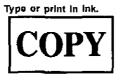
RECEIVED CITY OF WEST HOLLYWOCE

Signature of Controlling Officeholder, Carcidate, State Measure Proponent

FPPC Form 460 (January)051

Recipient Committee COVER PAGE Type or print in ink. Campaign Statement CALIFORNIA Cover Page FORM OFFICE OF THE GITY CLERK (Government Code Sections 84200-84216.5) Statement bovers pariou Date of election if applicable: (Month, Day, Year) 07/01/2009 For Official Use Only SEE INSTRUCTIONS ON REVERSE through __12/31/2009 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: X Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement C State Candidate Election Committee Committee Semi-annual Statement \Box Special Odd-Year Report (Recall Controlled ☐ Termination Statement (Also Complete Part 5) Supplemental Prestection Sponsored (Also file a Form 410 Termination) Statement - Attach Form 495 (Also Complete Part 6) General Purpose Committee Amendment (Explain below) O Spansared Primarily Formed Candidate/ O Small Contributor Committee Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee I.D NUMBER 3. Committee information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Committee to Elect Patricia Nell Warren Kavin Sumida MAILING ADDRESS 8581 Santa Nonica Blvd., U504 STREET ADDRESS (NO PO. BOX) STATE ZIP CODE AREA CODE/PHONE 7985 Santa Nonica Blvd., 109-408 West Hollywood, CA 90069 310-385-7300 ZIP CODE AREA CODEIPHONE NAME OF ASSISTANT TREASURER, IF ANY West Hollywood, CA 90046
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 323-966-2465 MAILING ADDRESS Associates, LLC 8381 Santa Monica Blvd. AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE Nest Hollywood, CA 90069 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 323-395-0519 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the hiormation contained herein and in the situached 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 Executed on Signeture of Controlling Officeholder, Candidate, State Measure Proponent Executed on .

Reciplent Committee Campaign Statement Cover Page — Part 2

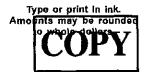


COVER PAGE - PART 2					
CALIFORNIA FORM	460				
Page 2	of <u>19</u>				

Officeholder or Candidate Controlled Committee	6	. Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	•	NAME OF BALLOT MEASURE	· · · · · · · · · · · · · · · · · · ·		
Patricia Nell Warren					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member West Hollywood	•	BALLOT NO OR LETTER	JURISDICTIC	N	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP	•				
7985 Santa Monica Blvd , 109-408 West Hollywood, CA 90046		Identify the controlling of	ficeholder, car	ndidate, or state meas	sure proponent, if any
	•	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT	
Deleted Committees blot Included in this Cinternation					
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.		OFFICE SOUGHT OR HELD		DISTRICT	NO IF ANY
COMMITTEENAME I D NUMBER		·			
		7. Primarily Formed Car	didata/Offia	obolder Committe	
NAME OF TREASURER CONTROLLED COMMITTEE?	•	officeholder(s) or candidate(s) for which this	s committee is primarily	re List names of V formed.
☐ YES ☐ NO	_				
COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE NAME ID NUMBER	•				
		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE?	•	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	HELD -
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	•				SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX)				_1	
	-	•			
CITY STATE 2IP CODE AREA CODE/PHONE		Δ11:	ich continuatu	on sheets if necessar	m.

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE



| Statement covers period | 10 | 12/31/2009 | 10 | NUMBER | 12/3283

NAME OF FILER Committee to Elect Patricia Nell Warren			10 NUMBER 1293283
Contributions Received	Column A TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1 Monetary Contributions Schedule A, Line	3 \$1,443 00	\$2,903 00	1/1 through 6/30 7/1 to Date
2 Loans Received . Schedule B, Line	3 0 00	19,100 00	·
3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 +	2 \$1,443.00	\$ 22,003.00	20 Contributions Received \$\$
4 Nonmonetary Contributions Schedule C, Line	3 642 96	642 96	21 Expenditures
5 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 +	4 \$ 2,085 96	\$ 22,645 96	Made \$ \$
Expenditures Made	•		Expenditure Limit Summary for State
6 Payments Made Schedule E, Line	4 \$939 74	\$2,657 90	Candidates
7 Loans Made . Schedule H, Line	3 0 00	0 00	22. Cumulative Expenditures Made*
8 SUBTOTAL CASH PAYMENTS Add Lines 6	7 \$ 939 74	\$ 2,657 90	(if Subject to Voluntary Expenditure Umit)
9 Accrued Expenses (Unpaid Bills) Schedule F, Line	3 -1,233 00	1,203.25	Date of Election Total to Date
10 Nonmonetary Adjustment Schedule C, Line	3 <u>• 642 96</u>	642 96	(mm/dd/yy)
11 TOTAL EXPENDITURES MADE . Add Lines 8 + 9 +	349.70	\$4,504_11	 \$
Current Cash Statement			J\$
12 Beginning Cash Balance . Previous Summary Page, Line	16 \$ 45 99	To calculate Column B, add	
13 Cash Receipts Column A, Line 3 abo	ve <u>1,443_00</u>	amounts in Column A to the corresponding amounts	
14 Miscellaneous Increases to Cash Schedule I, Une	4 0 00	from Column B of your last	*Amounts in this section may be different from amounts reported in Column B
15 Cash Payments Column A, Line 8 abo	ve <u>939 74</u>	report Some amounts in Column A may be negative	l `
16 ENDING CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line	15 \$549.25	figures that should be	
if (this is a termination statement, Line 16 must be zero		subtracted from previous period amounts. If this is	
17 LOAN GUARANTEES RECEIVED Schedule B, Par	2 \$ 0 00	the first report being filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any)	
18 Cash Equivalents See instructions on rever	28 \$		
19 Outstanding Debts Add Line 2 + Line 9 in Column B abo	ve \$20,303_25		FPPC Form 460 (Januar) FPPC Toli-Free Helpline: 866/ASK-FPPC (866/275-3

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

COPY

SCHEDULE A

Statement covers period
from 07/01/2009

CALIFORNIA 460
FORM

through 12/31/2009

Page 4 of 19

ID NUMBER

SEE INSTRUCTIONS ON REVERSE

through 12/31/2009 Page 4 of 19

NAME OF FILER

Committee to Elect Patricia Nell Warren

1293283

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE ALSO ENTER I D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIOUAL, 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)
12/08/2009	Tyler St. Mark 8306 Wilshire Blvd Beverly Hills, CA 90211	⊠IND □COM □PTY □SCC	Partner Wildcat International	200 00	200.00	G 07 200.00
07/06/2009	Patricia Nell Warren 6306 Wilshire Blvd #8306 Beverly Hills, CA 90211	☑IND □COM □OTH □PTY □SCC	Self Employed Writer/Publisher Same Name	400 00	2,703 00	G 07 36,303 00
.07/29/2009	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Self Employed Writer/Publisher Same Name	78.00	2,703.00	G 07 36,303 00
08/18/2009	Patricia Nell Warren 8306 Wildhire Blvd #8306 Beverly Hills, CA 90211	⊠IND □COM □OTH □PTY □SCC	Self Employed Writer/Publisher Same Name	80 00	2,703 00	G 07 36,303 00
09/11/2009	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	☑IND □COM □OTH □PTY □SCC	Self Employed Writer/Publisher Same Name	135 00	,	
			SUBTOTAL	\$ 893 00	The state of the s	
	A Summary cerved this period – itemized monetary contributions				*Contributor iND - Individ	Codes

1 Amount received this period – itemized monetary contributions
(Include all Schedule A subtotals) ... \$ 1,443 00

2 Amount received this period – unitemized monetary contributions of less than \$100 . \$ 000

3 Total monetary contributions received this period.

(Add Lines 1 and 2 Enter here and on the Summary Page, Column A, Line 1).

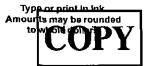
TOTAL \$ _____1,443 00

*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 480 (January/05) e: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER



	SCHEDULE A (CONT)
Statement covers period	CALIFORNIA A CO
from 07/01/2009	FORM 460
through <u>12/31/2009</u>	Page5 of19
	I D NUMBER

Committee to	o Elect Patricia Nell Warren				129	3283
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER I D NUMBER)	CONTRIBUTOR	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)
10/23/2009	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 90211	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Self Employed Writer/Publisher Same Name	150.00	2,703.00	G 07 36,303 00
11/24/2009	Patricia Nell Warren 8306 Wilshire Blvd #8306 Beverly Hills, CA 30211	IND COM	Self Employed Writer/Fublisher Same Name	400.00	2,703 00	G 07 36,303 00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
ı	·	□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	\$ 550.00	TO THE STATE OF	

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

PTY - Political Party SGC - Small Contributor Committee

Sched	ule	B –	Part	1
Loans	Red	eiv	ed	

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

** If required

Type or print in ink.
Amounts may be resided

SCHEDULE 8 - PART 1

Schedule B - Part 1 Loans Received	Am	ounts may be ro to whole dollar	चारांस्य	Ţ.	Statement cov	•	CALIFORNI	A 460
			PY		from07/01	/2009	FORM	-,00
SEE INSTRUCTIONS ON REVERSE				İ	through12/31	/2009	Page6	of19
NAME OF FILER			. , , , , , , , , , , , , , , , , , , ,	<u></u>			10 NUMBER	
Committee to Elect Patricia Nell Warre	n						1293283	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I D NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FSELF-EMPLOYED ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(*) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Patricia Nell Warren 8306 Wilshire Blvd #8306	Self Employed Writer/Publisher Same Name			PAID 0 00		0 00%	4,000 00	CALENDAR YEAR
Beverly Hills, CA 90211		3,000 00	0.00	FORGIVEN	0.00000	RATE	0.4.5.400.5	PER ELECTION** G07 36,303 00
† M IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	01/15/2008 DATE DUE		01/15/2007 DATE INCURRED	\$
Patricia Nell Warren	Self Employed Writer/Publisher			PAID				CALENDAR YEAR
8306 Wilshire Blvd #8306	Same Name			\$	0 3 1,600 00	0 00	1,600 00	\$ 2,703 00
Beverly Hills, CA 90211		1,600.00	0 00	FORGIVEN				PERELECTION** G07 36,303 00
TE IND □ COM □ OTH □ PTY □ SCC	<u></u>	\$	1	\$	02/19/2008 DATE DUE	\$	02/19/2007 DATE INCURRED	s
Patricia Nell Warren 8306 Wilshire Blvd #8306	Self Employed Writer/Publisher			PAID				CALENDAR YEAR
Beverly Hills, CA 90211	Same Name			\$ FORGIVEN	5	RATE	\$	\$2 703 00 PER ELECTION**
† ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	02/19/2008 DATE DUE	3	02/19/2007 DATE INCURRED	G07 36,303 00 \$
		SUBTOTALS \$	0 00 5	\$ 0 t	10 \$ 5,100 00	\$ 0.00		
Schedule B Summary					T	(Enter (e) on Schedule E Line 3)		
Loans received this period (Total Column (b) plus unitemized loan	s of less than \$100)		•••	\$ _	0 00	 1 0	Contributor Codes	
Loans paid or forgiven this period . (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	. ,) paid or forgiven) I are also itemized on Sche			\$	0 00	- C	IO – Individual OM – Recipiont Co	ommittee PTY or SCC) business entity)
3 Net change this period (Subtract Line Enter the net here and on the Summar				NET \$	0 00 (May be a negative number)	Š	CC – Small Contri	butor Committee

Sched	ule	В-	Part	1
Loans	Red	:eive	ed	

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

" If required

Type or print in ink. Amounts may be founded

SCHEDULE 8 - PART 1 **CALIFORNIA**

Statement covers period

07/01/2009 FORM SEE INSTRUCTIONS ON REVERSE NAME OF FILER ID NUMBER Committee to Elect Patricia Nell Warren 1293283 IF AN INDIVIDUAL, ENTER OUTSTANDING (d) OUTSTANDING FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT INTEREST **ORIGINAL** CUMULATIVE OCCUPATION AND EMPLOYER AMOUNT PAID BALANCE BALANCEAT OF LENDER RECEIVED THIS PAID THIS AMOUNT OF CONTRIBUTIONS OR FORGIVEN (IF SELF-EMPLOYED, ENTER CLOSE OF THIS **BEGINNING THIS** (IF COMMITTEE, ALSO ENTER LD NUMBER) PERIOD PERIOD TODATE NAME OF BUSINESS) PERIOD THIS PERIOD LOAN PERIOD Patricia Nell Warren Self Employed CALENDAR YEAR ☐ PAID Writer/Publisher 8306 Wilshire Blvd #8306 2,000 00 2,000 00 0 00 4 1,703 00 Same Name Beverly Hills, CA 90211 FORGIVEN PER ELECTION** 36,303 00 2,000 00 0 00 02/19/2008 02/19/2007 TEN IND □COM □OTH □PTY □SCC DATE DUE DATE INCURRED Patricia Nell Warren Self Employed PAID CALENDAR YEAR Writer/Publisher 1,000 00 1,000 00 8306 Walshire Blvd #8306 0 00% 2,703 00 Same Name RATE FORGIVEN PERELECTION ** Beverly Hills, CA 90211 36,303 00 1,000 00 0 00 0 00 02/19/2008 02/19/2007 DATE DUE DATE INCURRED TEN IND COM COTH PTY SEC Patricia Nell Warren Self Employed PAID CALENDAR YEAR Writer/Publisher 2,000 00 8306 Wilshire Blvd #8306 0 00 2,000 00 0 00% 2,703 00 Same Name RATE Beverly Hills, CA 90211 FORGIVEN PER ELECTION ** 2,000 00 0 00 36,303 00 02/20/2008 02/23/2007 '†⊠ЛИВ □сом □ОТН []РТҮ □ SCC DATE DUE DATE INCURRED SUBTOTALS \$ 0 00 \$ 0 00 \$ 5,000 00 \$ (Enter (e) on Schedule B Summary Schedule E, Line 3) 0.00 Loans received this period (Total Column (b) plus unitemized loans of less than \$100) †Contributor Codes IND - Individual 2. Loans paid or forgiven this period 0 00 COM - Recipient Committee (Total Column (c) plus loans under \$100 paid or forgiven) (other than PTY or SCC) OTH - Other (e.g., business entity) (Include loans paid by a third party that are also itemized on Schedule A.) PTY -- Political Party SCC - Small Contributor Committee 3. Net change this period (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.

Schedule	B-Part 1
Loans Rec	:eived

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

" If required

Type or print in ink

SCHEDULE B-PART 1

	nedule B - Part 1	Ame	ounts may be ro	unded		Statement cov	ers period	CALIFORN	A 460
Lo	ans Received		to whole dollar	PY		from <u>07/01</u>	/2009	FORM	400
SEE	INSTRUCTIONS ON REVERSE		L			through $\frac{12/31}{}$	/2009	Page8	of19
NAM	ME OF FILER					_		ID NUMBER	
Соп	mmittee to Elect Patricia Nell Warre	n						1293283	
1	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I D NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (#FSELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVE THIS PERIOD	CLOSE OF THIS	(*) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Pal	tricia Nell Warren	Self Employed Writer/Publisher			☐ PAID				CALENDAR YEAR
830	06 Wilshire Blvd #8306		1		0 00	3,000.00	0 00%	3,000 00	<u>\$ 2,703.00</u>
Bev	verly Hills. CA 90211	Same Name		ļ !	FORGIVEN	- •	RATE	• —	PER ELECTION**
t gri	IND COM OTH PTY SCC		3,000 00	\$	\$0 00	02/25/2008 DATE DUE	0 00	02/26/2007 DATE INCURRED	\$
	tricia Nell Warren	Self Employed	<u> </u>		PAID				CALENDAR YEAR
931	06 Wilshire Blvd #8306	Writer/Publisher	-		0 00	1,000 00	0 004	1,000 00	2,793 99
	verly Bills, CA 90211	Same Name			FORGIVEN	· '	RATE	•	PER ELECTION **
96	verly hills, CA 30211		1,000 00	0 00	1 —	02/27/2008	0 00	02/27/2007	36,303.00
† _K	ND COM OTH PTY SCC		\$	·	• —	DATE DUE	3	DATE INCURRED	1,
Pai	tricia Nell Warren	Self Employed Writer/Publisher			□PAID				CALENDAR YEAR
83	06 Wilshire Blvd #8306				0 00	3,600 00	0 00%	3,600.00	2,703 80
Be	verly Hills, CA 90211	Same Name			FORGIVEN		RATE		PER ELECTION **
†&	IND COM COTH PTY SCC		3,600 00	\$	\$	03/01/2008 DATE DUE	\$	03/01/2007 DATE INCURRED	\$
			SUBTOTALS 1	0 00 !	\$ 00	0 \$ 7,600 00	\$ 0.00		egos en
Sc	chedule B Summary						(Enter (e) on Schedule E, Line 3)		
1	Loans received this period (Total Column (b) plus unitemized loan	s of less than \$100)		-	\$	0 00	_ 	Contributor Code	
2	Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that				\$ <u></u>	0 90	- 0		PTY or SCC) , business entity)
3	Net change this period. (Subtract Line Enter the net here and on the Summar				NET \$	0 00 (May be a negative number)		CC - Small Contr	

Sched	ule f	3 – F	art 1	
Loans	Rec	eive	d	

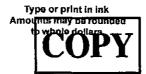
** If required

Type or print in ink.
Amounts may be round

SCHEDULE B - PART 1

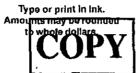
Schedule B – Part 1		ounts may be re	anded		Statement cove	ers period	CALIFORNI	A 460
Loans Received		to whole dollar	PY		from07/01	/2009	FORM	400
SEE INSTRUCTIONS ON REVERSE					through12/31	/2009	Page9	of19
NAME OF FILER			_		-		ID NUMBER	
Committee to Elect Patricia Nell Warre	n	•					1293283	
FULL NAME STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER 10 NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(°) AMOUNT PAID OR FORGIVE THIS PERIOD	CLOSE OF THIS	(6) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Patricia Nell Warren	Self Employed Writer/Publisher			[] PAID				CALENDARYEAR
8306 Wilshire Blvd #8306	writer/Publisher			. 000	1,000 00	0 00%	1,000 00	
Beverly Hills, CA 90211	Same Name			FORGIVEN	- \$	RATE	·——	\$ 2,703 00 PER ELECTION**
[†] ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	03/22/2008 DATE DUE	s	DATE INCURRED	\$
Patricia Nell Warren	Self Employed			PAID				CALENDAR YEAR
8306 Wilshire Blvd #8306	Writer/Publisher			0 00	400 00	<u>0</u> %	400.00	2,703 00
Beverly Hills, CA 90211	Same Name	1	1	FORGIVEN	· •	RATE	'	PER ELECTION **
†® IND □ COM □ OTH □ PTY □ SCC		400 00	\$000	, ~	08/10/2008 DATE DUE	so_oo	08/10/2007 DATE INCURRED	G07 36,303 00
		 				 	0,11211,0011112	
			}	DPAID				CALENDAR YEAR
				3	- •	O% W	1	\$
		1 .	1	FORGIVEN			ľ	PER ELECTION **
†□IND □COM □OTH □PTY □SCC	1	\$	3	\$	DATE DUE	s	DATE INCURRED	3
		SUBTOTALS :	0 00 1	\$ 00	0 \$ 1,400 00		120 th	
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized toan	s of less than \$100)	• , , , •	• • •	\$	0 00		Contributor Codes	
						•	VD - Individual	•
2 Loans paid or forgiven this period , (Total Column (c) plus loans under \$100 (Include loans paid by a third party that		 dule A)	•	\$	0 00	- C	OM - Recipient C (other than	ommittee PTY or SCC) business entity)
		,) P	TY - Political Part	ly
Net change this period (Subtract Line Enter the net here and on the Summar				NET \$	0 00 (May be a negative number)	. ا	CC – Small Contri	Dutor Committee
*Amounts forgiven or paid by another party also	must be reported on Schedule A	<u> </u>						

Schedule C Nonmonetary Contributions Received



	TIONS ON REVERSE				uno	ugii		Page	or
NAME OF FILE	•							ID NUMBE	ER
Committee	to Elect Patricia Nell Warren							1293283	3
						,		<u></u>	
DATE	FULL NAME, STREET ADDRESS AND	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	DESCRIPTION	16	AMOUNT/	CUMULA DA		PER ELECTION
RECEIVED	ZIP CODE OF CONTRIBUTOR	CODE *	OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER	GOODS OR SERV		FAIR MARKET		AR YEAR	TODATE
	(IF COMMITTEE, ALSO ENTER ID NUMBER)		NAME OF BUSINESS)			VALUE		DEC 31)	(IF REQUIRED)
12/31/2009	ML Associates LLC	□IND		Bill Forgiven		199 99		642 96	
		СОМ		Tara torgiven		133 33		042 30	
	8581 Santa Monica Blvd #504	⊠OTH		1				ļ	
	West Hollywood, CA 90069	□PTY							
	, and the state of	∷scc		\				j	
12/21/2006	ML Associates LLC								
12/31/2003	-	□IND	1	Bill Forgiven		41 90		642.96	
		СОМ	· ·						
	8581 Santa Monica Blvd #504	□ □ OTH		ļ				i	
	West Hollywood, CA 90069	□PTY						ĺ	
		□scc		<u></u>					
12/31/2009	ML Associates LLC	□iND	·	Bill Forgiven		16 25		642 96	
		□ COM				:			
	8581 Santa Monica Blvd #504	нто⊠						1	
	Nest Hollywood, CA 90069	□PTY	·						
		scc							
12/31/2009	ML Associates LLC	DIND		Bill Forgiven		53 88		642 96	
		СОМ	ſ			ľ		}	
	8581 Santa Monica Blvd #504	х отн							
	West Hollywood, CA 90069	□PTY				,			
		□scc	į						
A41							## 67 To 4 #1	ABP 1077/15 1	100 S 1200 SUITE 1
Ашасл ас	fditional information on appropriately lab	elea continuat	ion sheets	SUBTO	TAL S	312 02	15 m	题 學過点	,如我的
Schodul	e C Summary								
	-						{ *Cor	ninbutor Cod	tes }
1 Amount	received this period – itemized nonmoneta	ry contributions	i				- סאו	Individual	}
(Include	all Schedule C subtotals).	-			. \$ _	642 96	COV	√l – Recipient	
2 Amount	resound this period underwood	_4			_		0.71		an PTY or SCC)
	received this period - unitemized nonmon-		rns or less than \$100		\$_	0 00	- 015	1 – Other (e. ′ – Political P	.g., business entity)
	nmonetary contributions received this pend						scr	- Condition - Cor Cor Small Cor	ntributor Committee
(Add Lin	nes 1 and 2. Enter here and on the Summa	ry Page, Colum	n A. Lines 4 and 10.)	TOTA	L \$	642 96	ت ا		
•	, , , , , , , , , , , , , , , , , , , ,	y = 0 = 1 = 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4	,	1017					

Schedule C **Nonmonetary Contributions Received Continuation Sheet**



SCHEDULE C CALIFORNIA FORM Statement covers period 07/01/2009 through <u>12/31/2</u>009 Page 11 ID NUMBER

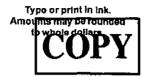
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Patricia Nell Warren 1293283

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD 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)		
12/31/2009	NL Associates LLC	□COW		Bill Forgiven	96.25	642 96			
	West Hollywood, CA 90069	MOTH □PTY □SCC							
12/31/2009	ML Associates LLC	□IND		Bill Forgiven	108.33	642 96			
	8581 Santa Monica Blvd #504 Weat Hollywood, CA 98869	⊠O1H □PTY □SCC							
12/31/2009	ML Associates LLC	□COM □IND		Bill Forgiven	57.05	642 96			
	8581 Santa Monaca Blvd #504 West Hollywood, CA 90069	⊠OTH □PTY □SCC							
12/31/2009	ML Associates LLC	□ COM		Bill Forgiven	17.50	642 96			
	West Hollywood, CA 90069	©SCC □PTY					ı		
Attach ad	Attach additional information on appropriately labeled continuation sheets SUBTOTAL \$ 279.13								

Schedule C Nonmonetary Contributions Received Continuation Sheet

Committee to Blect Patricia Nell Warren

SEE INSTRUCTIONS ON REVERSE NAME OF FILER



SCHEDULE C

Statement covers period

from 07/01/2009

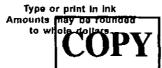
through 12/31/2009

Page 12 of 19

ID NUMBER
1293283

					129326.	,
DATE RECEIVED FULL NAMF, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER 10 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)
12/31/2009 ML Associates LLC 8581 Santa Monica Blvd #504 West Hollywood, CA 90069	□IND □COM ØOTH □PTY □SCC		Bill Forgiven	51 81	642 96	
	☐IND ☐COM ☐OTH ☐PTY ☐SCC					
	☐IND ☐COM ☐OTH ☐PTY ☐SCC					
	□IND □COM □OTH □PTY □SCC					
Attach additional information on appropriately la	beled continuati	on sheets	SUBTOTAL \$	51 81	34126.44	

Schedule E
Payments Made



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400
of <u>19</u>
ER

			UI	I]	}						
SEE INSTRUCTIONS ON REVERSE		L			j	throu	ıgh <u>1</u>	2/31/200	9	Page _	13	of <u>19</u>
NAME OF FILER										ID NL	MBER	
Committee to Blect Patricia Nell Warren										12932	83	
CODES: If one of the following codes accurately describes	the payn	nent, yo	ou may e	nter t	he code Otherw	rise. de	escribe	the pay	ment.		<u> </u>	
CMP campaign paraphernalia/misc CNS campaign consultants	MBR me	mber com	imunication d appearai	ıs		RAD	radio ali		production o	costs		
CTB contribution (explain nonmonetary)*		ce exper		ices				n workers				
CVC civic donations		ilion circu				TEL	tv or ca	ble airtim	e and produ		1s	
FIL candidate filing/ballot fees FND fundraising events	-	ne banks	survey rese						odging, and			
IND independent expenditure supporting/opposing others (explain)*					nger services				i, lodging, a committees			date/sponsor
LEG legal defense	PRO pro	fessional	services (legal, a	accounting)	VOT	voter re	gistration				autoraporisor
LIT campaign literature and mailings	PRT pnr	nt ads				WEB	informat	ion techno	logy costs	(internet,	e-mail)	
NAME AND ADDRESS OF PAYEE OF COMMITTEE ALSO ENTER ID NUMBERS			CODE	OR		· Duntion	05 011/1	AFA/T				
Chase Card Services			CODE	OK.	0630	RIPTION	OF PATE	AICIN I			AM	DUNT PAID
Crase cata adiatosa			PRO	- 1								250 00
PO Box 34014 Pelatine, IL 60094-4014			1	-							}	
				- 1								
Chase Card Services			PRO				_			-	<u> </u>	78 00
PO Box 94014 Palatine, IL 60094-4014												
Chase Card Services			PRO									78 00
PO Box 94014 Palating, IL 60094-4014			1									
		<u> </u>	<u> </u>		·							
* Payments that are contributions or independent expenditures n	nust also b	e summ	arized on	Sche	idule D.				SUI	BTOTAL	\$	406 00
Schedule E Summary			_				 -				<u> </u>	
Itemized payments made this period (Include all Schedule	E cubtatal	le)								•		224 24
	C SUDIOIA	13 <i>j</i>			•				•	\$_		939 74
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, Colum	ın (e))	•			••••	\$ _		0 00
4. Total payments made this period (Add Lines 1, 2, and 3. Ei	nter here a	and on t	he Sumn	nary F	Page, Column A, I	Line 6)		TOT	TAL \$_		939 74
•												

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 07/01/2009 CALIFORNIA 460 FORM Page 14 of 19

ID NUMBER

1293283

SCHEDULE E (CONT)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patricia Nell Warren

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 meetings and appearances office expenses office expenses SAL campaign workers' salaries

CVC cure donations PET perition circulating TEL to record airtime and production costs

TEL vor cable airtime and production costs

cvc divided on allows petition circulating to another seven tiles and production costs.

File candidate filing/ballot fees petition circulating to candidate filing/ballot fees phone banks trace candidate travel, lodging, and meals production costs.

Find fundraising events polling and survey research trace candidate travel, lodging, and meals production costs.

Find fundraising events polling and survey research trace candidate filing/ballot fees travel, lodging, and meals travel, lodging, and meals postage, delivery and messenger services transfer between committees of the same candidate/sponsor.

LEG legal defense PRO professional services (legal, accounting) VOT voter registration
UT campaign literature and mailings PRT pint ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Chage Card Services			
PO Box 94014 Palatine, IL 60094-4014	PRO		78 00
Chase Card Services	,		
PO Box 94014 Palatine, IL 60094-4014	PRO		78 00
Chase Card Services			
PO Box 94014 Palatine, IL 60094-4014	OFC	Finance charge	78.00
ML Associates LLC			
8581 Santa Monica Blvd #504 West Hollywood, CA 90069	OFC		55 22
ML Associates LLC			
8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		112 92
			<u> </u>

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

SUBTOTAL \$

402 14

Schedule F

candidate filling/ballot fees

independent expenditure supporting/opposing others (explain)*

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

fundraising events

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Type or print in ink. Amounts may be counded to whole dollars. COPV	Statement covers period from07/01/2009	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/2009	Page15 of19
NAME OF FILER			I D NUMBER
Committee to Elect Patricia Nell Warren			1293283
CODES: If one of the following codes accurat	ely describes the payment, you may enter the code	Otherwise, describe the payment	
CMP campaign paraphernalia/misc CNS campaign consultants CTB contribution (explain nonmonetary)* CVC clvic denations	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating	RAD radio airlime and productions RFD returned contributions SAL campaign workers' salarie TEL ty or cable airlime and pro	s

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

LEG legal defense LIT campaign literature and mailings	services (legal, accour		sts (internet, e-mail)
NAME AND ADDRESS OF PAYEE (F COMMITTEE ALSO ENTER ID NUMBER)	 CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ML Associates LLC			
8561 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		14 10
ML Associates LLC	 		
8581 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		56 00
ML Associates LLC	 		
8581 Santa Monica Blvd #504 West Hollywood, Ch 90069	orc .		35 00
ML Associates LLC			
B5B1 Santa Monica Blvd #504 West Hollywood, CA 90069	PRO		26 50

SUBTOTAL \$

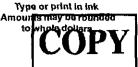
131 60

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

Schedule F Accrued Expenses (Unpaid Bills)



Statement covers period **CALIFORNIA FORM** 07/01/2009 through ___12/31/2009 Page 16 of 19 ID NUMBER 1293283

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Blect Patricia Nell Warren CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CMP campaign paraphematia/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 tiv or cable airtime and production costs FIL candidate filing/ballot fees phone banks PHO candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals POL. IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor POS LEG legal defense professional services (legal, accounting) PRO VOT voter registration campaign literature and mailings LIT PRT print ads WEB information technology costs (internet, e-mail) (d) NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD NUMBER) CODE OR OUTSTANDING AMOUNT INCURRED AMOUNT PAID OUTSTANDING DESCRIPTION OF PAYMENT BALANCE AT CLOSE **BALANCE BEGINNING** THIS PERIOD THIS PERIOD (ALSO REPORT ON E) OF THIS PERIOD OF THIS PERIOD Chase Card Services PRO 623 75 562 00 61.75 PO Box 94014 Palatine, IL 60094-4014 Chase Card Services OFC Finance charge 107 33 0 00 78 00 29 33 PO Box 94014 Palatine, IL 60094-4014 Chase Card Services OFC Finance charge 0 00 0 00 153.39 153 39 PO Box 94014 Palatine, IL 60094-4014 * Payments that are contributions or independent expenditures must also be SUBTOTALS \$ 0 00\$ 884 47 \$ 640.00\$ summarized on Schedule D 244 47 Schedule F Summary 1. Total accread expenses incurred this period. (Include all Schodule E. Column (b) subtotals for

•	accrued expenses incurred this period. (include all Schedule P, Column (b) sublotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	•	INCURRED TOTALS \$	
2	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 \$	808 14
3	Net change this period (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9)		. NET \$	-1,233 00

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



SCHEDULE F (CONT) **CALIFORNIA** Statement covers period **FORM** 07/01/2009 12/31/2009 through ... Page 17 of 19 ID NUMBER

NAME OF FILER Committee to Blect Patricia Nell Warren 1293283

professional services (legal, accounting)

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

PRT

petition circulating

print ads

CMP campaign paraphernalla/misc CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations

OFC office expenses PET Fil. candidate filing/ballot fees PHO phone banks POL polling and survey research FND fundralsing events POS postage, delivery and messenger services ND independent expenditure supporting/opposing others (explain)*

LEG legal defense campaign literature and mailings LIT .

RAD radio airtime and production costs MBR member communications MTG meetings and appearances

RFD returned contributions SAL campaign workers' salaries

TEL tiv or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

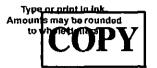
VOT voter registration

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
Chase Cord Services PO Box 94014 Palatine IL 60094-4014	OFC Finance charge	103 52	0.00	0.00	103 52
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OPC .	226 01	0 00	0 00	226 01
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OFC	200.03	0 00	0.00	200 03
Chase Card Services PO Box 94014 Palatine IL 60094-4014	OFC	172 90	0.00	0 00	172 90
	SUBTOTALS	\$ 702.46	\$ 0.00	\$ 0.00	\$ 702 46

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



CALIFORNIA Statement covers period **FORM** 07/01/2009

12/31/2009 through_

Page 18 of 19

SCHEDULE F (CONT)

1D NUMBER 1293283

NAME OF FILER

Committee to Elect Patricia Nell Warren

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

CMP campaign paraphemalia/misc

CNS campaign consultants CTB contribution (explain nonmonetary)*

CVC civic donations

Fil. candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

IJТ campaign literature and mailings MBR member communications

meetings and appearances

OFC office expenses

PET petition circulating PHO phone banks

polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting) PRT print ads

RAD radio airlime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL tiv or cable airtime and production costs

TRC candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

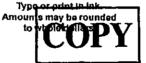
VOT voter registration

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 10 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
ML Aspociates LLC	PRO	199 99	-199 99	a ca	0.00
8581 Santa Monica Blvd #504 Mest Hollywood CA 90069					
ML Associates LLC	PRO	108.33	-108 33	0.00	0,00
8581 Santa Monica Blvd #504 West Hollywood CA 90069					
ML Adeociates LLC	PRO	112 92	0 00	112 92	0 00
8581 Santa Monica Blvd #504 West Hollywood CA 90069					
ML Associates	PRO	0 00	90 60	0 00	90 60
8581 Santa Monica Blvd Ste 504 West Hollywood CA 90069					
1					
	SUBTOTALS	\$ 421 24	\$ -217 72 <u>-</u>	\$ 112 92	\$ 90 60

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



SCHEDULE F (CONT)

Statement covers period from 07/01/2009

through 12/31/2009

Page 19 of 19

ID NUMBER
1293283

NAME OF FILER
Committee to Elect Patricia Nell Warren

through 12/31/2009 Page 19 of 19

ID NUMBER
1293283

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CMP campaign paraphernalia/misc member communications RAD radio airtime and production costs RFD returned contributions CNS campaign consultants meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC (civile donations PET petition circulating TEL tiv or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundralsing events polling and survey research TRS staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings UT भरा 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 ID 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
ML Associates	OFC	0.00	40.56	0 00	40 56
8581 Santa Monica Blvd Ste 504 West Rollywood CA 90069				ì	
ML ASSOCIATES	PRO	0 00	17 50	0.00	17 50
8581 Senta Monica Blvd Ste 504 Nest Hollywood CA 90069			Í		
ML Associates	OFC		50 38	5.00	FD 22
8581 Santa Monica Blvd Ste 504 West Hollywood CA 98069	orc	0 00	20 18	0.00	50.38
	SUBTOTALS	\$ 0.00	\$ 108 44	\$ 0.00	109 44