Recipient Committee		A-PI-STEP	ate Stamp	COVER PAGE
Campaign Statement		2 70		CALIFORNIA 460
Cover Page		CITY C	LERK	FORM TOU
(Government Code Sections 84200-84216.5)		4		
	Statement covers period	Date of election if applicable:		D 1 13
	from10/23/2016	(Month, Day, Year) FEB -2	AM 8:38	Page1 of13
				For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2016	Ling the fas	TAMESA	
		NY I		
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	to filter y the could be filled and	
Officeholder, Candidate Controlled Committee	rimarily Formed Ballot Measure	Preelection Statement		at all Ot I
State Candidate Election Committee	ommittee	X Semi-annual Statement	The state of the s	rterly Statement
(4)	Controlled	Termination Statement		cial Odd-Year Report
A Little Brought on the Control State Control	Sponsored Also Complete Part 6)	(Also file a Form 410 Termination)	State	olemental Preelection ement - Attach Form 495
General Purpose Committee		☐ Amendment (Explain below)	Olalo	mone y maon i omi 455
	rimarily Formed Candidate/			
	Officeholder Committee			-
O Political Party/Central Committee	iso complete l'art l')			190
3. Committee Information	. NUMBER		A ANDREW W. S.	
5. Committee information	1387538	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	Manager Control Manager Control Control	NAME OF TREASURER		
COSTA MESANS AGAINST THE POWER GRAB, NO ON M	EASURE Y	CARY DAVIDSON		
		MAILING ADDRESS		
		515 S. FIGUEROA ST., STE. 1110)	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	ODE AREA CODE/PHONE
1904 HARBOR BLVD., #720		LOS ANGELES	CA 900	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	- J00	71 (213) 624-6200
COSTA MESA CA 9262	7 (213)624-6200	FLORA YIN		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	OX (===, === ===	MAILING ADDRESS		
515 S. FIGUEROA ST., STE. 1110		515 S. FIGUEROA ST., STE. 1110)	
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CO	ODE AREA CODE/PHONE
LOS ANGELES CA 9007	1	LOS ANGELES	CA 900	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		71 (213)624-6200
(213)623-1692 / cary@politicallaw.com		THE THE ADDRESS		
l. Verification				
	this statement and to the land of	Ω //		
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California	that the foregoing is true and correct	wiedge the information contained berein and in the	e attached schedu	les is true and complete. I certify
, , , , , , , , , , , , , , , , , , , ,	a tractific foregoing is tractand correct.			
Executed on	Ву			
Date	-	Signature of Treasurer or Assistant Treasurer		
Executed on	Ву		<u> </u>	
Date	Signature of Con	trolling Officeholder, Candidate, State Measure Proponent or Respon	nsible Officer of Sponsor	
Executed on	Ву	Circulation of Containing Office Advisory		
Sello		Signature of Controlling Officeholder, Candidate, State Measure Pro	ponent	= - 5
Executed on	Ву	Cignotius of Contalling Official Line		
		Signature of Controlling Officeholder, Candidate, State Measure Pro	ponent	FPPC Form 460 (Jan/2016)

Page ____2 of ___13

6. Primarily Forr	ned Ballot Measure	Committee	
NAME OF BALLOT M AN INITIATIVE PROJECTS	EASURE TO REQUIRE VOTER A	PPROVAL ON CERTAIN DE	VELOPMENT
BALLOT NO. OR LET			SUPPORT OPPOSE
			proponent, if any.
		ROPONENT	
, OFFICE SOUGHT O	R HELD	DISTRICT NO). IF ANY
- 7 Primarily For	med Candidate/Offi	coholder Committee	
officeholder(s) or	candidate(s) for which th	is committee is primarily for	rmed.
-	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEH	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ OPPOSE
<u> </u>		OFFICE SOUGHT OR HELL	
NAME OF OFFICEH	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	NAME OF BALLOT MAN INITIATIVE PROJECTS BALLOT NO. OR LET Y Identify the cont NAME OF OFFICEHO OFFICE SOUGHT OF 7. Primarily Form officeholder(s) or officeholde	NAME OF BALLOT MEASURE AN INITIATIVE TO REQUIRE VOTER A PROJECTS BALLOT NO. OR LETTER JURISDICT Y CITY OF C Identify the controlling officeholder, ca NAME OF OFFICEHOLDER, CANDIDATE, OR P OFFICE SOUGHT OR HELD 7. Primarily Formed Candidate/Offi	NAME OF BALLOT MEASURE AN INITIATIVE TO REQUIRE VOTER APPROVAL ON CERTAIN DE PROJECTS BALLOT NO. OR LETTER JURISDICTION Y CITY OF COSTA MESA Identify the controlling officeholder, candidate, or state measure NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD DISTRICT NO 7. Primarily Formed Candidate/Officeholder Committee officeholder(s) or candidate(s) for which this committee is primarily for

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SUMMARY PAC
Statement	covers period	CALIFORNIA 160
from1	0/23/2016	FORM 400
through1	2/31/2016	Page3 of13
is a second		I.D. NUMBER
		1397530

NAME OF FILER COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** \$ 132,500.00 1/1 through 6/30 7/1 to Date 0.00 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 20. Contributions 60,500.00 132,500.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 23,304.69 23,304.69 21. Expenditures \$ 155,804.69 **Expenditures Made Expenditure Limit Summary for State** Candidates 7. Loans Made Schedule H. Line 3 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _____ 93,683.22 \$ 131,227.45 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 -20, 927.35 23,949.35 Date of Election Total to Date (mm/dd/yy) 23,304.69 **Current Cash Statement** To calculate Column B. add 13. Cash Receipts Column A, Line 3 above 60,500.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A. Line 8 above 93,683.22 Column A may be negative figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ 0.00 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____ 23,949.35

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCF		

Statement covers period

Monetary Contributions Received		to	whole dollars.	Statement coverage from10/23/2	0.000.000 Personal Processing Commencer (Commencer Commencer Comme	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through _12/31/2	016	Page _	4 of13	
NAME OF FILER						I.D. NUM	MBER	
COSTA MESAN	IS AGAINST THE POWER GRAB, NO ON MEASURE Y					138753	18	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 CALENDAR YI (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/24/2016	CALIFORNIA BUSINESS PROPERTIES ASSOCIATION ISSUES PAC (ID# 1244001) 455 CAPITOL MALL, STE. 600 SACRAMENTO, CA 95814	□IND IND COM OTH PTY SCC		25,000.00	25,0	00.00		
10/28/2016	SANDERSON J RAY CORPORATION 4667 MACARTHUR BLVD., STE. 420 NEWPORT BEACH, CA 92660	☐IND ☐COM ※OTH ☐ PTY ☐SCC		29,000.00	29,0	00.00	e e	
11/15/2016	CALIFORNIA ASSOCIATION OF REALTORS ISSUES MOBILIZATION PAC (ID# 782560) 525 S. VIRGIL AVENUE LOS ANGELES, CA 90020	□IND ☑COM □OTH □PTY □SCC		5,000.00	5,(00.00		
12/12/2016	BUILDING INDUSTRY ASSOCIATION OF SOUTHERN CALIFORNIA PAC (ID# 741733) 24 EXECUTIVE PARK, STE. 100 IRVINE, CA 92614	□IND ⊠COM □OTH □PTY □SCC		1,500.00	24,8	304.69		
		□IND □COM □OTH □PTY □SCC	*					
			SUBTOTAL\$	60,500.00				
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	60,500.00	IND-		des It Committee	
2. Amount re	eceived this period – unitemized monetary contributions	of less than \$	\$100 \$	0.00		- Other (e	.g., business entity)	
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colui					- Political F - Small Co	Party ntributor Committee	

Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA ACO
from10/23/2016	FORM 40U
through 12/31/2016	Page5 of13
	I.D. NUMBER

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

						1387538	
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)
	BUILDING INDUSTRY ASSOCIATION OF SOUTHERN CALIFORNIA PAC (ID# 741733) 24 EXECUTIVE PARK, STE. 100 IRVINE, CA 92614	□IND IND IND IND IND IND IND IND		MAILERS	7,576.99	24,804.69	,
1/16/2016	BUILDING INDUSTRY ASSOCIATION OF SOUTHERN CALIFORNIA PAC (ID# 741733) 24 EXECUTIVE PARK, STE. 100 IRVINE, CA 92614	□IND IND IND IND IND IND IND IND	-	MAILERS	15,727.70	24,804.69	
8	,	□IND □COM □OTH □PTY □SCC					a e
2	*	☐IND ☐COM ☐OTH ☐PTY ☐SCC			e e		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 23,304.69

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) 23,304.69 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 3. Total nonmonetary contributions received this period.

*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 E **Payments Made**

Amounts may be rounded

Statem	ent covers period	CALIFORNIA 16	n
from	10/23/2016	FORM 40	U
through _	12/31/2016	Page6 of13	_
	Д	I.D. NUMBER	

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y 1387538

CODES: If one of the following codes accurately describes	s the	payment, you may enter the code. Other	erwise. d	describe the payment
CMP campaign paraphernalia/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 LIT campaign literature and mailings	MBR	member communications	RAD RFD SAL TEL TRC TRS TSF VOT	The second secon

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
BIEBER COMMUNICATIONS 3609 W. MACARTHUR BLVD. SANTA ANA, CA 92704	, #812	LIT	8,623.92
	8		
BIEBER COMMUNICATIONS 3609 W. MACARTHUR BLVD., SANTA ANA, CA 92704	#812	LIT	15,809.40
BIEBER COMMUNICATIONS 3609 W. MACARTHUR BLVD., SANTA ANA, CA 92704	#812	LIT	7,595.58
			7

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 32,028.90 Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	93,683.22
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).)\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period

Payments Made	Amounts may b to whole do			from10/23/2016	CALIFOR FORM	NIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		,		through12/31/2016	Page7	of13
COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y					I.D. NUMBER	
CODES: If one of the following codes accurately describe campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and seponsage, del	imunication d appearar nses lating s survey rese ivery and r	s ices	Otherwise, describe the paymer RAD radio airtime and producti RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodgin TSF transfer between committ VOT voter registration WEB information technology co	on costs es roduction costs and meals g, and meals ees of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
BIEBER COMMUNICATIONS 3609 W. MACARTHUR BLVD., #812 SANTA ANA, CA 92704		LIT				15,614.6
BIEBER COMMUNICATIONS 3609 W. MACARTHUR BLVD., #812 SANTA ANA, CA 92704		LIT				16,460.4
FSB CORE STRATEGIES 520 CAPITOL MALL, STE. 630 SACRAMENTO, CA 95814		WEB				4,302.6
FSB CORE STRATEGIES 520 CAPITOL MALL, STE. 630 SACRAMENTO, CA 95814	K.	CNS				5,000.0
FSB CORE STRATEGIES 520 CAPITOL MALL, STE. 630 SACRAMENTO, CA 95814	×	СМР				8,912.9
Payments that are contributions or independent expenditures must als	o be summarized on	Schedule [).	\$	SUBTOTAL \$	50,290.7
ii						

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA /

Statement covers period

ayments made			from10/23/2016	FORM	
EE INSTRUCTIONS ON REVERSE			through 12/31/2016	Page 8	of13
IAME OF FILER	,	*		I.D. NUMBER	
COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y				. 1387538	
campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CLB civic	per communications ngs and appearance e expenses on circulating e banks g and survey resear ge, delivery and me ssional services (leg	s ch ssenger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging, TSF transfer between committee voter registration WEB information technology cost	duction costs and meals and meals es of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DES	CRIPTION OF PAYMENT	8	AMOUNT PAID
SB CORE STRATEGIES 20 CAPITOL MALL, STE. 630 ACRAMENTO, CA 95814	LIT				3,785.80
IEBER COMMUNICATIONS 609 W. MACARTHUR BLVD., #812 ANTA ANA, CA 92704	LIT	,	ı		7,577.79
Payments that are contributions or independent expenditures must also be summarize	zed on Schedule D.		SI	JBTOTAL \$	11,363.59
					11,303.33

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 10/23/2016 from through __12/31/2016 of __13 Page ___9 I.D. NUMBER

1387538

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

LIT

COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y

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 CNS campaign consultants meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals fundraising events FND polling and survey research POL TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services POS' **TSF** transfer between committees of the same candidate/sponsor legal defense professional services (legal, accounting)

PRT

print ads

VOT

voter registration

WEB information technology costs (internet, e-mail) (a) (b) (d) NAME AND ADDRESS OF CREDITOR CODE OR OUTSTANDING AMOUNT INCURRED **AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OUTSTANDING **DESCRIPTION OF PAYMENT BALANCE BEGINNING** THIS PERIOD THIS PERIOD BALANCE AT CLOSE OF THIS PERIOD (ALSO REPORT ON E) OF THIS PERIOD FSB CORE STRATEGIES CNS 5,000.00 0.00 5,000.00 520 CAPITOL MALL, STE. 630 SACRAMENTO, CA 95814 FSB CORE STRATEGIES WEB 4,302.69 0.00 4,302.69 0.00 520 CAPITOL MALL, STE. 630 SACRAMENTO, CA 95814 FSB CORE STRATEGIES 5,000.00 0.00 5,000.00 0.00 520 CAPITOL MALL, STE. 630

* Payments that are contributions or independent expenditures must also be SUBTOTALS \$ summarized on Schedule D. 14,302.69\$ 0.00\$ 9,302.69\$ 5,000.00

Schedule F Summary

SACRAMENTO, CA 95814

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 9,698.00
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

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

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period	CALIFORNIA 160
from10/23/2016	FORM 400
through12/31/2016	Page10 of13
* e *	I.D. NUMBER
	1387538

COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y

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

•	see. If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, describe the payment.
	campaign paraphernalia/misc.		member communications		radio airtime and production costs
CNS	campaign consultants		meetings and appearances		returned contributions
CTB	contribution (explain nonmonetary)*				
	civic donations		5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		campaign workers' salaries
		PET	petition circulating	TEL	t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services	TSF	transfer between accessity of the
LEG	legal defense	PRO	professional assissa (Issael assissa		transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings		professional services (legal, accounting)	VOT	voter registration
LIT	campaign illerature 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
FSB CORE STRATEGIES 520 CAPITOL MALL, STE. 630 SACRAMENTO, CA 95814	СМР	8,912.94	0.00	8,912.94	
FSB CORE STRATEGIES 520 CAPITOL MALL, STE. 630 SACRAMENTO, CA 95814	LIT	3,785.80	0.00	3,785.80	0.00
BIEBER COMMUNICATIONS 3609 W. MACARTHUR BLVD., #812 SANTA ANA, CA 92704	LIT	8,623.92	0.00	8,623.92	0.00
REED & DAVIDSON, LLP 515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071	PRO CARY DAVIDSON, TREASURER, AND FLORA YIN, ASST. TREASURER, ARE PARTNERS OF REED & DAVIDSON, LLP.	4,251.35	0.00	0.00	4,251.35
	SUBTOTALS S	\$ 25,574.01 \$	0.00\$	21,322.66	4,251.35

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

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period	CALIFORNIA 460
from10/23/2016	FORM +OU
through 12/31/2016	Page11 of13
	I.D. NUMBER
	1387538

NAME OF FILER

COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y

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

	and the second contract of the second contrac		paymond, you may office the code. O	11101 1112	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants		meetings and appearances		returned contributions
	contribution (explain nonmonetary)*		office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
	fundraising events		polling and survey research	TRS	staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense		professional services (legal, accounting)		voter registration
LII	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	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
FSB CORE STRATEGIES 520 CAPITOL MALL, STE. 630 SACRAMENTO, CA 95814	CNS	5,000.00	0.00	0.00	5,000.00
REED & DAVIDSON, LLP 515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071	PRO CARY DAVIDSON, TREASURER, AND FLORA YIN, ASST. TREASURER, ARE PARTNERS OF REED & DAVIDSON, LLP.	0.00	9,698.00	0.00	9,698.00
*					
				a a	w .
	SUBTOTALS	5,000.00	9,698.00	0.00	14,698.00

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

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** 10/23/2016 **FORM** through __12/31/2016 Page 12 of 13

I.D. NUMBER

1387538

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BIEBER COMMUNICATIONS

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)* CVC civic donations

OFC office expenses

SAL campaign workers' salaries

FIL candidate filing/ballot fees PET petition circulating

TEL t.v. or cable airtime and production costs TRC

FND fundraising events PHO phone banks POL polling and survey research

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

IND independent expenditure supporting/opposing others (explain)* LEG legal defense

postage, delivery and messenger services **PRO** professional services (legal, accounting)

TSF transfer between committees of the same candidate/sponsor VOT voter registration

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.

POS			AMOUNT PAID
103		E	6,120.90
POS	=		2.454.0
			2,454.03
POS			6,024.78
POS			6,356.07
		POS	POS

* 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.

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TOTAL* \$

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

Amounts may be rounded to whole dollars.

SCHEDULE G (CONT.) St

Stat	ement covers period	CALIFORNIA 460
from	10/23/2016	FORM 40U

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I.D. NUMBER

1387538

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BIEBER COMMUNICATIONS

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

print ads

PET

PRO

PRT

CMP campaign paraphernalia/misc. campaign consultants

CTB contribution (explain nonmonetary)* CVC civic donations

candidate filing/ballot fees FND

fundraising events IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

MBR member communications RAD radio airtime and production costs

MTG meetings and appearances RFD returned contributions OFC office expenses SAL campaign workers' salaries

petition circulating TEL t.v. or cable airtime and production costs phone banks TRC candidate travel, lodging, and meals polling and survey research

TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services TSF

through__ 12/31/2016

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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTIO	N OF PAYMENT	Α	MOUNT PAID
U.S. POSTMASTER 615 N BUSH ST. SANTA ANA, CA 92702	POS		* 2		2,449.9
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		1			
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				15	

professional services (legal, accounting)

* 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.

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2,449.98

www.fppc.ca.gov

TOTAL* \$