

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

|            |   |                            |
|------------|---|----------------------------|
| Date Stamp | <div style="border: 2px solid red; padding: 5px; color: red;">           E-Filed<br/>           02/01/2021<br/>           10:32:42<br/><br/>           Filing ID:<br/>           196630875         </div> | CALIFORNIA FORM 460        |
|            |   | Page <u>1</u> of <u>13</u> |
|            |   | For Official Use Only      |

|   |   |
|---|---|
| <b>Statement covers period</b><br>from <u>10/18/2020</u><br><br>through <u>12/31/2020</u> | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br>_____ |
|---|---|

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

### 2. Type of Statement:

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement<br><input checked="" type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination)<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

### 3. Committee Information

I.D. NUMBER  
1434357

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council

STREET ADDRESS (NO P.O. BOX)

|                     |           |              |                       |
|---------------------|-----------|--------------|-----------------------|
| CITY                | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>Santa Monica</u> | <u>CA</u> | <u>90401</u> | <u>(209) 656-1542</u> |

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

|                     |           |              |                 |
|---------------------|-----------|--------------|-----------------|
| CITY                | STATE     | ZIP CODE     | AREA CODE/PHONE |
| <u>Santa Monica</u> | <u>CA</u> | <u>90401</u> |                 |

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER  
Kelly Lawler

MAILING ADDRESS

|               |           |              |                       |
|---------------|-----------|--------------|-----------------------|
| CITY          | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>Hilmar</u> | <u>CA</u> | <u>95324</u> | <u>(209) 656-1542</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|      |       |          |                 |

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 01/26/2021  
Date

By Kelly Lawler  
Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_  
Date

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

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

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

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|  |  |  |
|--|--|--|
| NAME OF OFFICEHOLDER OR CANDIDATE<br>Mario Fonda-Bonardi | OFFICE SOUGHT OR HELD<br>City Council Member | <input checked="" type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|--|--|--|

|  |  |  |
|--|--|--|
| NAME OF OFFICEHOLDER OR CANDIDATE<br>Oscar De La Torre | OFFICE SOUGHT OR HELD<br>City Council Member | <input checked="" type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|--|--|--|

|  |  |  |
|--|--|--|
| NAME OF OFFICEHOLDER OR CANDIDATE<br>Christine Parra | OFFICE SOUGHT OR HELD<br>City Council Member | <input checked="" type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|--|--|--|

|   |  |  |
|---|--|--|
| NAME OF OFFICEHOLDER OR CANDIDATE<br>Phil Brock | OFFICE SOUGHT OR HELD<br>City Council Member | <input checked="" type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|---|--|--|

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 10/18/2020 |                                |
| through   | 12/31/2020 | Page <u>3</u> of <u>13</u>     |
| NAME OF FILER<br>Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council |            | I.D. NUMBER<br>1434357         |

SEE INSTRUCTIONS ON REVERSE

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 16,200.00   | \$ 37,139.00                               |
| 2. Loans Received ..... Schedule B, Line 3            | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 16,200.00   | \$ 37,139.00                               |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 16,200.00   | \$ 37,139.00                               |

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

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

## Expenditures Made

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 26,021.87   | \$ 35,176.18                               |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00   | 0.00                                       |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 26,021.87   | \$ 35,176.18                               |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | -10,035.31   | 0.00                                       |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0.00   | 0.00                                       |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 15,986.56   | \$ 35,176.18                               |

## Expenditure Limit Summary for State Candidates

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

## Current Cash Statement

|  |              |
|--|--------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16                    | \$ 11,784.69 |
| 13. Cash Receipts ..... Column A, Line 3 above                                     | 16,200.00    |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                       | 1,490.52     |
| 15. Cash Payments ..... Column A, Line 8 above                                     | 26,021.87    |
| 16. <b>ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 3,453.34  |
| <i>If this is a termination statement, Line 16 must be zero.</i>                   |              |
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2                              | \$ 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).

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

## Cash Equivalents and Outstanding Debts

|   |         |
|---|---------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ 0.00 |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 0.00 |

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 10/18/2020 |                            |
| through                 | 12/31/2020 | Page 4 of 13               |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council | I.D. NUMBER<br>1434357 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)                | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 10/29/2020         | ACTION Candidate PAC, sponsored by the Action Apartment Association (ID# 1433350)<br>Santa Monica, CA 90404 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 5,000.00                    | 5,000.00  | G2020 \$5,000.00                   |
| 11/03/2020         | California Airport & Pilot PAC (ID# 811653)<br>Holualoa, HI 96725   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 400.00                      | 400.00  | G2020 \$400.00                     |
| 10/28/2020         | Mark Kreher<br>Santa Monica, CA 90405   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>Retired   | 2,000.00                    | 2,500.00  | G2020 \$2,500.00                   |
| 10/22/2020         | Kirk Lazarus<br>Woodland hills, CA 91367  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Designer<br>MDL  | 8,200.00                    | 8,200.00  | G2020 \$8,200.00                   |
| 10/28/2020         | Carole Meltzner<br>Santa Monica, CA 90402   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>Retired   | 500.00                      | 500.00  | G2020 \$500.00                     |
| <b>SUBTOTAL \$</b> |   |   |  | 16,100.00                   |   |                                    |

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 16,100.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 100.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 16,200.00

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

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

Amounts may be rounded  
to whole dollars.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 10/18/2020 |                            |
| through                 | 12/31/2020 | Page <u>5</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council | I.D. NUMBER<br>1434357 |
|---|------------------------|

| 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) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 10/18/2020         | Phil Brock<br>City Council Member<br>City of Santa Monica   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input checked="" type="checkbox"/> Independent Expenditure | Text Messages             | 497.63             | 3,686.82  | G2020 \$3,686.82                   |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
| 10/18/2020         | Oscar De La Torre<br>City Council Member<br>City of Santa Monica                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input checked="" type="checkbox"/> Independent Expenditure | Text Messages             | 497.63             | 3,686.82  | G2020 \$3,686.82                   |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
| 10/18/2020         | Mario Fonda-Bonardi<br>City Council Member<br>City of Santa Monica                                  | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input checked="" type="checkbox"/> Independent Expenditure | Text Messages             | 497.63             | 3,686.81  | G2020 \$3,686.81                   |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |  |                           | 1,492.89           |   |                                    |

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 1,990.52
- 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 \$** 1,990.52

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

SCHEDULE D (CONT.)

Amounts may be rounded  
to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>10/18/2020</u><br>through <u>12/31/2020</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>6</u> of <u>13</u> |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council | I.D. NUMBER<br>1434357 |
|---|------------------------|

| 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) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 10/18/2020         | Christine Parra<br>City Council Member<br>City of Santa Monica                                      | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input checked="" type="checkbox"/> Independent Expenditure | Text Messages             | 497.63             | 7,151.82  | G2020 \$7,151.82                   |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |  |                           | 497.63             |   |                                    |

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period  |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from   | 10/18/2020 |                                |
| through  | 12/31/2020 | Page 7 of 13                   |
| NAME OF FILER  |            | I.D. NUMBER                    |
| Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council |            | 1434357                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council

I.D. NUMBER

1434357

**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, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Action Apartment Association<br>Santa Monica, CA 90404              | SAL  |    |                        | 2,229.33    |
| Benbrook Law Group, PC<br>Sacramento, CA 95814                      | PRO  |    |                        | 1,505.00    |
| Benbrook Law Group, PC<br>Sacramento, CA 95814                      | PRO  |    |                        | 455.00      |

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

**SUBTOTAL \$** 4,189.33

**Schedule E Summary**

|  |                 |                  |
|--|-----------------|------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | 26,021.87        |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | 0.00             |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              | 0.00             |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> | <u>26,021.87</u> |

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

Amounts may be rounded  
to whole dollars.

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period  |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from   | 10/18/2020 |                                |
| through  | 12/31/2020 | Page <u>8</u> of <u>13</u>     |
| NAME OF FILER  |            | I.D. NUMBER                    |
| Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council |            | 1434357                        |

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, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| eFundraising Connections<br>Sacramento, CA 95816                    | OFC  |    |                        | 113.00      |
| eFundraising Connections<br>Sacramento, CA 95816                    | OFC  |    |                        | 6.63        |
| eFundraising Connections<br>Sacramento, CA 95816                    | OFC  |    |                        | 2.75        |
| eFundraising Connections<br>Sacramento, CA 95816                    | OFC  |    |                        | 369.50      |
| eFundraising Connections<br>Sacramento, CA 95816                    | OFC  |    |                        | 1.63        |

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

**SUBTOTAL \$** 493.51



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

Amounts may be rounded  
to whole dollars.

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period  |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from   | 10/18/2020 |                                |
| through  | 12/31/2020 | Page <u>9</u> of <u>13</u>     |
| NAME OF FILER  |            | I.D. NUMBER                    |
| Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council |            | 1434357                        |

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, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT        | AMOUNT PAID |
|---|------|----|-------------------------------|-------------|
| eFundraising Connections<br>Sacramento, CA 95816                    | OFC  |    |                               | 90.50       |
| Laurence Eubank<br>Santa Monica, CA 90403                           | IND  |    | Text Messages                 | 1,990.52    |
| Dominic Gomez<br>Santa Monica, CA 90405                             | IND  |    | Printing, Mailing and Postage | 10,035.31   |
| Dominic Gomez<br>Santa Monica, CA 90405                             | CMP  |    |                               | 144.00      |
| Integrated Solutions: Political<br>San Diego, CA 92116              | OFC  |    |                               | 150.00      |

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

**SUBTOTAL \$** 12,410.33

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

Amounts may be rounded  
to whole dollars.

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period  |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from   | 10/18/2020 |                                |
| through  | 12/31/2020 | Page <u>10</u> of <u>13</u>    |
| NAME OF FILER  |            | I.D. NUMBER                    |
| Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council |            | 1434357                        |

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, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Integrated Solutions: Political<br>San Diego, CA 92116              | OFC  |    |                        | 150.00      |
| Kirk Lazarus<br>Woodland hills, CA 91367                            | RFD  |    |                        | 8,200.00    |
| The KAL Group, Inc.<br>Hilmar, CA 95324                             | PRO  |    |                        | 578.70      |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$** 8,928.70

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

Amounts may be rounded  
to whole dollars.

|  |            |                            |
|--|------------|----------------------------|
| Statement covers period  |            | <b>CALIFORNIA FORM 460</b> |
| from   | 10/18/2020 |                            |
| through  | 12/31/2020 | Page 11 of 13              |
| NAME OF FILER  |            | I.D. NUMBER                |
| Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council |            | 1434357                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council

I.D. NUMBER  
1434357

**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, e-mail)           |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT    | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|------------------------------------|---|--|
| Dominic Gomez<br>Santa Monica, CA 90405                                | IND Printing, Mailing and Postage | 10,035.31   | 0.00                               | 10,035.31   | 0.00   |
|  |                                   |   |                                    |   |  |
|  |                                   |   |                                    |   |  |

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

|                     |             |        |             |      |
|---------------------|-------------|--------|-------------|------|
| <b>SUBTOTALS \$</b> | 10,035.31\$ | 0.00\$ | 10,035.31\$ | 0.00 |
|---------------------|-------------|--------|-------------|------|

**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.) ..... **INCURRED TOTALS \$** 0.00
- 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 \$** 10,035.31
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -10,035.31  
May be a negative number

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

Amounts may be rounded to whole dollars.

Statement covers period  
 from 10/18/2020  
 through 12/31/2020

SCHEDULE G

**CALIFORNIA FORM 460**

Page 12 of 13

I.D. NUMBER  
1434357

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Laurence Eubank

**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, e-mail)           |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Text Magic<br>United Kingdom,   | CMP  |    |                        | 1,990.52    |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 1,990.52

\* 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 I  
Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/18/2020  
through 12/31/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santa Monicans For Change 2020 in support of Christine Parra, Mario Fonda-Bonardi, Phil Brock and Oscar De La Torre for City Council

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT         | AMOUNT OF INCREASE TO CASH |
|---------------|---|--------------------------------|----------------------------|
| 11/03/2020    | Laurence Eubank<br>Santa Monica, CA 90403                                 | Refund on unused text messages | 1,490.52                   |
|               |   |                                |                            |
|               |   |                                |                            |
|               |   |                                |                            |
|               |   |                                |                            |
|               |   |                                |                            |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 1,490.52

**Schedule I Summary**

- 1. Itemized increases to cash this period. .... \$ 1,490.52
- 2. Unitemized increases to cash of under \$100 this period. .... \$ 0.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ 0.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** 1,490.52