SHELLEY HENDERSON FOR CITY COUNCIL 20	16							
		(a)	(b)	(a)	(4)		1384394	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT	(c) AMOUNT PAI OR FORGIVE THIS PERIOR	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION: TO DATE
Shelley Henderson 885 Seagull Lane, B305	Consultant Empowerment Inc.			PAID	12,1100			CALENDAR YEAR
Newport Beach, CA 92663				\$0.00	0 \$ 100.00	0.00 %	\$ 500.00	\$100.00
				FORGIVEN		RATE	-	PER ELECTION*
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$100.00	\$0.00	\$0.00	03/24/2017 DATE DUE	\$0.00	03/24/2016 DATE INCURRED	s
				PAID				CALENDAR YEAR
				\$	_ \$	%	\$	s
				FORGIVEN		RATE		PER ELECTION **
†□ IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	s	%	s	\$
				FORGIVEN		RATE		PER ELECTION **
† IND COM OTH PTY SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS \$	0.00\$	0.0	0\$ 100.00	\$ 0.00		<u>I</u>
Schedule B Summary						(Enter (e) on Schedule E. Line 3)		
Loans received this period (Total Column (b) plus writers: 11.				Φ.		ouridate E, Erre of		
(Total Column (b) plus unitemized loans	s of less than \$100.)	•••••	••••••	\$	0.00	(+0		
Loans paid or forgiven this period (Total Column (a) plus languages and a final column.				_		i	ontributor Codes D – Individual	
(rotal Column (c) plus loans under \$100) paid or forgiven.)		•••••••	\$	0.00		M – Recipient Co	
(Include loans paid by a third party that	are also itemized on Sched	lule A.)				ОТ	other than F H – Other (e.g., t	business entity)
3. Net change this period. (Subtract Line	2 from Line 1.)			NFT ¢	0.00	PT SC	Y – Political Party C – Small Contrib	utor Committee
Enter the net here and on the Summan	y Page, Column A, Line 2.		•••••••••••••••••••••••••••••••••••••••	(N	flay be a negative number)	<u> </u>		
*Amounts forgiven or paid by another party also r	must be reported on Schedule A.)						

** If required.

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may to whole		led		Statem from	ent covers period 10/23/2016 12/31/2016	FO	SCHEDULE ORNIA 460
NAME OF FILER		· · · · · · · · · · · · · · · · · · ·				227 317 2010	Page _	
SHELLEY HENDERSON FOR CITY COUNCIL 2016							I.D. NUN	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings ar OFC office experience PET petition circu PHO phone bank POL polling and POS postage, de	nmunicatio nd appeara nses ulating s survey res livery and	ns nces	R. R. S. TE TF TS VV	AD radio FD return AL camp FL t.v. or Candi RS staff/s F transf DT voter	be the payment. airtime and production ned contributions aign workers' salaries cable airtime and pro date travel, lodging, an spouse travel, lodging, for between committee registration nation technology costs	s duction costs nd meals and meals es of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPT	TION OF PA	YMENT		AMOUNT PAID
Political Reporting Plus 111 N. La Brea Ave., Suite 408 Inglewood, CA 90303		PRO	Political Ac					375.00
Secretary Of State 1500 11th Street, Room 495 Sacramento, CA 95814		FIL	2017 Annual	Filing Fe	ee			50.00
Payments that are contributions or independent expenditures	must also be summa	arized on	Schedule D.			SII	BTOTAL \$	425.0

Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 442.33

Schedule	∍ F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 10/23/2016 through __12/31/2016 Page __7___ of __9__

I.D. NUMBER

1384394

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SHELLEY HENDERSON FOR CITY COUNCIL 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating PET TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks PHO TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* ND 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 campaign literature and mailings ШΤ PRT print ads WEB information technology costs (internet, e-mail)

				The state of the s	
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
Political Reporting Plus 111 N. La Brea Ave., Suite 408 Inglewood, CA 90303	PRO Political Accounting	375.00	0.00	375.00	0.00
Political Reporting Plus 111 N. La Brea Ave., Suite 408 Inglewood, CA 90303	PRO Political Accounting - May, 2016	250.00	0.00	0.00	250.00
Political Reporting Plus 111 N. La Brea Ave., Suite 408 Inglewood, CA 90303	PRO Political Accounting - June, 2016	250.00	0.00	0.00	250.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	875.00\$	0.00\$	375.00\$	500.00

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.) Total accrued expenses paid this point of the first of the fi	500.00
accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	
NET 7	May be a negative number

		SCHEDU	LEF (CONT.
Statement covers p	eriod	CALIFORNIA	160
from10/23/201	6	FORM	400
through 12/31/201	6	Page8	of9
	1.	.D. NUMBER	
	1	1384394	

SHELLEY HENDERSON FOR CITY COUNCIL 2016

NAME OF FILER

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

CMP	compaign neverther still to		payment, you may enter the code.	Otherwise	e, describe the payment
CNS		MBR	member communications		· •
	campaign consultants	MTG	meetings and appearances	IVAD	the artific and production costs
СТВ	contribution (explain nonmonetary)*			RFD	returned contributions
CVC	civic donations		amer emperiood	SAL	campaign workers' salaries
FIL	candidate filing/ballot fees		petition circulating		t.v. or cable airtime and production costs
	fundraising events	PHO	phone banks	TRC	candidate travel ledeler and production costs
		POL	polling and survey research	TDC	candidate travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	11/0	staff/spouse travel, lodging, and meals
LEG	legal defense	PRO	professional assistance	TSF	transfer between committees of the same candidate/sponsor
பா	campaign literature and mailings	FNO	professional services (legal, accounting)	VOT	voter registration
	•	PRT	print ads		information technology costs (internet, e-mail)
^ Pay	ments that are contributions or independent expanditures must also				internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Political Reporting Plus	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
Inglewood, CA 90303	PRO Political Accounting - July, 2016	250.00	0.00	0.00	OF THIS PERIOD 250.0
Political Reporting Plus 111 N. La Brea Ave., Suite 408 Inglewood, CA 90303	PRO Political Accounting - August, 2016	250.00	0.00	0.00	250.00
Political Reporting Plus 111 N. La Brea Ave., Suite 408 Inglewood, CA 90303	PRO Political Accounting - September, 2016	250.00	0.00	0.00	250.00
Political Reporting Plus 111 N. La Brea Ave., Suite 408 Inglewood, CA 90303	PRO Political Accounting - October, 2016	0.00	250.00	0.00	250.00
	SUBTOTALS \$	750.00\$	250.00\$	0.00\$	

	OOTILBOLLT (CONT.
Statement covers period	CALIFORNIA 160
from10/23/2016	FORM 40U
 through12/31/2016	Page 9 of 9
	I.D. NUMBER
	1384394

SHELLEY HENDERSON FOR CITY COUNCIL 2016

NAME OF FILER

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

CMP	campaign paraphernalia/misc		proprietty you may enter the code.	Otherwis	e, describe the payment.
CNS CTB CVC FIL FND	civic donations candidate filing/ballot fees fundraising events	MTG OFC PET PHO	member communications meetings and appearances office expenses petition circulating phone banks	RAD RFD SAL TEL TRC	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals
LIT	independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings rments that are contributions or independent expenditures must als	POS PRO PRT	polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	TRS TSF VOT	staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)

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

		Ţ 			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Political Reporting Plus	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
111 N. La Brea Ave., Suite 408 Inglewood, CA 90303	PRO Political Accounting - November, 2016	0.00	250.00	0.00	250.
	SUBTOTALS \$	0.00\$	250.00\$	0.00\$	250.0