

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

Statement covers period from 10/21/2018 through 12/31/2018

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

Page 1 of 61

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Ballot Measure Committee
Primary Formed
Controlled
Sponsored
Primary Formed Candidate/Officeholder Committee

2. Type of Statement:

- Pre-election Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

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

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 01/30/2019 By Nancy R. Haley SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

Executed on By 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 61

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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period	CALIFORNIA FORM 460
from <u>10/21/2018</u>	
through <u>12/31/2018</u>	Page <u>3</u> of <u>61</u>
I.D. NUMBER 1407824	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Business Leaders for Ethical Government

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$124,400.00	\$295,830.04
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$124,400.00	\$295,830.04
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$124,400.00	\$295,830.04

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$119,815.12	\$232,375.05
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$119,815.12	\$232,375.05
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$16,913.75)	\$10,650.75
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$102,901.37	\$243,025.80

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	\$60,757.35	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	\$124,400.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$862.07	
15. Cash Payments	Column A, Line 8 above	\$119,815.12	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$66,204.30	
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	\$10,650.75

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

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 4 of 61
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)
12/18/2018	CA Real Estate PAC - CA Assn of Realtors (CREPAC) Los Angeles, CA 90020 Committee ID: 890106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$17,500.00	\$17,500.00	
10/23/2018	Citizens Against Wasteful Spending PAC Upland, CA 91784 Committee ID: 1381874	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$10,000.00	\$10,000.00	
11/19/2018	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	\$25,000.00	\$74,500.00	
11/2/2018	Executive Freedom Corp. Rialto, CA 92377	<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	\$5,000.00	\$5,000.00	
10/31/2018	Shirley Leggio Upland, CA 91785	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$2,500.00	\$2,500.00	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$124,400.00
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.)	TOTAL \$124,400.00

*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 A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA FORM 460

Page 5 of 61

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

I.D. Number
1407824

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)
10/26/2018	Pipeline Trucking Inc. 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	\$3,500.00	\$3,500.00	
12/10/2018	James Louis Previti Rancho Cucamonga, CA 91730	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frontier Enterprises President & CEO	\$60,000.00	\$109,000.00	
10/23/2018	University Crossing SBR LLC Palm Desert, CA 92260	<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	\$900.00	\$900.00	
		<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 \$124,400.00

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

Schedule B - Part 1 Loans Received

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

Statement covers period
from 10/21/2018
through 12/31/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

I.D. NUMBER
1407824

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	 DATE DUE	 RATE %	 DATE INCURRED	 CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	 DATE DUE	 RATE %	 DATE INCURRED	 CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	 DATE DUE	 RATE %	 DATE INCURRED	 CALENDAR YEAR PER ELECTION**
SUBTOTALS								

Schedule B Summary

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

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

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

** If required.

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

**Schedule B - Part 2
Loan Guarantors**

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

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>61</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>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>61</u>
I.D. Number 1407824	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

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

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

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

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

Statement covers period
from 10/21/2018
through 12/31/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

I.D. NUMBER
1407824

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2018	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	\$5,153.65	\$10,418.88	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/24/2018	Payee Name: Sam Crowe - IE 2018 Candidate Name: Sam Crowe Mayor Jurisdiction: City of Ontario	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Graphic Design	\$300.00	\$10,035.95	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/24/2018	Payee Name: Sam Crowe - IE 2018 Candidate Name: Sam Crowe Mayor Jurisdiction: City of Ontario	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Consulting	\$250.00	\$10,035.95	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$110,358.11
- 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** \$110,358.11

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 10 of 61

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)
10/24/2018	Payee Name: Sam Crowe - IE 2018 Candidate Name: Sam Crowe Mayor Jurisdiction: City of Ontario	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter File	\$300.84	\$10,035.95	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/30/2018	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	\$600.00	\$10,418.88	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/30/2018	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	\$1,835.98	\$9,200.22	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/31/2018	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	Mailer	\$1,716.67	\$3,478.53	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 11 of 61
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)
10/22/2018	Payee Name: Ricky Felix for Upland City Council 2018 Candidate Name: Ricky Felix City Council Member District 3 Jurisdiction: City of Upland	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$2,019.45	\$9,897.28	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/31/2018	Payee Name: Doug Chaffee - IE 2018 Candidate Name: Doug Chaffee County Supervisor District 4 Jurisdiction: County of Orange County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$7,142.98	\$7,142.98	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/31/2018	Payee Name: Paulette Marshall Chaffee - IE 2018 Candidate Name: Paulette Marshall Chaffee City Council Member District 5 Jurisdiction: City of Fullerton	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$4,761.98	\$4,761.98	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/26/2018	Payee Name: Sam Crowe - IE 2018 Candidate Name: Sam Crowe Mayor Jurisdiction: City of Ontario	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$7,345.21	\$10,035.95	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 12 of 61
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)
11/5/2018	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	Voter File	\$333.74	\$9,468.70	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/5/2018	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	Voter File	\$472.99	\$9,897.28	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/5/2018	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	Mailer	\$4,326.48	\$9,468.70	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/5/2018	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	Mailer	\$3,426.48	\$9,468.70	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 13 of 61
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)
11/5/2018	Measure N - IE Cultivation, Manufacturing, & Testing Marijuana Business Tax Ballot Number or Letter: N Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$1,203.75	\$1,267.33	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/5/2018	Measure O - IE Retail Marijuana Business Tax Ballot Number or Letter: O Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$1,203.75	\$1,267.33	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/5/2018	Measure P - IE Authorization to Transfer Electric Utility Revenue to General Fund & Utility Fee Rate Increase Restriction Ballot Number or Letter: P Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$1,203.75	\$1,267.34	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/5/2018	Measure N - IE Cultivation, Manufacturing, & Testing Marijuana Business Tax Ballot Number or Letter: N Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter File	\$63.58	\$1,267.33	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 14 of 61

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)
11/5/2018	Measure O - IE Retail Marijuana Business Tax Ballot Number or Letter: O Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter File	\$63.58	\$1,267.33	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/5/2018	Measure P - IE Authorization to Transfer Electric Utility Revenue to General Fund & Utility Fee Rate Increase Restriction Ballot Number or Letter: P Jurisdiction: City of Banning	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter File	\$63.59	\$1,267.34	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2018	Inland Empire Taxpayers Association PAC	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,000.00	\$10,400.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2018	Inland Empire Taxpayers Association PAC	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$400.00	\$10,400.00	
	<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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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 15 of 61
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

NAME OF FILER
Business Leaders for Ethical Government

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)
10/23/2018	Payee Name: Steinorth for City Council 2018 Candidate Name: Marc Steinorth City Council Member District 3 Jurisdiction: City of Rancho Cucamonga Memo Reference: NON295 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Voter Link	\$219.95	\$13,153.02	
10/23/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON296 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Opposition Mailer	\$461.70	\$52,950.94	
10/23/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON297 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Research	\$562.50	\$52,950.94	
10/23/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning Memo Reference: NON298 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Research	\$562.50	\$49,985.63	

SUBTOTAL

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

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 16 of 61
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)
10/23/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning Memo Reference: NON299	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Opposition Mailer	\$461.70	\$49,985.63	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/23/2018	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	\$449.99	\$4,620.81	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/23/2018	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	\$450.00	\$4,620.81	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/23/2018	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	\$449.96	\$4,620.81	
	<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		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 17 of 61

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)
10/23/2018	<p>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</p> <p><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</p>	<p><input type="checkbox"/> Monetary Contribution</p> <p><input checked="" type="checkbox"/> Non-Monetary Contribution</p> <p><input type="checkbox"/> Independent Expenditure</p>	Slate Mailer	\$449.86	\$4,620.81	
10/23/2018	<p>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</p> <p><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</p>	<p><input type="checkbox"/> Monetary Contribution</p> <p><input checked="" type="checkbox"/> Nonmonetary Contribution</p> <p><input type="checkbox"/> Independent Expenditure</p>	Slate Mailer	\$449.85	\$7,661.85	
10/23/2018	<p>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</p> <p><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</p>	<p><input type="checkbox"/> Monetary Contribution</p> <p><input checked="" type="checkbox"/> Nonmonetary Contribution</p> <p><input type="checkbox"/> Independent Expenditure</p>	Slate Mailer	\$450.00	\$7,661.85	
10/24/2018	<p>Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning</p> <p>Memo Reference: NON319</p> <p><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</p>	<p><input type="checkbox"/> Monetary Contribution</p> <p><input checked="" type="checkbox"/> Nonmonetary Contribution</p> <p><input type="checkbox"/> Independent Expenditure</p>	Opposition Mailer	\$903.18	\$49,985.63	

SUBTOTAL

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

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 18 of 61
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

NAME OF FILER
Business Leaders for Ethical Government

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)
10/24/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON320 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Opposition Mailer	\$1,030.32	\$52,950.94	
10/26/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON327 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Graphic Design	\$300.00	\$52,950.94	
10/26/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning Memo Reference: NON328 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Graphic Design	\$300.00	\$49,985.63	
10/26/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning Memo Reference: NON329 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Opposition Mailer	\$903.18	\$49,985.63	

SUBTOTAL

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

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SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 19 of 61
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)
10/30/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON337 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Graphic Design	\$600.00	\$52,950.94	
10/30/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON338 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	\$1,124.07	\$52,950.94	
10/30/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning Memo Reference: NON339 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Graphic Design	\$600.00	\$49,985.63	
10/30/2018	Payee Name: Steinorth for City Council 2018 Candidate Name: Marc Steinorth City Council Member District 3 Jurisdiction: City of Rancho Cucamonga Memo Reference: NON340 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Graphic Design	\$685.00	\$13,153.02	

SUBTOTAL

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

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 20 of 61
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

NAME OF FILER
Business Leaders for Ethical Government

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)
10/29/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON341 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Field Program	\$6,750.00	\$52,950.94	
10/29/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning Memo Reference: NON342 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Field Program	\$6,750.00	\$49,985.63	
10/30/2018	Payee Name: Steinorth for City Council 2018 Candidate Name: Marc Steinorth City Council Member District 3 Jurisdiction: City of Rancho Cucamonga Memo Reference: NON344 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	\$8,638.38	\$13,153.02	
10/31/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON347 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	\$444.42	\$52,950.94	

SUBTOTAL

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

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 21 of 61
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

NAME OF FILER
Business Leaders for Ethical Government

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)
10/31/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning Memo Reference: NON348 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	\$444.42	\$49,985.63	
10/31/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON350 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	\$1,124.07	\$52,950.94	
10/31/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning Memo Reference: NON352 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	\$961.83	\$49,985.63	
10/31/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning Memo Reference: NON355 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	\$6,624.55	\$49,985.63	

SUBTOTAL

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

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 22 of 61
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

NAME OF FILER
Business Leaders for Ethical Government

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)
10/31/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning Memo Reference: NON356 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	\$902.49	\$49,985.63	
10/31/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON357 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	\$902.49	\$52,950.94	
10/31/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON359 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	\$1,030.32	\$52,950.94	
10/31/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON361 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Field Program	\$950.00	\$52,950.94	

SUBTOTAL

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

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Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 23 of 61
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)
10/31/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning Memo Reference: NON362 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Field Program	\$950.00	\$49,985.63	
10/31/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON365 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signs	\$70.00	\$52,950.94	
10/31/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning Memo Reference: NON366 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signs	\$70.00	\$49,985.63	
10/31/2018	Payee Name: Brosowske for City Council 2018 Candidate Name: Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia Memo Reference: NON368 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	\$1,615.37	\$9,078.32	

SUBTOTAL

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

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 24 of 61
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

NAME OF FILER
Business Leaders for Ethical Government

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)
11/1/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON375 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Voter File	\$250.00	\$52,950.94	
11/1/2018	Payee Name: Patrick 'Cork' Irwin for City Council 2018 Candidate Name: Patrick 'Cork' Irwin City Council Member District 5 Jurisdiction: City of Banning Memo Reference: NON376 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Voter File	\$250.00	\$49,985.63	
11/5/2018	Payee Name: Friends of David Happe for City Council 2018 Candidate Name: David Happe City Council Member District 4 Jurisdiction: City of Banning Memo Reference: NON384 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	\$5,276.41	\$52,950.94	
11/5/2018	Payee Name: Brosowske for City Council 2018 Candidate Name: Jeremiah Brosowske City Council Member District 4 Jurisdiction: City of Hesperia Memo Reference: NON385 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Mailer	\$3,047.15	\$9,078.32	

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 25 of 61
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)
11/1/2018	Payee Name: Tim Shaw - IE 2018 Candidate Name: Tim Shaw County Supervisor District 4 Jurisdiction: County of Orange County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate Mailer	\$3,704.00	\$3,704.00	
	<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 \$110,358.11

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through 12/31/2018		Page 26 of 61
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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Crown Connect San Bernardino, CA 92408	LIT			\$923.40
Point Loma Strategic Research San Diego, CA 92101	POL			\$1,125.00
Voter Link Alpine, UT 84004	LIT	Voter File		\$219.95

* 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.)	\$119,815.12
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.)	TOTAL \$119,815.12

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

Type or print in ink.
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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 27 of 61
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 Opposing Gino Filippi - See Schedule G	\$1,718.85
Your Community Voter Guide Long Beach, CA 90802	LIT		Slate Mailer	\$449.99
Committee ID: 1408057 Latino Family Voter Guide Long Beach, CA 90802	LIT		Slate Mailer	\$450.00
Committee ID: 1386464 California Families Vote Green Long Beach, CA 90802	LIT		Slate Mailer	\$449.96
Committee ID: 1408055 Families First Education Voter Guide Long Beach, CA 90802	LIT		Slate Mailer	\$449.86
Committee ID: 1398433				

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

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 28 of 61
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

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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
Families First Education Voter Guide Long Beach, CA 90802 Committee ID: 1398433	LIT		Slate Mailer	\$449.85
Your Community Voter Guide Long Beach, CA 90802 Committee ID: 1408057	LIT		Slate Mailer	\$450.00
3AM Communications Manteca, CA 95337	IND		Graphic Design Opposing Sam Crowe	\$300.00
Minuteman Press Rancho Cucamonga, CA 91730	LIT		See Schedule G	\$1,030.32
Minuteman Press Rancho Cucamonga, CA 91730	LIT		See Schedule G	\$903.18

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

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 29 of 61
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
Inland Empire Taxpayers Association PAC Riverside, CA 92501	CTB			\$4,000.00
Committee ID: 1285847 Inland Empire Taxpayers Association PAC Riverside, CA 92501	CTB			\$400.00
Committee ID: 1285847 Minuteman Press Rancho Cucamonga, CA 91730	LIT		See Schedule G	\$903.18
3AM Communications Manteca, CA 95337	LIT		Graphic Design	\$600.00
3AM Communications Manteca, CA 95337	LIT		Graphic Design - will not be used.	\$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.
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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 30 of 61
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	\$190.75
Crown Connect San Bernardino, CA 92408	LIT		See Schedule G	\$1,124.07
3AM Communications Manteca, CA 95337	IND		Graphic Design Opposing Gino Fillipi	\$300.00
3AM Communications Manteca, CA 95337	LIT		Graphic Design	\$1,500.00
Minuteman Press Rancho Cucamonga, CA 91730	LIT		See Schedule G	\$4,319.19

* 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.
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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 31 of 61
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 Opposing Bill Holland - See Schedule G	\$1,535.98
Crown Connect San Bernardino, CA 92408	LIT			\$888.84
Crown Connect San Bernardino, CA 92408	LIT			\$1,124.07
Crown Connect San Bernardino, CA 92408	LIT		See Schedule G	\$961.83
Crown Connect San Bernardino, CA 92408	LIT		See Schedule G	\$961.83

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

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 32 of 61
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
Minuteman Press Rancho Cucamonga, CA 91730	LIT		See Schedule G	\$1,804.98
Minuteman Press Rancho Cucamonga, CA 91730	LIT		See Schedule G	\$1,030.32
The La Jolla Group San Diego, CA 92111	CNS			\$1,900.00
COGS South Signs Santa Ana, CA 92707	CMP			\$70.00
COGS South Signs Santa Ana, CA 92707	CMP			\$70.00

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

SUBTOTAL

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

Type or print in ink.
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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 33 of 61
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
Minuteman Press Rancho Cucamonga, CA 91730	LIT		See Schedule G	\$1,615.37
Minuteman Press Rancho Cucamonga, CA 91730	IND		Mailer Supporting Larry Nava - See Schedule G	\$1,416.67
Crown Connect San Bernardino, CA 92408	IND		Mailer Supporting Ricky Felix - See Schedule G	\$1,719.45
Chris Jones Consulting Newcastle, CA 95658	IND		Mailer Opposing Doug & Paulette Chaffee - See Schedule G	\$11,904.96
Crown Connect San Bernardino, CA 92408	IND		Mailer Opposing Sam Crowe - See Schedule G	\$7,345.21

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SUBTOTAL

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

Type or print in ink.
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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 34 of 61
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Voter Link Alpine, UT 84004	LIT		Voter File	\$500.00
Voter Link Alpine, UT 84004	IND		Voter File Supporting Ricky Felix & Yvette Walker	\$667.48
Minuteman Press Rancho Cucamonga, CA 91730	IND		Mailer Supporting Yvette Walker - See Schedule G	\$3,426.48
Minuteman Press Rancho Cucamonga, CA 91730	IND		Mailer Supporting Yvette Walker - See Schedule G	\$3,426.48
Minuteman Press Rancho Cucamonga, CA 91730	LIT		See Schedule G	\$1,461.77

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SUBTOTAL

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

Type or print in ink.
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Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 35 of 61
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 |
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Minuteman Press Rancho Cucamonga, CA 91730	LIT		See Schedule G	\$2,347.15
Minuteman Press Rancho Cucamonga, CA 91730	IND		Mailer Supporting Measure N, O & P - See Schedule G	\$3,311.25
Scott & Cronin LLP Encinitas, CA 92024	PRO			\$1,000.00
Scott & Cronin LLP Encinitas, CA 92024	PRO			\$1,591.19
3AM Communications Manteca, CA 95337	LIT		Graphic Design	\$4,585.00

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

SUBTOTAL

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

Type or print in ink.
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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 36 of 61
NAME OF FILER Business Leaders for Ethical Government		I.D. NUMBER 1407824

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
3AM Communications Manteca, CA 95337	IND		Graphic Design Opposing Bill Holland & Gino Filippi; Supporting Larry Nava, Yvette Walker, Ricky Felix, Measure N, O, & P	\$2,100.00
Kaufman Legal Group, APC Los Angeles, CA 90017	PRO			\$1,222.70
Kaufman Legal Group, APC Los Angeles, CA 90017	PRO			\$112.60
Minuteman Press Rancho Cucamonga, CA 91730	LIT		See Schedule G	\$9,992.55
Minuteman Press Rancho Cucamonga, CA 91730	IND		Mailers (2) Opposing Gino Filippi - See Schedule G	\$3,434.80

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

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 37 of 61
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
James H. Erwin Highland, CA 92346	CNS			\$3,943.56
United Taxpayers of Orange County Newport Beach, CA 92658	IND		Slate Mailer Supporting Tim Shaw	\$3,704.00
Committee ID: 1285728 Kaufman Legal Group, APC Los Angeles, CA 90017	PRO			\$112.50
Voter Link Alpine, UT 84004	LIT		Voter File	\$100.00
Voter Link Alpine, UT 84004	LIT		Voter File	\$139.25

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

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 38 of 61
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
Voter Link Alpine, UT 84004	LIT		Voter File	\$250.00
Voter Link Alpine, UT 84004	LIT		Voter File	\$250.00
Secretary of State - Political Reform Division Sacramento, CA 95814	FIL			\$50.00
Scott & Cronin LLP Encinitas, CA 92024	PRO			\$962.50
The La Jolla Group San Diego, CA 92111	CNS			\$716.80

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

SUBTOTAL

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

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

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 39 of 61
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
The La Jolla Group San Diego, CA 92111	CNS		\$13,500.00

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

SUBTOTAL \$119,815.12

Schedule F Accrued Expenses (Unpaid Bills)

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

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 40 of 61
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
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
Point Loma Strategic Research San Diego, CA 92101	POL	\$1,125.00	\$0.00	\$1,125.00	\$0.00

* 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** \$650.75
- 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** \$17,564.50
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$16,913.75)
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.

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 41 of 61
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 |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

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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
Kaufman Legal Group, APC Los Angeles, CA 90017	PRO	\$1,222.70	\$0.00	\$1,222.70	\$0.00
Scott & Cronin LLP Encinitas, CA 92024	PRO	\$1,000.00	\$0.00	\$1,000.00	\$0.00
The La Jolla Group San Diego, CA 92111	CNS	\$716.80	\$0.00	\$716.80	\$0.00
The La Jolla Group San Diego, CA 92111	CNS	\$13,500.00	\$0.00	\$13,500.00	\$0.00

SUBTOTALS

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

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

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 42 of 61
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
Scott & Cronin LLP Encinitas, CA 92024	PRO	\$0.00	\$650.75	\$0.00	\$650.75
SUBTOTALS		\$27,564.50	\$650.75	\$17,564.50	\$10,650.75

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 10/21/2018
 through 12/31/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Business Leaders for Ethical Government

I.D. NUMBER
 1407824

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Chris Jones Consulting

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 |
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tony Siciliani Sacramento, CA 95816	IND		Printing Opposing Doug & Paulette Chaffee	\$5,047.00
United States Postal Service Encinitas, CA 92024	IND		Postage Opposing Doug & Paulette Chaffee	\$4,476.65
Hareline Graphics West Sacramento, CA 95691	IND		Graphic Design Opposing Doug & Paulette Chaffee	\$1,000.00
Political Data, Inc. Norwalk, CA 90652	IND		Voter File Opposing Doug & Paulette Chaffee	\$381.31

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$10904.96

* 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 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 10/21/2018
 through 12/31/2018

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	POS			\$258.75
United States Postal Service Encinitas, CA 92024	IND		Postage Opposing Bill Holland	\$521.86
United States Postal Service Encinitas, CA 92024	POS			\$258.75
United States Postal Service Encinitas, CA 92024	IND		Postage Supporting Ricky Felix	\$711.81

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1751.17

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

Type or print in ink.
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Statement covers period
 from 10/21/2018
 through 12/31/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Business Leaders for Ethical Government

I.D. NUMBER
 1407824

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Crown Connect

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

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Encinitas, CA 92024	IND		Postage Opposing Gino Filippi	\$711.18
United States Postal Service Encinitas, CA 92024	POS			\$331.35
United States Postal Service Encinitas, CA 92024	IND		Postage Opposing Sam Crowe	\$4,867.12

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5909.65

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

Type or print in ink.
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Statement covers period
 from 10/21/2018
 through 12/31/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Business Leaders for Ethical Government

I.D. NUMBER
 1407824

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Minuteman Press

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

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Encinitas, CA 92024	POS			\$1,303.59
United States Postal Service Encinitas, CA 92024	POS			\$741.68
United States Postal Service Encinitas, CA 92024	IND		Postage Opposing Gino Filippi	\$790.43
United States Postal Service Encinitas, CA 92024	IND		Postage Opposing Gino Filippi	\$790.43

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3626.13

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

Type or print in ink.
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Statement covers period
 from 10/21/2018
 through 12/31/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Business Leaders for Ethical Government

I.D. NUMBER
 1407824

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Minuteman Press

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

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Encinitas, CA 92024	IND		Postage Supporting Measure N, O & P	\$2,014.27
United States Postal Service Encinitas, CA 92024	IND		Postage Supporting Yvette Walker	\$2,127.78
United States Postal Service Encinitas, CA 92024	IND		Postage Supporting Yvette Walker	\$2,127.78
United States Postal Service Encinitas, CA 92024	POS			\$335.23

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6605.06

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

Type or print in ink.
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Statement covers period
 from 10/21/2018
 through 12/31/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Business Leaders for Ethical Government

I.D. NUMBER
 1407824

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Minuteman Press

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	POS			\$538.50
United States Postal Service Encinitas, CA 92024	POS			\$571.81
United States Postal Service Encinitas, CA 92024	IND		Postage Supporting Larry Nava	\$495.45
United States Postal Service Encinitas, CA 92024	POS			\$2,325.82

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3931.58

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

Type or print in ink.
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Statement covers period
 from 10/21/2018
 through 12/31/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Business Leaders for Ethical Government

I.D. NUMBER
 1407824

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Minuteman Press

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	POS			\$4,068.36
United States Postal Service Encinitas, CA 92024	POS			\$335.23
United States Postal Service Encinitas, CA 92024	POS			\$268.02
United States Postal Service Encinitas, CA 92024	POS			\$268.02

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4939.63

* 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>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
	Page <u>50</u> of 61
I.D. NUMBER 1407824	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Business Leaders for Ethical Government

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
		SUBTOTALS						

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

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

Schedule H Summary

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

**** If Required**

(May be a negative number)

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 51 of 61
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
11/12/2018	Crown Connect San Bernardino, CA 92408	Refund	\$862.07

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$862.07

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$862.07
2. Unitemized increases to cash under \$100 this period.....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$862.07

Memo Reference: NON327
In-Kind

Memo Reference: NON295
In-Kind

Memo Reference: NON296
In-Kind

Memo Reference: NON297
In-Kind

Memo Reference: NON298
In-Kind

Memo Reference: NON299
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Memo Reference: NON304
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Memo Reference: NON305
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Memo Reference: NON384
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Memo Reference: NON385
In-Kind
