

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

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CITY OF COSTA MESA

CALIFORNIA
FORM **460**

Page 1 of 16

For Official Use Only

Statement covers period
from 10/18/2020
through 12/31/2020

Date of election if applicable:
(Month, Day, Year) 2

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1434039

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY
CR COSTA MESA LLC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 (415) 389-6800

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
FORM410@NMGVLAW.COM

Treasurer(s)

NAME OF TREASURER

JASON D. KAUNE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 (415) 389-6800

NAME OF ASSISTANT TREASURER, IF ANY

MICHAEL A. COLUMBO

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 (415) 389-6800

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2021
Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

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

Executed on _____
Date

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

Executed on _____
Date

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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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

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

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
RETAIL CANNABIS TAX AND REGULATION MEASURE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page <u>3</u> of <u>16</u>
NAME OF FILER		I.D. NUMBER
COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC		1434039

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 20,000.00	\$ 20,000.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 20,000.00	\$ 20,000.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 20,000.00	\$ 20,000.00

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

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 18,997.72	\$ 18,997.72
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 18,997.72	\$ 18,997.72
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 18,997.72	\$ 18,997.72

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts Column A, Line 3 above	20,000.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.58
15. Cash Payments Column A, Line 8 above	18,997.72
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,002.86

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

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

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>16</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC	I.D. NUMBER 1434039
--	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2020	CR COSTA MESA LLC (RESPONSIBLE OFFICER RYAN JOHNSON) 4675 MACARTHUR COURT, FLOOR 15 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	35,501.89	
10/27/2020	CR COSTA MESA LLC (RESPONSIBLE OFFICER RYAN JOHNSON) 4675 MACARTHUR COURT, FLOOR 15 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	35,501.89	
10/30/2020	CR COSTA MESA LLC (RESPONSIBLE OFFICER RYAN JOHNSON) 4675 MACARTHUR COURT, FLOOR 15 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	35,501.89	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 20,000.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	20,000.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	20,000.00

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

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page <u>5</u> of <u>16</u>
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER
NAME OF FILER		1434039

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

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)
10/31/2020	CR COSTA MESA LLC Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PAYMENT OF PAC ADMINISTRATIVE SERVICES BY SPONSOR	8,826.99 Memo	35,501.89	
11/30/2020	CR COSTA MESA LLC Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PAYMENT OF PAC ADMINISTRATIVE SERVICES BY SPONSOR	3,180.40 Memo	35,501.89	
12/31/2020	CR COSTA MESA LLC Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PAYMENT OF PAC ADMINISTRATIVE SERVICES BY SPONSOR	994.50 Memo	35,501.89	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	0.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$	0.00

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page <u>6</u> of <u>16</u>
NAME OF FILER		I.D. NUMBER
COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC		1434039

SEE INSTRUCTIONS ON REVERSE

COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BRYAN ELLIOT [REDACTED]		REIMBURSED EXPENSES; SEE SCHEDULE G	5,350.00
RYAN JOHNSON [REDACTED]		REIMBURSED EXPENSES; SEE SCHEDULE G	5,500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00

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

SUBTOTAL \$ 11,350.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	18,997.72
2. Unitemized payments made this period of under \$100	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	18,997.72

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page <u>7</u> of <u>16</u>
NAME OF FILER		I.D. NUMBER
COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC		1434039

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00

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

SUBTOTAL \$ 2,500.00

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page 8 of 16
NAME OF FILER		I.D. NUMBER
COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC		1434039

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RYAN JOHNSON [REDACTED]		REIMBURSED EXPENSES; SEE SCHEDULE G	1,023.35
SCALE TO WIN 13742 HARPER ST. Santa Ana, CA 92703		TEXT MESSAGE PLATFORM	651.86
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00

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

SUBTOTAL \$ 3,175.21

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page <u>9</u> of <u>16</u>
NAME OF FILER		I.D. NUMBER
COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC		1434039

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	472.51

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

SUBTOTAL \$ 1,972.51

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
 from 10/18/2020
 through 12/31/2020

SCHEDULE G
CALIFORNIA FORM 460
 Page 10 of 16
 I.D. NUMBER
 1434039

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BRYAN ELLIOT

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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2,000.00

* 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 Independent Contractor (on Behalf of This Committee)

SCHEDULE G (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page <u>11</u> of <u>16</u>
NAME OF FILER		I.D. NUMBER
COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC		1434039
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
BRYAN ELLIOT		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BRYAN ELLIOT

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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	350.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,850.00

* 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 Independent Contractor (on Behalf of This Committee)

SCHEDULE G (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period from <u>10/18/2020</u>	CALIFORNIA FORM 460
through <u>12/31/2020</u>	
Page <u>12</u> of <u>16</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

I.D. NUMBER

1434039

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BRYAN ELLIOT

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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,500.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

Amounts may be rounded to whole dollars.

Statement covers period
 from 10/18/2020
 through 12/31/2020

SCHEDULE G

CALIFORNIA FORM 460

Page 13 of 16

I.D. NUMBER
 1434039

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RYAN JOHNSON

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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2,000.00

* 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 Independent Contractor (on Behalf of This Committee)

SCHEDULE G (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page <u>14</u> of <u>16</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC	I.D. NUMBER 1434039
NAME OF AGENT OR INDEPENDENT CONTRACTOR RYAN JOHNSON	

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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043		DIGITAL ADS	500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2,000.00

* 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 Independent Contractor (on Behalf of This Committee)

SCHEDULE G (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period
 from 10/18/2020
 through 12/31/2020

CALIFORNIA FORM **460**

Page 15 of 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

I.D. NUMBER

1434039

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RYAN JOHNSON

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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00
POLITICAL DATA INC. 12501 IMPERIAL HWY., SUITE 200 Norwalk, CA 90650			DATA	500.00
GOOGLE, LLC 1600 AMPHITHEATER PKWY. Mountain View, CA 94043			DIGITAL ADS	500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2,000.00

* 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 I
Miscellaneous Increases to Cash**

SCHEDULE I

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/18/2020	
through	12/31/2020	Page 16 of 16
NAME OF FILER		I.D. NUMBER
COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC		1434039

SEE INSTRUCTIONS ON REVERSE

COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule I Summary

1. Itemized increases to cash this period.	\$	0.00
2. Unitemized increases to cash of under \$100 this period.	\$	0.58
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$	0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$	0.58