Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Statement covers period from10/23/2016	Date of election if applicable: (Month, Day, Year)	ERK AN IO: 10	COVERPAGE CALIFORNIA 460 FORM of 13 For Official Use Only
EE INSTRUCTIONS ON REVERSE	through12/31/2016	CITY OF COST	A MESA	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Uso Complete Part 6) rimarily Formed Candidate/ officeholder Committee Uso Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below) AMENDING ACCRUED EXPENSE	Special Suppler	ly Statement Odd-Year Report mental Preelection ent - Attach Form 495
. Committee information	. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COSTA MESANS AGAINST THE POWER GRAB, NO ON M STREET ADDRESS (NO P.O. BOX) 1904 HARBOR BLVD., #720 CITY STATE ZIP CO	* * * * * * * * * * * * * * * * * * *	NAME OF TREASURER CARY DAVIDSON MAILING ADDRESS 515 S. FIGUEROA ST., STE. 1110 CITY LOS ANGELES	STATE ZIP CODI	E AREA CODE/PHONE (213)624-6200
COSTA MESA CA 9262 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B 515 S. FIGUEROA ST., STE. 1110	7 (213)624-6200 OX	NAME OF ASSISTANT TREASURER, IF ANY FLORA YIN MAILING ADDRESS 515 S. FIGUEROA ST., STE. 1110		
CITY STATE ZIP CO LOS ANGELES CA 9007		CITY LOS ANGELES	STATE ZIP CODI	
OPTIONAL: FAX/E-MAIL ADDRESS (213)623-1692 / cary@politicallaw.com		OPTIONAL: FAX / E-MAIL ADDRESS	01	(213)624-6200
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	BySignature of Cont	wledge the information contained herein and in the Signature of Treasurer or Assistant Treasurer crolling Officeholder, Candidate, State Measure Proponent or Responsi	sible Officer of Sponsor	is true and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Magazira Press		

FPPC Form 460 (Jan/2016)

Officeholder or Candidate Controlled Co	ommittee	6.	Primarily Formed Bal	lot Measure	e Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	8		NAME OF BALLOT MEASURE AN INITIATIVE TO REQU PROJECTS				LOPMENT
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	ISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	COSTA MESA	X	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	1100112-75	2	nte measure	proponent, if any.
Related Committees Not Included in this	s Statement: List any committees		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	PROPONENT	,37	
not included in this statement that are controlled by contributions or make expenditures on behalf of you	VOU or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Ca officeholder(s) or candidate	ndidate/Offi (s) for which th	iceholder Con his committee is	mmittee Li primarily form	st names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPOSE OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO I	P.O. BOX)			7.			OPPOSE .
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ach continuat	ion sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

NAME OF FILER

Amounts may be rounded

SUMMARY PAGE

Statement covers period CALIFORNIA to whole dollars. FORM from _____ 10/23/2016 SEE INSTRUCTIONS ON REVERSE through _____12/31/2016 Page ___3 ___ of ___13 I.D. NUMBER

Contributions Received	Column A TOTAL THIS PERIOD		Column B	Calendar Year Sum	mary for Candidates
	FROM ATTACHED SCHEDULES)		TOTAL TO DATE	Running in Both th General Elections	e State Primary and
. Monetary Contributions Schedule A, Line 3		\$	132,500.00		
2. Loans Received Schedule B, Line 3			0.00	1/1 th	nrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 60,500.00	\$	132,500.00	20. Contributions Received \$	\$
	23,304.69		23,304.69	21 Expenditures	,
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 83,804.69	\$	155,804.69	Made \$	\$
Expenditures Made				Evponditure Limit 6	Summer for Chair
Schedule E, Line 4	\$ 93,683.22	\$	131,227.45	Expenditure Limit S Candidates	buillinary for State
7. Loans Made Schedule H, Line 3	0.00		0.00		
3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 93,683.22	\$	131,227.45	22. Cumulativ (If Subject to	e Expenditures Made* Voluntary Expenditure Limit)
). Accrued Expenses (Unpaid Bills) Schedule F, Line 3			23,897.89	Date of Election	Total to Date
0. Nonmonetary Adjustment Schedule C, Line 3			23,304.69	(mm/dd/yy)	Total to Date
1. TOTAL EXPENDITURES MADE	\$ 96,009.10	\$	178,430.03		_ \$
Current Cash Statement					\$
		i i			- Ψ
2. Beginning Cash Balance Previous Summary Page, Line 16	\$ 34,455.77	To	calculate Column B. add		
Beginning Cash Balance	34,455.77	am	calculate Column B, add ounts in Column A to the		
		cor	ounts in Column A to the responding amounts	*Amounts in this section m	ay be different from amounts
3. Cash Receipts Column A, Line 3 above	60,500.00	corr fror rep	ounts in Column A to the responding amounts in Column B of your last ort. Some amounts in	*Amounts in this section m reported in Column B.	ay be different from amounts
Cash Receipts	0.00	corr from report Col figu	counts in Column A to the responding amounts in Column B of your last ort. Some amounts in umn A may be negative res that should be	*Amounts in this section m reported in Column B.	ay be different from amounts
3. Cash Receipts	0.00	ame corr from repe Col figu sub peri	counts in Column A to the responding amounts in Column B of your last cort. Some amounts in the umn A may be negative res that should be tracted from previous to damounts. If this is	*Amounts in this section m reported in Column B.	ay be different from amounts
3. Cash Receipts	\$ 0.00 93,683.22 1,272.55	ame corr fror repe Col figu sub peri the for	counts in Column A to the responding amounts in Column B of your last ort. Some amounts in umn A may be negative res that should be tracted from previous lod amounts. If this is first report being filed this calendar year, only	*Amounts in this section m reported in Column B.	ay be different from amount
3. Cash Receipts	\$ 0.00 93,683.22 1,272.55	ame corr fror repe Col figu sub peri the for carr fron	counts in Column A to the responding amounts in Column B of your last ort. Some amounts in umn A may be negative res that should be treacted from previous lod amounts. If this is first report being filed this calendar year, only yover the amounts in Lines 2, 7, and 9 (if	*Amounts in this section m reported in Column B.	ay be different from amount
3. Cash Receipts	\$ 0.00 93,683.22 1,272.55	ame corr fror repe Col figu sub peri the for carr	counts in Column A to the responding amounts in Column B of your last ort. Some amounts in umn A may be negative res that should be treacted from previous lod amounts. If this is first report being filed this calendar year, only yover the amounts in Lines 2, 7, and 9 (if	*Amounts in this section m reported in Column B.	ay be different from amount

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

moriotary	Contributions Neceived	to	whole dollars.	from10/23/2	S 15-000000000000000000000000000000000000	CALIFORN FORM	^{IA} 460
	ONS ON REVERSE			through12/31/2	016	Page4	of13
NAME OF FILER				5		I.D. NUMBER	
COSTA MESAN	S AGAINST THE POWER GRAB, NO ON MEASURE Y	8				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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DEC. (JAN. 1 - DEC. S	DATE PE	R ELECTION TO DATE REQUIRED)
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	24,80	04.69	
11/15/2016	CALIFORNIA ASSOCIATION OF REALTORS ISSUES MOBILIZATION PAC (ID# 782560) 525 S. VIRGIL AVENUE LOS ANGELES, CA 90020	□IND IND COM OTH PTY SCC	. v	5,000.00	5,00	00.00	2
10/24/2016	CALIFORNIA BUSINESS PROPERTIES ASSOCIATION ISSUES PAC (ID# 1244001) 455 CAPITOL MALL, STE. 600 SACRAMENTO, CA 95814	□IND ☑COM □OTH □PTY □SCC	8	25,000.00	25,00	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	29,00	00.00	
	i	□IND □COM □OTH □PTY □SCC		3			
			SUBTOTAL\$	60,500.00			
Amount re (Include al Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.) eceived this period – unitemized monetary contributions				IND – II COM – OTH –	butor Codes ndividual Recipient Com (other than PT Other (e.g., bu Political Party	Y or SCC)
Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colur	mn A. Line 1.)	TOTAL \$	60,500.00		Small Contribut	or Committee

Schedu			Amounts may be rounded						SCHEDULE
NOTHING	netary Contributions Received		to whole dollars.			tatement covers pe		CALIFO FOR	RNIA ACC
			•		from		~		IVI
SEE INSTRUC	TIONS ON REVERSE		<u> </u>		thro	ugh <u>12/31/201</u>	6	Page5	of13
NAME OF FILE								I.D. NUMBE	R
COSTA MESA	ANS AGAINST THE POWER GRAB, NO ON MEASUR	EY						1387538	
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDAI (JAN 1 - D	IVE TO E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
11/16/2016	BUILDING INDUSTRY ASSOCIATION OF SOUTHERN CALIFORNIA PAC (ID# 741733) 24 EXECUTIVE PARK, STE. 100 IRVINE, CA 92614	□IND ☑COM □OTH □PTY □SCC		MAILERS		7,576.99		,804.69	
11/16/2016	BUILDING INDUSTRY ASSOCIATION OF SOUTHERN CALIFORNIA PAC (ID# 741733) 24 EXECUTIVE PARK, STE. 100 IRVINE, CA 92614	□IND ICOM □OTH □PTY □SCC		MAILERS		15,727.70	24	,804.69	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						_	
		□IND □COM □OTH □PTY □SCC			·				
Attach ad	ditional information on appropriately labe	led continuati	on sheets.	SUBTO	TAL \$	23,304.69			
1. Amount (Include	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.) received this period – unitemized nonmonet					23,304.6	9 IND – COM-		Committee n PTY or SCC)
3. Total nor	nmonetary contributions received this period. es 1 and 2. Enter here and on the Summary				·		PTY-	Political Pa	., business entity) rty ributor Committee

Schedule E	
Payments Ma	de

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from10/23/2016	FORM 400
through12/31/2016	Page6 of13
	I.D. NUMBER
	1387538

SEE INSTRUCTIONS ON REVERSE

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.

ON 400			, , , see they enter the code. Other	WISC, C	icscribe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	DAD	and the shall not be seen a second second second
CNS	campaign consultants			KAD	radio airtime and production costs
		MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*		office expenses		
CVC	civic donations	DC	*************************************	SAL	campaign workers' salaries
EII.		PEI	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		
FND	fundraising events		i e	IRC	Tarranto travol, loaging, and meals
			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 and it
LEG	legal defense	DDO	protago, delivery and messenger services	ISF	transfer between committees of the same candidate/sponsor
		PRO	professional services (legal, accounting)	VOT	voter registration
LII	campaign literature and mailings	PRT	print ads		information to be a first

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
BIEBER COMMUNICATIONS 3609 W. MACARTHUR BLVD., SANTA ANA, CA 92704	#812	LIT			8,623.92
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
				*	

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

SUBTOTAL\$ 32,028.90

Schedule E Summary

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).)\$	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.)	93,683.22

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA

Statement covers period

FORM 10/23/2016 from ____ through ___12/31/2016 SEE INSTRUCTIONS ON REVERSE Page ____7 ___ of ____13__ NAME OF FILER I.D. NUMBER COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y 1387538 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 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 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 transfer between committees of the same candidate/sponsor TSF **LEG** legal defense 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 CODE OR **DESCRIPTION OF PAYMENT** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) AMOUNT PAID BIEBER COMMUNICATIONS LIT 3609 W. MACARTHUR BLVD., #812 15,614.68 SANTA ANA, CA 92704 BIEBER COMMUNICATIONS LIT 3609 W. MACARTHUR BLVD., #812 16,460.42 SANTA ANA, CA 92704 BIEBER COMMUNICATIONS LIT 7,577.79 3609 W. MACARTHUR BLVD., #812 SANTA ANA, CA 92704 FSB CORE STRATEGIES WEB 4,302.69 520 CAPITOL MALL, STE. 630 SACRAMENTO, CA 95814 FSB CORE STRATEGIES CNS 5,000.00 520 CAPITOL MALL, STE. 630 SACRAMENTO, CA 95814 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 48,955.58

Schedule E

SCHEDULE E (CONT.)

Payments that are contributions or independent are additional and the contributions of independent and the contributions of independent and the contributions of independent are additional and the contributions of independent are additional and the contribution and	Payments Made	Amounts may be to whole do			Statement covers peri	CALIFO FOR	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMC campaign paraphemaliamins CMS campaign consultants CMS campaign despenances CMS campaign described fees CMS campaign iterature and mailings CMS campaign iterature and mailings CMS campaign described fees CMS campaign iterature and mailings CMS campaign described fees CMS campaign iterature and mailings CMS campaig			2		through 12/31/2016		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MARP member communications RAD radio airline and production costs recomming conduction (explain nonmonitary)* CVC civic donations	COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y						
Payments that are contributions or independent expectations.	campaign paraphernaliamisc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli PRO professional	munications d appearance ses ating urvey resear very and me	s ch ssenger services	RAD radio airtime and professional returned contribution SAL two campaign workers' two candidate travel, lod TRS staff/spouse travel, TSF transfer between convolutional registration	yment. oduction costs ns salaries and production costs ging, and meals lodging, and meals smmittees of the sam	ne candidate/sponsor
SACRAMENTO, CA 95814 FSB CORE STRATEGIES SIG CAPITOL MALL, STE. 630 SACRAMENTO, CA 95814 LIT 3,7	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
Payments that are contributions or independent area divise any state of the state o	520 CAPITOL MALL, STE. 630		CMP	e d			8,912.94
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	520 CAPITOL MALL, STE. 630		LIT	, .			3,785.86
Payments that are contributions or independent expenditures must also be summarized on Schedule D.			,				,
Payments that are contributions or independent expenditures must also be summarized on Schodule D		2	æ	3	ė.		
Payments that are contributions or independent expenditures must also be summarized on Schodulo D							
SUBTOTAL \$ 12,6	Payments that are contributions or independent expenditures must als	so be summarized on S	Schedule D.			SUBTOTAL \$	12,698.74

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 10/23/2016 through 12/31/2016 Page __9 of __13 I.D. NUMBER

1387538

SEE INSTRUCTIONS ON REVERSE

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.

PRT

petition circulating

polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

phone banks

print ads

CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* OFC office expenses CVC civic donations PET FIL candidate filing/ballot fees PHO FND POL

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

LIT campaign literature and mailings MBR member communications RAD radio airtime and production costs MTG meetings and appearances

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail)

			monnation tool	mology costs (internet, t	s-man)
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	CNS	5,000.00	0.00	0.00	5,000.00
FSB CORE STRATEGIES 520 CAPITOL MALL, STE. 630 SACRAMENTO, CA 95814	WEB	4,302.69	0.00	4,302.69	0.00
FSB CORE STRATEGIES 520 CAPITOL MALL, STE. 630 SACRAMENTO, CA 95814	CNS	5,000.00	0.00	5,000.00	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	14,302.69	0.00\$	9,302.69\$	5,000.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

9,646.54

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

30,625.35

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

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

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

	0011EB0EE1 (00111.)
Statement covers period	CALIFORNIA 160
from10/23/2016	FORM +OU
through 12/31/2016	Page10 of13
	I.D. NUMBER
	1387538

WEB information technology costs (internet, e-mail)

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.

print ads

	paymont.
CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and	
CNS campaign consultants	
CTP contribution (auxiliary formation formation) and appearances RFD returned contribu	tions
OFC office expenses	
CVC civic donations	
Ell condidate file vive list f	ne and production costs
FIL candidate filing/ballot fees PHO phone banks TRC candidate travel	ladelae I I
FND fundraising events	lodging, and meals
	el, lodging, and meals
INI / Independent evnenditure cupporting/opposing others /	on, reaging, and means
	committees of the same candidate/sponsor
PRO professional services (legal accounting) VOT votor registration	
LII Campaign liferature and mailings	alagu agata (internal alla)

^{*} 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	CMP	8,912.94	0.00	8,912.94	0.00
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	\$ 25,574.01	0.00	21,322.66	4,251.35

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 AGO
from10/23/2016	FORM 400
through12/31/2016	Page11 of13
	I.D. NUMBER
	1387538

WEB information technology costs (internet, e-mail)

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.

print ads

PRT

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 staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings

^{*} 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	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	9,646.54	0.00	9,646.54
		y			
	SUBTOTALS	\$ 5,000.00	9,646.54	0.00	14,646.54

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

Amounts may be rounded to whole dollars.

		SCHEDULE G
State	ement covers period	CALIFORNIA ACO
from	10/23/2016	FORM 400
through	12/31/2016	Page12 of13
	•	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

-	0000 16			With the same of the same of		_
C	ODES: If one of the following codes accurately describ	es the	payment, you may enter the code.	Otherwise	e, describe the payment	
CI CI CI FII FN	campaign paraphernalia/misc. IS campaign consultants B contribution (explain nonmonetary)* C civic donations candidate filing/ballot fees D fundraising events	MBR MTG OFC PET PHO POL POS	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration	
			Parties Time	VVLD	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	AM	OUNT PAID
U.S. POSTMASTER 615 N BUSH ST. SANTA ANA, CA 92702	POS			6,120.90
U.S. POSTMASTER 615 N BUSH ST. SANTA ANA, CA 92702	POS			2,454.03
U.S. POSTMASTER 615 N BUSH ST. SANTA ANA, CA 92702	POS	a a a a a a a a a a a a a a a a a a a		6,024.78
U.S. POSTMASTER 615 N BUSH ST. SANTA ANA, CA 92702	POS			6,356.07
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$	20,955.78

^{*} 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 (Continuation Sheet) Payments Made by an Agent or Indopendent

independent expenditure supporting/opposing others (explain)*

candidate filing/ballot fees

campaign literature and mailings

FND fundraising events

legal defense

IND

LEG

LIT

SCHEDULE G (CONT.)

TRC candidate travel, lodging, and meals

VOT voter registration

TRS staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

TSF transfer between committees of the same candidate/sponsor

Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	from10/23/2016	FORM 460		
SEE INSTRUCTIONS ON REVERSE		through 12/31/2016	Page13 of13		
COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y	e		I.D. NUMBER 1387538		
BIEBER COMMUNICATIONS					
CODES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations	s the payment, you may enter the code. Ot MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod	costs		

phone banks

print ads

PRO

PRT

polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

^{*} 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
U.S. POSTMASTER 615 N BUSH ST. SANTA ANA, CA 92702	POS				2,449.9
		i e			
	74				0.
				#I	
		>	8		
				*	
Attach additional information on appropriately labeled continuation sheets.				TOTAL* \$	2 4

^{*} 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.

2,449.98

TOTAL* \$