

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

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SANTA MONICA, CALIF.

CALIFORNIA
FORM **460**

Page 1 of 13
For Official Use Only

Statement covers period
from 06/05/2014
through 07/04/2014

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

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
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1366514

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
SANTA MONICANS FOR OPEN AND HONEST DEVELOPMENT DECISIONS - AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AVIATION) WITH SUPPORT FROM LOCAL BUSINESSES AND PILOTS

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SANTA MONICA	CA	90405	(213) 624-6200

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	

OPTIONAL: FAX / E-MAIL ADDRESS
(213) 623-1692 / flora@politicallaw.com

Treasurer(s)

NAME OF TREASURER

FLORA YIN

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY

DANA W. REED

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

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 07/08/2014
Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on 07/08/2014
Date

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

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
VOTER APPROVAL REQUIRED BEFORE CITY CAN REDEVELOP AIRPORT LAND

BALLOT NO. OR LETTER	JURISDICTION CITY OF SANTA MONICA	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	06/05/2014	
through		Page 3 of 13
NAME OF FILER SANTA MONICANS FOR OPEN AND HONEST DEVELOPMENT DECISIONS - AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AVIATION) WITH SUPPORT FROM LOCAL BUSINESSES AND PILOTS		I.D. NUMBER 1366514

SEE INSTRUCTIONS ON REVERSE

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 206,545.00	\$ 265,365.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 206,545.00	\$ 265,365.00
4. Nonmonetary Contributions	Schedule C, Line 3	1,574.80	2,732.21
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 208,119.80	\$ 268,097.21

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

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

Expenditures Made

		Column A	Column B
6. Payments Made	Schedule E, Line 4	\$ 114,380.16	\$ 166,806.81
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 114,380.16	\$ 166,806.81
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-4,471.47	86,522.00
10. Nonmonetary Adjustment	Schedule C, Line 3	1,574.80	2,732.21
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 111,483.49	\$ 256,061.02

**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	\$ 6,395.35
13. Cash Receipts	Column A, Line 3 above	206,545.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	114,380.16
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 98,560.19

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	\$ 86,522.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

**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	06/05/2014	
through	07/04/2014	Page <u>4</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER SANTA MONICANS FOR OPEN AND HONEST DEVELOPMENT DECISIONS - AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AVIATION) WITH SUPPORT FROM LOCAL BUSINESSES AND PILOTS	I.D. NUMBER 1366514
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/16/2014	AIRCRAFT OWNERS AND PILOTS ASSOCIATION FREDERICK, MD 21701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		60,000.00	117,399.80	
06/30/2014	AIR-SPACERS, INC SANTA MONICA, CA 90405	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
06/28/2014	THOMAS CARTIER LINCOLN, CA 95648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200.00	200.00	
06/13/2014	FLYING SAUCER PRODUCTIONS, INC. ENCINO, CA 91316	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
06/13/2014	JEFFREY MOSKIN CULVER CITY, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	

SUBTOTAL \$ 61,400.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 206,400.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 145.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 206,545.00**

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**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		CALIFORNIA FORM 460
from	06/05/2014	
through	07/04/2014	Page <u>5</u> of <u>13</u>

NAME OF FILER SANTA MONICANS FOR OPEN AND HONEST DEVELOPMENT DECISIONS - AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AVIATION) WITH SUPPORT FROM LOCAL BUSINESSES AND PILOTS	I.D. NUMBER 1366514
---	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/17/2014	NATIONAL BUSINESS AVIATION ASSOCIATION WASHINGTON, DC 20005	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125,000.00	125,000.00	
06/05/2014	SANTA MONICA AIR CENTER, INC. SANTA MONICA, CA 90405	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	10,332.41	
06/05/2014	SANTA MONICA AIRPORT ASSOCIATION INC. SANTA MONICA, CA 90405	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	10,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				145,000.00		

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>06/05/2014</u> through <u>07/04/2014</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SANTA MONICANS FOR OPEN AND HONEST DEVELOPMENT DECISIONS - AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AVIATION) WITH SUPPORT FROM LOCAL BUSINESSES AND PILOTS

I.D. NUMBER

1366514

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)
06/23/2014	AIRCRAFT OWNERS AND PILOTS ASSOCIATION FREDERICK, MD 21701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		TRAVEL EXPENSES	430.00	117,399.80	
06/25/2014	AIRCRAFT OWNERS AND PILOTS ASSOCIATION FREDERICK, MD 21701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		FOOD & BEVERAGES FOR FUNDRAISING EVENT	969.80	117,399.80	
06/05/2014	SANTA MONICA AIR CENTER, INC. SANTA MONICA, CA 90405	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		OFFICE SPACE	175.00	10,332.41	
		<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 \$ 1,574.80

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	1,574.80
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	0.00
3. 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 \$	1,574.80

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	06/05/2014	
through	07/04/2014	Page <u>7</u> of <u>13</u>
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SANTA MONICANS FOR OPEN AND HONEST DEVELOPMENT DECISIONS - AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AVIATION) WITH SUPPORT FROM LOCAL BUSINESSES AND PILOTS		1366514

SEE INSTRUCTIONS ON REVERSE

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ARNO PETITION CONSULTANTS, INC. CARLSBAD, CA 92008	PET		6,896.50
ARNO PETITION CONSULTANTS, INC. CARLSBAD, CA 92008	PET		50,000.00
FRANK WILSON & ASSOCIATES, INC. CULVER CITY, CA 90230	WEB		16,025.00

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

SUBTOTAL \$ 72,921.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 114,355.16
2. Unitemized payments made this period of under \$100	\$ 25.00
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 \$ 114,380.16

**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	06/05/2014	
through	07/04/2014	Page 8 of 13
NAME OF FILER		I.D. NUMBER
SANTA MONICANS FOR OPEN AND HONEST DEVELOPMENT DECISIONS - AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AVIATION) WITH SUPPORT FROM LOCAL BUSINESSES AND PILOTS		1366514

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SANTA MONICANS FOR OPEN AND HONEST DEVELOPMENT DECISIONS - AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AVIATION) WITH SUPPORT FROM LOCAL BUSINESSES AND PILOTS

I.D. NUMBER

1366514

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FRANK WILSON & ASSOCIATES, INC. CULVER CITY, CA 90230	CNS			22,994.54
FRANK WILSON & ASSOCIATES, INC. CULVER CITY, CA 90230	LIT			2,000.00
FRANK WILSON & ASSOCIATES, INC. CULVER CITY, CA 90230	CNS			15,440.71
QGIV, INC. LAKELAND, FL 33801	OFC			69.41
THE MONACO GROUP SANTA ANA, CA 92705	PET			929.00

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

SUBTOTAL \$ 41,433.66

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

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

Statement covers period from <u>06/05/2014</u> through <u>07/04/2014</u>	CALIFORNIA FORM 460
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NAME OF FILER

SANTA MONICANS FOR OPEN AND HONEST DEVELOPMENT DECISIONS - AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AVIATION) WITH SUPPORT FROM LOCAL BUSINESSES AND PILOTS

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

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

NAME AND ADDRESS OF CREDITOR (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
FRANK WILSON & ASSOCIATES, INC. CULVER CITY, CA 90230	WEB	16,025.00	0.00	16,025.00	0.00
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO FLORA YIN, TREASURER, AND DANA W. REED, ASSISTANT TREASURER, ARE PARTNERS OF REED & DAVIDSON, LLP	17,142.97	0.00	0.00	17,142.97
THE MONACO GROUP SANTA ANA, CA 92705	PET	929.00	0.00	929.00	0.00
SUBTOTALS \$		34,096.97\$	0.00\$	16,954.00\$	17,142.97

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$** 69,379.03
- 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 \$** 73,850.50
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -4,471.47
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.

SCHEDULE F (CONT.)

Statement covers period from <u>06/05/2014</u> through <u>07/04/2014</u>	CALIFORNIA FORM 460
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NAME OF FILER SANTA MONICANS FOR OPEN AND HONEST DEVELOPMENT DECISIONS - AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AVIATION) WITH SUPPORT FROM LOCAL BUSINESSES AND PILOTS	
I.D. NUMBER 1366514	

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 airline 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 airline and production costs
FL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF 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
ARNO PETITION CONSULTANTS, INC. CARLSBAD, CA 92008	PET	56,896.50	0.00	56,896.50	0.00
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO FLORA YIN, TREASURER, AND DANA W. REED, ASSISTANT TREASURER, ARE PARTNERS OF REED & DAVIDSON, LLP	0.00	11,009.56	0.00	11,009.56
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO FLORA YIN, TREASURER, AND DANA W. REED, ASSISTANT TREASURER, ARE PARTNERS OF REED & DAVIDSON, LLP	0.00	25,771.00	0.00	25,771.00
FRANK WILSON & ASSOCIATES, INC. CULVER CITY, CA 90230	CNS	0.00	20,732.14	0.00	20,732.14
SUBTOTALS \$		56,896.50 \$	57,512.70 \$	56,896.50 \$	57,512.70

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

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

SCHEDULE F (CONT.)

Statement covers period from <u>06/05/2014</u> through <u>07/04/2014</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>13</u>
NAME OF FILER SANTA MONICANS FOR OPEN AND HONEST DEVELOPMENT DECISIONS - AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AVIATION) WITH SUPPORT FROM LOCAL BUSINESSES AND PILOTS	
I.D. NUMBER 1366514	

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

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

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

NAME AND ADDRESS OF 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
FRANK WILSON & ASSOCIATES, INC. CULVER CITY, CA 90230	CNS	0.00	11,866.33	0.00	11,866.33
SUBTOTALS \$		0.00 \$	11,866.33 \$	0.00 \$	11,866.33

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 <u>06/05/2014</u> through <u>07/04/2014</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>13</u>
	I.D. NUMBER 1366514

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SANTA MONICANS FOR OPEN AND HONEST DEVELOPMENT DECISIONS - AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AVIATION) WITH SUPPORT FROM LOCAL BUSINESSES AND PILOTS

NAME OF AGENT OR INDEPENDENT CONTRACTOR

ARNO PETITION CONSULTANTS, INC.

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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TYLER ENDSLEY SAINT JOSEPH, MO 64507	PET			28,664.43
GOLDSTEIN OSTIC & ASSOCIATES RESEDA, CA 91335	PET			9,963.00
STAR PETITION DUNEDIN, FL 34697	PET			5,228.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 43,855.43

* 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.

SCHEDULE G

Statement covers period from <u>06/05/2014</u>	CALIFORNIA FORM 460
through <u>07/04/2014</u>	
Page <u>13</u> of <u>13</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SANTA MONICANS FOR OPEN AND HONEST DEVELOPMENT DECISIONS - AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AVIATION) WITH SUPPORT FROM LOCAL BUSINESSES AND PILOTS

I.D. NUMBER
1366514

NAME OF AGENT OR INDEPENDENT CONTRACTOR

FRANK WILSON & ASSOCIATES, INC.

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 |
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| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COLOR ON DEMAND LOS ANGELES, CA 90025	LIT			1,591.48

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,591.48

* 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.

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)