

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	<b>CALIFORNIA 2001/02 FORM</b>	<b>460</b>
	Page <u>1</u> of <u>45</u>	
	For Official Use Only	

<p style="text-align: center;"><b>Statement covers period</b></p> <p>from <u>09/23/2018</u></p> <p>through <u>10/20/2018</u></p>	<p style="text-align: center;"><b>Date of election if applicable:</b> (Month, Day, Year)</p> <p>_____</p>
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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="checkbox"/> Ballot Measure Committee                            |
| <input type="radio"/> State Candidate Election Committee              | <input type="radio"/> Primary Formed   |
| <input type="radio"/> Recall  | <input type="radio"/> Controlled   |
| (Also Complete Part 5.)   | <input type="radio"/> Sponsored  |
| <input checked="" type="checkbox"/> General Purpose Committee         | (Also Complete Part 6.)  |
| <input type="radio"/> Sponsored                                       | <input type="checkbox"/> Primary Formed Candidate/<br>Officeholder Committee |
| <input type="radio"/> Small Contributor Committee                     | (Also Complete Part 7.)  |
| <input type="radio"/> Political Party/Central Committee               |  |

## 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<br>Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) |  |

Amendment to include accrued expenses received after deadline. The La Jolla Group - \$13,500 & 716.80

## 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 01/04/2019 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 45

**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

NAME OF TREASURER      CONTROLLED COMMITTEE?  
 YES       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?  
 YES       NO

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

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

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

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

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

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 3 of 45
		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	\$59,500.00	\$171,430.04
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$59,500.00	\$171,430.04
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$59,500.00	\$171,430.04

### 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

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made .....	Schedule E, Line 4	\$54,771.64	\$112,559.93
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$54,771.64	\$112,559.93
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$16,564.50	\$27,564.50
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$71,336.14	\$140,124.43

### 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	\$54,736.75	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	\$59,500.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$1,292.24	
15. Cash Payments .....	Column A, Line 8 above	\$54,771.64	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$60,757.35	
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	\$27,564.50

\*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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 4 of 45
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)
10/11/2018	Jeffrey S. Burum 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	Jeffrey Burum Enterprises Real Estate Developer	\$20,000.00	\$20,000.00	
10/11/2018	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	\$9,500.00	\$49,500.00	
10/11/2018	Morongo Band of Mission Indians Banning, CA 92220	<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	\$30,000.00	\$30,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL** \$59,500.00

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$59,500.00
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.) .....	<b>TOTAL</b> \$59,500.00

\*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 09/23/2018  
through 10/20/2018

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

## Schedule B Summary

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)

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

\* 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>09/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>45</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>09/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
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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.

SCHEDULE D

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 8 of 45
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

SEE INSTRUCTIONS ON REVERSE

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)
9/28/2018	Payee Name: Lucio for City Council 2018 Candidate Name: Marc Lucio City Council Member District 3 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$214.00	\$569.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/28/2018	Payee Name: Lucio for City Council 2018 Candidate Name: Marc Lucio City Council Member District 3 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$104.00	\$569.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/28/2018	Payee Name: Lucio for City Council 2018 Candidate Name: Marc Lucio City Council Member District 3 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$157.00	\$569.00	
	<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.) ..... \$52,817.33
- 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** \$52,817.33



**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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 9 of 45

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)
9/28/2018	Payee Name: Lucio for City Council 2018 Candidate Name: Marc Lucio City Council Member District 3 Jurisdiction: City of Chino	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$94.00	\$569.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2018	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	Signs	\$932.00	\$7,404.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2018	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	Sign Placement	\$450.00	\$7,404.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2018	Payee Name: Yvette Walker - IE 2018 Candidate Name: Yvette Walker City Council Member District 2 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Signs	\$932.00	\$1,382.00	
	<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.  
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Statement covers period		<b>CALIFORNIA FORM 460</b>
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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)
10/4/2018	Payee Name: Yvette Walker - IE 2018 Candidate Name: Yvette Walker City Council Member District 2 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Sign Placement	\$450.00	\$1,382.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/9/2018	Payee Name: Gino Fillipi - IE 2018 Candidate Name: Gino Fillipi 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	Mailer	\$1,795.78	\$4,665.23	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/9/2018	Payee Name: Gino Fillipi - IE 2018 Candidate Name: Gino Fillipi 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	Graphic Design	\$450.00	\$4,665.23	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/12/2018	Payee Name: Bill Holland - 2018 IE Candidate Name: Bill Holland City Council Member District 2 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$1,575.92	\$7,364.24	
	<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.  
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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
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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)
10/12/2018	Payee Name: Bill Holland - 2018 IE Candidate Name: Bill Holland City Council Member District 2 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Graphic Design	\$300.00	\$7,364.24	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/12/2018	Payee Name: Bill Holland - 2018 IE Candidate Name: Bill Holland City Council Member District 2 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter File	\$118.50	\$7,364.24	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/12/2018	Payee Name: Paul Leon - 2018 IE Candidate Name: Paul Leon Mayor Jurisdiction: City of Ontario	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$7,341.17	\$7,942.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/12/2018	Payee Name: Paul Leon - 2018 IE Candidate Name: Paul Leon Mayor Jurisdiction: City of Ontario	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Graphic Design	\$300.00	\$7,942.00	
	<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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
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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)
10/12/2018	Payee Name: Paul Leon - 2018 IE Candidate Name: Paul Leon Mayor Jurisdiction: City of Ontario	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter File	\$300.83	\$7,942.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/2018	Payee Name: Bill Holland - 2018 IE Candidate Name: Bill Holland City Council Member District 2 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Graphic Design	\$300.00	\$7,364.24	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/18/2018	Payee Name: Bill Holland - 2018 IE Candidate Name: Bill Holland City Council Member District 2 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$1,546.10	\$7,364.24	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/18/2018	Payee Name: Bill Holland - 2018 IE Candidate Name: Bill Holland City Council Member District 2 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$1,461.86	\$7,364.24	
	<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.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 13 of 45
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)
10/18/2018	Payee Name: Bill Holland - 2018 IE Candidate Name: Bill Holland City Council Member District 2 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Graphic Design	\$300.00	\$7,364.24	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/18/2018	Payee Name: Bill Holland - 2018 IE Candidate Name: Bill Holland City Council Member District 2 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Graphic Design	\$300.00	\$7,364.24	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/18/2018	Payee Name: Gino Fillipi - IE 2018 Candidate Name: Gino Fillipi 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	Graphic Design	\$400.00	\$4,665.23	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/20/2018	Payee Name: Bill Holland - 2018 IE Candidate Name: Bill Holland City Council Member District 2 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$1,461.86	\$7,364.24	
	<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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 14 of 45
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)
10/20/2018	Payee Name: Gino Fillipi - IE 2018 Candidate Name: Gino Fillipi 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	Mailer	\$1,719.45	\$4,665.23	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/20/2018	Payee Name: Gino Fillipi - IE 2018 Candidate Name: Gino Fillipi 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	Graphic Design	\$300.00	\$4,665.23	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/20/2018	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	Graphic Design	\$300.00	\$7,404.84	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/20/2018	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	Consulting	\$500.00	\$7,404.84	
	<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		<b>CALIFORNIA FORM 460</b>
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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)
10/20/2018	Payee Name: Larry Nava - IE 2018 Candidate Name: Larry Nava City Council Member District 2 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$1,461.86	\$1,761.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/20/2018	Payee Name: Larry Nava - IE 2018 Candidate Name: Larry Nava City Council Member District 2 Jurisdiction: City of Hesperia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Graphic Design	\$300.00	\$1,761.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/17/2018	Inland Empire Taxpayers Association PAC	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$6,000.00	\$6,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/25/2018	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	\$1,500.00	\$32,074.64	
	<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		<b>CALIFORNIA FORM 460</b>
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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)
9/25/2018	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	\$1,500.00	\$29,301.78	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/28/2018	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	\$277.00	\$6,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/28/2018	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	\$203.00	\$2,821.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/28/2018	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	\$122.00	\$2,821.00	
	<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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 17 of 45
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)
9/28/2018	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	\$154.00	\$6,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/28/2018	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	\$89.00	\$2,821.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/28/2018	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	\$130.00	\$6,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/28/2018	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	\$189.00	\$6,762.00	
	<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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 18 of 45
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)
9/28/2018	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"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Slate Mailer	\$157.00	\$2,821.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/2/2018	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	\$32,074.64	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/2/2018	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	\$29,301.78	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/2/2018	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	\$169.02	\$32,074.64	
	<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		<b>CALIFORNIA FORM 460</b>
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through	10/20/2018	Page 19 of 45

NAME OF FILER  
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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)
10/2/2018	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	Door Hangers	\$169.02	\$29,301.78	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/9/2018	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	Mailer	\$1,138.11	\$32,074.64	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/9/2018	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	Mailer	\$987.75	\$29,301.78	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/2018	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	\$1,041.26	\$32,074.64	
	<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		<b>CALIFORNIA FORM 460</b>
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through	10/20/2018	Page 20 of 45

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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)
10/16/2018	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	\$1,041.26	\$29,301.78	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/2018	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	Opposition Mailer	\$1,135.95	\$32,074.64	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/2018	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	Opposition Mailer	\$980.19	\$29,301.78	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/2018	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	\$32,074.64	
	<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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 21 of 45
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)
10/16/2018	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	Graphic Design	\$300.00	\$29,301.78	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/2018	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	Voter Link	\$100.00	\$32,074.64	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/2018	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	\$32,074.64	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/16/2018	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	\$32,074.64	
	<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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page <u>22</u> of <u>45</u>

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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)
10/16/2018	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	Graphic Design	\$300.00	\$29,301.78	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	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	\$625.00	\$29,301.78	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	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	Mailer	\$939.15	\$29,301.78	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	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	Opposition Mailer	\$980.19	\$29,301.78	
	<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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 23 of 45
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)
10/18/2018	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	Door Hangers	\$564.84	\$29,301.78	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	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	\$564.84	\$32,074.64	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	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	\$625.00	\$32,074.64	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	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	Opposition Mailer	\$773.51	\$32,074.64	
	<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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 24 of 45
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)
10/18/2018	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	Mailer	\$1,094.91	\$32,074.64	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	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	\$500.00	\$6,762.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	Payee Name: Brosowske for City Council 2018 Candidate Name: Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia  Memo Reference: NON274	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Consulting	\$500.00	\$4,415.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/18/2018	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	Consulting	\$500.00	\$3,609.69	
	<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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 25 of 45
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)
10/20/2018	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	\$100.00	\$32,074.64	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL** \$52,817.33

**Schedule E  
Payments Made**

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 26 of 45
SEE INSTRUCTIONS ON REVERSE		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
Landslide Communications Laguna Niguel, CA 92677	LIT		Slate Mailer - See Last Page	\$3,000.00
Budget Watchdogs Torrance, CA 90505	IND		Slate Mailer Supporting Marc Lucio	\$214.00
Committee ID: 1345115 Budget Watchdogs Torrance, CA 90505	LIT		Slate Mailer	\$203.00
Committee ID: 1345115				

\* 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.) .....	\$54,771.64
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> \$54,771.64

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

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

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from <u>09/23/2018</u>		
through <u>10/20/2018</u>		Page <u>27</u> of <u>45</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
Budget Watchdogs Torrance, CA 90505	LIT		Slate Mailer	\$277.00
Committee ID: 1345115 CALSAL Voter Guide Torrance, CA 90505	LIT		Slate Mailer	\$154.00
Committee ID: 1368249 CALSAL Voter Guide Torrance, CA 90505	IND		Slate Mailer Supporting Marc Lucio	\$104.00
Committee ID: 1368249 CALSAL Voter Guide Torrance, CA 90505	LIT		Slate Mailer	\$122.00
Committee ID: 1368249 California Voter Guide Torrance, CA 90505	IND		Slate Mailer Supporting Marc Lucio	\$94.00
Committee ID: 595004				

\* 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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 28 of 45
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 Voter Guide Torrance, CA 90505	LIT		Slate Mailer	\$130.00
Committee ID: 595004 California Voter Guide Torrance, CA 90505	LIT		Slate Mailer	\$89.00
Committee ID: 595004 Election Digest Torrance, CA 90505	IND		Slate Mailer Supporting Marc Lucio	\$157.00
Committee ID: 1345303 Election Digest Torrance, CA 90505	LIT		Slate Mailer	\$157.00
Committee ID: 1345303 Election Digest Torrance, CA 90505	LIT		Slate Mailer	\$189.00
Committee ID: 1345303				

\* 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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 29 of 45
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
3AM Communications Manteca, CA 95337	LIT		Graphic Design	\$600.00
Crown Connect San Bernardino, CA 92408	LIT		Door Hangers	\$338.04
Scott & Cronin LLP Encinitas, CA 92024	PRO			\$1,000.00
Scott & Cronin LLP Encinitas, CA 92024	PRO			\$153.47
COGS South Signs Santa Ana, CA 92707	IND		Signs Supporting Ricky Felix	\$932.00

\* 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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 30 of 45
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
Impact Signage Santa Ana, CA 92707	IND		Sign Placement Supporting Ricky Felix	\$450.00
COGS South Signs Santa Ana, CA 92707	IND		Signs Supporting Yvette Walker	\$932.00
Impact Signage Santa Ana, CA 92707	IND		Sign Placement Supporting Yvette Walker	\$450.00
3AM Communications Manteca, CA 95337	IND		Graphic Design Opposing Gino Filippi	\$450.00
Crown Connect San Bernardino, CA 92408	LIT			\$987.75

\* 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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 31 of 45
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
Crown Connect San Bernardino, CA 92408	LIT			\$1,138.11
Crown Connect San Bernardino, CA 92408	IND		Mailer Opposing Gino Fillipi - See Schedule G	\$1,795.78
Crown Connect San Bernardino, CA 92408	IND		Mailer Opposing Bill Holland - See Schedule G	\$1,575.92
3AM Communications Manteca, CA 95337	IND		Graphic Design Opposing Bill Holland	\$300.00
Voter Link Alpine, UT 84004	IND		Voter File Opposing Bill Holland	\$118.50

\* 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.

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from <u>09/23/2018</u>		
through <u>10/20/2018</u>		Page <u>32</u> of <u>45</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

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- |   |   |   |
|---|---|---|
| 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
Crown Connect San Bernardino, CA 92408	IND		Mailer Supporting Paul Leon - See Schedule G	\$7,341.17
3AM Communications Manteca, CA 95337	IND		Graphic Design Supporting Paul Leon	\$300.00
Voter Link Alpine, UT 84004	IND		Voter File Supporting Paul Leon & Opposing Sam Crowe	\$601.67
COGS South Signs Santa Ana, CA 92707	CMP			\$1,041.26
COGS South Signs Santa Ana, CA 92707	CMP			\$1,041.26

\* 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.

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from <u>09/23/2018</u>		
through <u>10/20/2018</u>		Page <u>33</u> of <u>45</u>
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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NAME OF FILER  
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- |   |   |   |
|---|---|---|
| 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
Crown Connect San Bernardino, CA 92408	LIT			\$980.19
Crown Connect San Bernardino, CA 92408	LIT			\$1,135.95
3AM Communications Manteca, CA 95337	LIT		Graphic Design	\$600.00
Voter Link Alpine, UT 84004	LIT		Voter File	\$100.00
3AM Communications Manteca, CA 95337	LIT		Graphic Design	\$300.00

\* 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.

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from <u>09/23/2018</u>		
through <u>10/20/2018</u>		Page <u>34</u> of <u>45</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

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- |   |   |   |
|---|---|---|
| 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
3AM Communications Manteca, CA 95337	LIT		Graphic Design	\$600.00
3AM Communications Manteca, CA 95337	IND		Graphic Design Opposing Bill Holland	\$300.00
Inland Empire Taxpayers Association PAC Riverside, CA 92501	CTB			\$6,000.00
Committee ID: 1285847 Crown Connect San Bernardino, CA 92408	LIT			\$939.15
Crown Connect San Bernardino, CA 92408	LIT			\$980.19

\* 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.

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from <u>09/23/2018</u>		
through <u>10/20/2018</u>		Page <u>35</u> of <u>45</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
Crown Connect San Bernardino, CA 92408	LIT			\$773.51
Crown Connect San Bernardino, CA 92408	LIT			\$1,094.91
Crown Connect San Bernardino, CA 92408	LIT		Door Hangers	\$1,129.68
Millenium Advisors, LLC Highland, CA 92346	CNS		In-Kind & Independent Expenditure Consulting - See Sch. D	\$3,750.00
Crown Connect San Bernardino, CA 92408	IND		Mailer Opposing Bill Holland	\$1,546.10

\* 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.

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from <u>09/23/2018</u>		
through <u>10/20/2018</u>		Page <u>36</u> of <u>45</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
Crown Connect San Bernardino, CA 92408	IND		Mailier Opposing Bill Holland	\$1,461.86
3AM Communications Manteca, CA 95337	IND		Graphic Design Opposing Bill Holland	\$300.00
3AM Communications Manteca, CA 95337	IND		Graphic Design Opposing Gino Filippi	\$400.00
3AM Communications Manteca, CA 95337	IND		Graphic Design Opposing Bill Holland	\$300.00
3AM Communications Manteca, CA 95337	IND		Graphic Design Supporting Larry Nava	\$300.00

\* 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.

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from <u>09/23/2018</u>		
through <u>10/20/2018</u>		Page <u>37</u> of <u>45</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
Voter Link Alpine, UT 84004	LIT		Voter File	\$100.00
3AM Communications Manteca, CA 95337	IND		Graphic Design Opposing Ricky Felix	\$300.00
3AM Communications Manteca, CA 95337	IND		Graphic Design Opposing Gino Filippi	\$300.00
Crown Connect San Bernardino, CA 92408	IND		Mailer Opposing Bill Holland	\$1,461.86
Crown Connect San Bernardino, CA 92408	IND		Mailer Opposing Gino Filippi - See Schedule G	\$1,719.45

\* 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		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
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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
Crown Connect San Bernardino, CA 92408	IND	Mailer Supporting Larry Nava	\$1,461.86

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

**SUBTOTAL** \$54,771.64

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

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 39 of 45
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 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	\$1,000.00	\$0.00	\$1,000.00	\$0.00
OPR Communications Riverside, CA 92501	CNS	\$5,000.00	\$0.00	\$0.00	\$5,000.00
OPR Communications Riverside, CA 92501	CNS	\$5,000.00	\$0.00	\$0.00	\$5,000.00

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

**SUBTOTALS**

**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** \$17,564.50
- 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** \$1,000.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$16,564.50  
May be a negative number.

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

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

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 40 of 45
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)            |

\*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)	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
Point Loma Strategic Research San Diego, CA 92101	POL	\$0.00	\$1,125.00	\$0.00	\$1,125.00
Kaufman Legal Group, APC Los Angeles, CA 90017	PRO	\$0.00	\$1,222.70	\$0.00	\$1,222.70
Scott & Cronin LLP Encinitas, CA 92024	PRO	\$0.00	\$1,000.00	\$0.00	\$1,000.00
The La Jolla Group San Diego, CA 92111	CNS	\$0.00	\$716.80	\$0.00	\$716.80

**SUBTOTALS**



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

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 41 of 45
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)            |

\*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)	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
The La Jolla Group San Diego, CA 92111	CNS	\$0.00	\$13,500.00	\$0.00	\$13,500.00
<b>SUBTOTALS</b>		\$11,000.00	\$17,564.50	\$1,000.00	\$27,564.50

**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 09/23/2018  
 through 10/20/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Business Leaders for Ethical Government

I.D. NUMBER  
 1407824

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
 Crown Connect

**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
United States Postal Service Encinitas, CA 92024	IND		Postage Opposing Gino Filippi	\$711.81
United States Postal Service Encinitas, CA 92024	IND		Postage Supporting Paul Leon	\$4,757.81
United States Postal Service Encinitas, CA 92024	IND		Postage Opposing Bill Holland	\$521.84

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$5991.46

\* 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>09/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>43</u> of 45
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	
		<b>SUBTOTALS</b>						

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

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

**Schedule H Summary**

- Loans made this period .....  
(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

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	09/23/2018	
through	10/20/2018	Page 44 of 45
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
10/15/2018	Conservative Voter Guide Elk Grove, CA 95624  Filer ID: 1336975	Refund: Not Publishing in Area	\$639.52
10/15/2018	California Taxpayer Protection Voter Guide Elk Grove, CA 95624  Filer ID: 1299482	Refund: Not Publishing in Area	\$652.72

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$1,292.24

**Schedule I Summary**

1. Increases to cash of \$100 or more this period.....	\$1,292.24
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.).....	<b>TOTAL</b> \$1,292.24

Memo Reference: NON274  
In-Kind

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