SEMI-ANNUAL

	· ##>		BECEIVE	n	COVERPAGE
Recipient Committee Campaign Statement	Type or print in	1	CITH SOME	RK CAL	orm 460
Cover Page			1 JAN 31 P	5: Topage.	1 of 12
(Government Code Sections 84200-84216.5)	Statement covers period 7/1/2010	Date of election if applicable: (Month, Day, Year)	ITY OF CA		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2010				
	Complete Parts 1 2 3 and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 5) Primarily Formed Candidate/ Officeholder Committee	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te ☐ Amendment (Explain be	[rmination)	Ouarterly State Special Odd- Supplemental Statement - A	Year Report
Small Contributor Committee Political Party/Central Committee	(Also Complete Part 7)		·		
O Political Party/Certifal Continues	<u> </u>				<u> </u>
3. Committee Information	I.D. NUMBER	Treasurer(s)			
3. Committee information	100	NAME OF TREASURER			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT	<i>EE</i> ,	Clifford Cannon			
Lula Davis-Holmes For Carson City Council		MAILING ADDRESS			
		19412 Radlett Ave			
		CITY	STATE	ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)		Carson	Ca	90746	310-635-5289
959 E.Gladwick Street	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY		· ·
CITY	P CODE AREA CODE/PHONE 0746 310-617-7563	Harry Holmes			
Carson Ca 90 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.	71 70	MAILING ADDRESS 959 E. Gladwick St			
		CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZI	P CODE AREA CODE/PHONE	Carson	Ca	90746	310-617-7563
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS		
4. Verification I have used all reasonable diligence in preparing and revieunder penalty of perjury under the laws of the State of Cali	\mathcal{O}^{A}	er Chronen	<u> </u>	ed schedules is tru	ie and complete. I certify
Executed on Date Executed on Date Date		Signature of Treasurer or Assistant Lucy Held Controlling Officeholder, Candidate, State Measure Pr	pponent or Responsible Officer	of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	•		·
Executed on	. Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	`	FPPC Form 460 (January/0

FPPC Form 400 (Salazaria)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Campaign Disclosure Statement Summary Page

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

		SUM	MARY PAGE
Stateme	ent covers period 7/1/2010	CALIFORNIA FORM	460
through	12/31/2010	Page2 of	12
		I.D. NUMBER 1288860	

SEE INSTRUCTIONS ON REVERSE 1288860 NAME OF FILER Lula Davis-Holmes For Carson City Council Calendar Year Summary for Candidates Column B Column A Running in Both the State Primary and CALENDAR YEAR TOTAL THIS PERIOD **Contributions Received** TOTALTODATE (FROM ATTACHED SCHEDULES) General Elections 24846 7/1 to Date 1/1 through 6/30 0 15000 2. Loans Received Schedule B, Line 3 20. Contributions 24946 24560 Received 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 5424 4621 21. Expenditures 4. Nonmonetary Contributions Schedule C, Line 3 30270 Made 29081 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditure Limit Summary for State Expenditures Made** 13577 Candidates 10666 6. Payments Made Schedule E, Line 4 22. Cumulative Expenditures Made* 7. Loans Made Schedule H, Line 3 (if Subject to Voluntary Expenditure Limit) 13577 10666 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ Total to Date Date of Election (mm/dd/yy) 5424 4621 19001 15287 **Current Cash Statement** 3217 To calculate Column B, add 24460 amounts in Column A to the *Amounts in this section may be different from amounts 13. Cash Receipts Column A, Line 3 above corresponding amounts from Column B of your last reported in Column B. 14. Miscellaneous Increases to Cash Schedule I, Line 4 report. Some amounts in 10666 15. Cash Payments...... Column A, Line 8 above Column A may be negative 17011 figures that should be subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

Schedule A	• .
Monetary Conti	ributions Received

SEE INSTRUCTIONS ON REVERSE

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

				SCHEDULE A		
	Statement cov	ers period 2010	CALIFORNIA 460			
	through12/3	31/2010	Page	3 of _ <i>12</i>		
_			1.D. N 1288	UMBER 860		
	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		

E OF FILER	Make a Few Corpor City Council				12888	360
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 SEL-FAMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/10	Eva Gatling 20812 Cortner Ave Lakewood, Ca 90715	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
2/21/10	Eva Gatting 20812 Cortner Ave Lakewood, Ca 90715	IND COM OTH PTY SCC	Retired	250.00	350.00	. ·
10/19/10	Mike Mitoma 460 E. 249th St Carson, Ca	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	·
10/22/10	Moneshia R. Perkins 21114 S. Pioneer Blvd Apt 208 Lakewood, Ca 90715	ZIND COM OTH PTY	Nurse	100.00	100.00	
12/21/10	Carson Bail Bonds P.O. Box 4612 Carson, Ca 90749	☐IND ☐COM ☑OTH ☐PTY ☐SCC	Bail Bonds	200.00	200.00	CONTROL OF THE PROPERTY OF THE
		<u> </u>	SUBTOTAL	\$ 750.00		
Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	3000.00 6460.14	(othe OTH – Other PTY – Politic	ial ient Committee r than PTY or SCC (e.g., business en

2. Amount received this period - unitemized monetary 3. Total monetary contributions received this period. 9460.14

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

		SCHEDULE A (CONT.)
Statem	7/1/2010	california 460
through	12/31/2010	Page 4 of 12
		1.D. NUMBER 1288860

NAME OF FILER

	ALLEGA Caroon City COURCIL					
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN: 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/10	Rogena Burrus 9516 3rd Ave Inglewood, Ca	IND COM OTH PTY SCC	Social Worker	100.00	100.00	
10/13/10	Robert L. Lesley 19919 Alonda Dr Carson, Ca 90746	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
12/29/10	Robert L. Lesley 19919 Alonda Dr Carson, Ca 90746	ZIND COM OTH PTY SCC	Retired	150.00	250.00	
10/13/10	Chad Brown 1451 E. Abbottson St Carson, Ca 90746	☑IND □COM □OTH □PTY □SCC	NFL Official	100.00	100.00	
10/15/10	Chad Brown 1451 E. Abbottson St Carson, Ca 90746	ZIND COM OTH PTY SCC	NFL Official	500.00	600.00	
			SUBTOTAL	\$ 950.00		

*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 A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CO	N1.)
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Monetary Contributions Received		to whole d		7/1/2010		FORM 460	
				through 12/3	1/2010	Page	
NAME OF FILER	-Holmes For Carson City Council		· .			12888	
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 CALENDAR \ (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
12/2/10	Thelma Anderson 20125 Hillford Ave Carson, Ca 90746	☑IND □COM □OTH □PTY □SCC	Retired Nurse	200.00	200	.00	
12/11/10	Olive B. Harris 1871 E. Turmont St Carson, Ca 90746	ØIND ☐COM ☐OTH ☐PTY ☐SCC	Retired - US Govt	220.00	220	.00	
12/12/10	Barbara Calhoun City of Compton	ZIND COM OTH PTY	Elected Official	100.00	100	0.00	
10/19/10	Linda Evans 19440 Coslin Ave Carson, Ca 90747	ZIND COM OTH PTY	Supervisor	100.00	100	0.00	
10/19/10	DE Shon Andrews 1718 East Gladwick St Carson, Ca 90746	☑IND □COM □OTH □PTY □SCC	LAPD Detective	100.00	100	00.00	

*Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

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

720.00

SUBTOTAL\$

NAME OF FILER

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

SCHEDU	JLE A (CONT.)
CALIFORNIA FORM	460

from	7/1/2010		RM	460
through	12/31/2010	Page_	6 0	12
	:	1.D. NUN 12888		-
T	- CLEAN ATIVE	TODATE	PER E	ECTION

INE OF FILER	Holmes For Carson City Council				12000	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER LD, 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)
10/19/10	Sandra B Davis 628 E. Turmont Carson, Ca 90746	☑IND □COM □OTH □PTY □SCC		100.00	100.00	
12/12/10	Emil Loyola	DIND COM OTH PTY SCC		100.00	100.00	
10/19/10	Dr Cecilia Jefferson	☑IND □COM □OTH □PTY □SCC	Self Employed - Group Home	280.00	280.00	
10/19/10	Calvin Davis	☑IND □COM □OTH □PTY □SCC	Physician Assistant	100.00	100.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL	580.00		

*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 B – Part	1
oans Received	

** If required.

Type or print in ink.
Amounts may be rounded

SCHEDULE B-PART1	

CALIFORNIA

Statement covers period

Schedule D-Fart		to whole dollar	·s.	ļ	from7/1/	2010	FORM	700
Loans Received					through12/3	31/2010	Page 7	of <u>i 2</u>
SEE INSTRUCTIONS ON REVERSE			<u> </u>	1			I.D. NUMBER	
NAME OF FILER							1288860	
Lula Davis-Holmes For Carson City Cou	ncil .				(d)	(e)	(f)	(9)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER OF COMMITTEE, ALSO ENTER ID. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis-Holmes P.O Box 4503 Carson, Ca 90747	Councilwoman City of Carson	s 11000	\$15000	\$FORGIVEN	\$ 26000 DATE DUE	% RATE	\$ 54000 1-11-09 DATE INCURRED	\$ PER ELECTION***
TO IND COM OTH PTY SCC		<u> </u>			DATESSE			CALENDAR YEAR
Committee To Elect Mike Gibson	Councilman City of Carson			\$	_ s1000	RATE	\$1000	\$PER ELECTION**
To IND □ COM □ OTH □ PTY □ SCC		s1000	\$	\$	DATE DUE	\$	3-6-07 DATE INCURRED	\$
TO IND COM OTH PIY LISCC				\$ FORGIVEN	_ s	% RATE	\$	\$ PER ELECTION **
↑ IND COM OTH PTY SCC	·	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY SCC	<u> </u>	SUBTOTALS	\$ 15000	\$	\$ 27000	\$		
						(Enter (e) on Schedule E, Line 3)		
Schedule B Summary 1. Loans received this period				\$_	15000			
(Total Column (b) plus unitemized loa	ns of less trial (\$100.)			\$ _	0	1 1	Contributor Codes ND – Individual COM – Recipient C	ommittee
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party the 	at are also itemized on Sche	dule A.)			15000		other than OTH - Other (e.g., PTY - Political Part SCC - Small Contri	ty
Net change this period. (Subtract Lir Enter the net here and on the Summa	ary Page, Column A, Line 2.	_			(May be a negative number)			. 400 ()/05
*Amounts forgiven or paid by another party also	must be reported on Schedule A		•		FPPC	Toll-Free Help	FPPC Form line: 866/ASK-FP	1 460 (January/05 PC (866/275-3772

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period **CALIFORNIA FORM** 7/1/2010 from. 12/31/2010 through. I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Lula Davis	s-Holmes For Carson City Council		•				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
18/18/10	Ventage Capital	□IND □COM ☑OTH □PTY □SCC		Turkey Give-Away 200 turkeys	2500.00	2500.00	
10/17/10	Waste Mgt 321 W Francisco St Carson, Ca	☐IND ☐COM ☑OTH ☐PTY ☐SCC		Gift Cards and Flyers - Turkey Give-away	1300.00	1300.00	
10/18/10	Home Depot Center 18400 Avalon Blvd Carson, Ca 90746	□IND □COM □PTY □SCC		Gift Cards Turkey Give-Away	420.00	420.00	
10/18/10	Semplia Energy Independent Cities	□IND □COM ☑OTH □PTY □SCC		Dinner	145.00	145.00	
**************************************	ditional information on appropriately la		tion sheets	SUBTOTAL	\$ 4365.00		

Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. 4365,00 (Include all Schedule C subtotals.)\$ 256.00 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _

3. Total nonmonetary contributions received this period. 4621.00

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

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Staten	ent covers period	CALIFORNIA ACC	
from	7/1/2010	FORM TO	
through	12/31/2010	Page 9 of 12	
1		I.D. NUMBER	
		1288860	

SEE INSTRUCTIONS ON REVERSE				I.D. NUME	£R
NAME OF FILER				1288860	<u> </u>
Lula Davis-Holmes For Carson City Council CODES: If one of the following codes accurately describes the payment, yo campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings	d appearance ses lating survey researd ivery and mes	s RFD SAL TEL TRC	returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration	duction costs ad meals and meals as of the sam	
NAME AND ADDRESS OF PAYEE OF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE C	DR DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
National Pen Company P.O. Box 55000 Detroit, Mi 48255	СМР				298.66
AT&T California		Phone Service			156.72
Expressions To Wear P.O. Box 5386 Carson Ca 90749		Campaign T Shirts			279.57
* Payments that are contributions or independent expenditures must also be summ	arized on S	chedule D.	s	UBTOTAL\$	734.95
a L. J. J. S. Summan/	<u>-</u>			\$ <u></u>	10389.78
Itemized payments made this period. (Include all Schedule E subtotals.)				\$	276.36
 Unitermized payments made this period of under \$100 minutes. Total interest paid this period on loans. (Enter amount from Schedule B, Part Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on t 	1. Column	(e).)			10666.14

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

| Statement covers period | T/1/2010 | CALIFORNIA 460 | FORM | Total |

	through	Page of
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER
NAME OF FILER		1288860
Lula Davis-Holmes For Carson City Council		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications returned contributions CMP campaign paraphemalia/misc. RFD meetings and appearances campaign workers' salaries CNS campaign consultants SAL office expenses OFC t.v. or cable airtime and production costs contribution (explain nonmonetary)* TEL CTB petition circulating PET candidate travel, lodging, and meals civic donations TRC CVC phone banks РНО staff/spouse travel, lodging, and meals candidate filing/ballot fees TRS FIL polling and survey research transfer between committees of the same candidate/sponsor fundraising events TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* voter registration VOT professional services (legal, accounting) information technology costs (internet, e-mail) legal defense WEB LEG PRŤ print ads campaign literature and mailings ш

T campaign literature an	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Eddie Haig 20715 S. Avalon Carson, Ca	(IF COMMITTEE, ALSO ENTER ID. NOMBORY		Office Rental	1000.00
Eddie Haig 20715 S Avalon Carson,			Security Deposit	500.00
Harry Holmes 959 E. Gladwick St Carson, Ca 90746			Reimburse Food Purchase for Fundraiser	420.00
Smart & Final Carson, Ca		СМР		214.83
Jermaine & Co Carson, Ca		FND		150.00
		On the stude D	SUBTOTAL	\$ 2284.83

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

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

Statement covers period **CALIFORNIA FORM** 7/1/2010 from 12/31/2010 Page _ through. I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lula Davis-Holmes For Carson City Council

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Kamilla Harris Calif Attorney General Sacramento, Ca	ств		100.00
Derric Mims la Bollege Bd	СТВ		100.00
Brandon Entertainment Band	FND		300.00
Gizzards		Food for Fundraiser	1200.00
Robert L. Lesley 19919 Alonda Dr Carson, Ca 90746	FND	Reimburse for Fundraiser deposit	400.00
unt alca ha summarized ()	<u> </u>	SUBTOTAL	.\$ 2100.00

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

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

| CALIFORNIA 460 | FORM | T/1/2010 | Page 12 of 12 | I.D. NUMBER | 120000000

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SEE INSTRUCTIONS ON REVERSE .			I.D. NUMBER
NAME OF FILER		•	1288860
Lula Davis-Holmes For Carson City Council			

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs MBR member communications returned contributions CMP campaign paraphernalia/misc. RFD meetings and appearances campaign workers' salaries CNS campaign consultants SAL office expenses OFC. t.v. or cable airtime and production costs contribution (explain nonmonetary)* TEL CTB petition circulating PET candidate travel, lodging, and meals CVC civic donations TRC PHO phone banks staff/spouse travel, lodging, and meals candidate filing/ballot fees FIL polling and survey research transfer between committees of the same candidate/sponsor fundraising events TSF FND postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* voter registration VOT ND professional services (legal, accounting) information technology costs (internet, e-mail) legal defense LEG PRT print ads campaign literature and mailings ш

NAME AP (IF COMMITT	ND ADDRESS OF PAYEE SE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	· · · · · · · · · · · · · · · · · · ·	AMOUNT PAID
City of Carson 701 E. Carson St Carson, Ca 90745		FIL			387.50
Raven Gage Design 1917 Maple Ave Apt. 9 Costa Mesa, Ca 92627		PRT			607.60
Raven Gage Design 1917 Maple Ave Apt. 9 Costa Mesa, Ca 92627		LIT			644.00
Raven Gage Design 1917 Maple Ave Apt. 9 Costa Mesa, Ca 92627		LIT			518.50
Lula Davis-Holmes 959 E. Gladwick St Carson, Ca 90746			Reimbursement for Campaign purchas with American Express Charge Card	es	3111.65
				SUBTOTAL \$	5269.25

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

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Recipient Committee

Type or print in ink.

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0	JUL	29	PΗ	Rage 1 of 13
				For Official Use Only

Recipient Committee			<i></i>		JKIWI .
Campaign Statement			10 JUL 21	9 PH Hages.	1 1 of 13
Cover Page (Government Code Sections 84200-84216.5)	Statement covers period 1/1/2010 6/30/2010	Date of election if applicable: (Month, Day, Year)	CITY OF	CARSON	or Official Use Only
SEE INSTRUCTIONS ON REVERSE	through		·		
1. Type of Recipient Committee: All Committees - Committees - Committees - Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain be		Quarterly Stat Special Odd- Supplemental Statement - A	/ear Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Lula Davis-Holmes For Carson City Council	D. NUMBER 1288860	Treasurer(s) NAME OF TREASURER Clifford Cannon MAILING ADDRESS 19412 Radlett Ave	STATE	ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX) 959 E. Gladwick Street CITY STATE ZIP C	* * * AAE #200	Carson NAME OF ASSISTANT TREASUR Harry Holmes	Ca _	90746	310-635-5289
Carson MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. CITY STATE ZIP C	BOX	MAILING ADDRESS 959 E. Gladwick Street CITY Carson OPTIONAL: FAX / E-MAIL ADDR	STATE Ca	ZIP CODE 90746	AREA CODE/PHONE 310-617-7563
OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ Executed on T-27-2c/c Executed on Date Executed on Date	By Est	nowledge the information contained he	rein and in the attache Treasurer Cycle Opponent or Responsible Officer		ue and complete. I certify

penalty of perjury under the laws of the State of Californ
7-27-2016
Executed on Classical Coate
Executed on
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By Signature of Treasurer on Assistant Treasurer
The same deline
By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Signature of Controlling Officeration, The Signature of Controlling Officeration, The Signature of Controlling Officeration (Signature of Controlling Officeration)

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 1/1/2010 CALIFORNIA 460 FORW Page 2 of 13 I.D. NUMBER 1288860

				through .		
EE INSTRUCTIONS ON REVERSE AME OF FILER						1.D. NUMBER 1288860
Lula Davis-Holmes For City Council	(FR	Column A TOTAL THIS PERIOD OMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both th General Elections	mary for Candidates e State Primary and
Monetary Contributions Loans Received Schedule A, Line 3 Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ _ -	386 803	\$ - \$ - \$ -	15,386 -15,000 386 803 1189	1/1 t 20. Contributions Received \$	hrough 6/30 7/1 to Date \$\$
XPENDITURES MADE Payments Made Payments Made Loans Made Schedule E, Line 4 Schedule H, Line 3 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 Accrued Expenses (Unpaid Bills) Nonmonetary Adjustment Schedule C, Line 3 TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ - \$.	2911 0 2911 0 803	\$	2911 0 2911 0 803 3714	Candidates	Summary for State ve Expenditures Made* to Voluntary Expenditure Limit) Total to Date \$
Current Cash Statement 2. Beginning Cash Balance	\$	2911.00 3217.14	and co fro rej Co fig su pe the for ca	calculate Column B, add nounts in Column A to the rresponding amounts in Column B of your last oort. Some amounts in clumn A may be negative ures that should be btracted from previous riod amounts. If this is a first report being filed in this calendar year, only my over the amounts.	reported in Column B.	may be different from amounts
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$			om Lines 2, 7, and 9 (if ny).	FPPC Toll-Free Help	FPPC Form 460 (Januar) pline: 866/ASK-FPPC (866/275-3

Schedule A **Monetary Contributions Received**

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

CALIFORNIA FORM Statement covers period 1/1/2010

SCHEDULE A

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				through6/3	0/2010	Page	3 of
SEE INSTRUCTION	S ON REVERSE					1.D. NUME 128886	į.
NAME OF FILER	City Council					<u> </u>	
	Holmes For City Council FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.O. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ŒAR	PER ELECTION TO DATE (IF REQUIRED)
5/4/10	Nationwide Environmental Services 11914 Front Street Norwalk, Ca 90650	□IND □COM ØOTH □PTY □SCC		1,000.00	1,000	0.00	
5/18/2010	Murphy Witherspoon 1603 Gladwick Carson, Ca 90746	DIND COM OTH PTY SCC	Ret	120.00	120	0.00	
		OTH PTY Scc					
		IND COM OTH PTY SCC					
		□IND □COM □OTH □PTY □SCC				175. F. F. G. T. S. T. G. C.	
			SUBTOTA	L\$ 1,120.00			ne de la la sella. La sella de la
	A Cummary				INC	ontributor Co D—Individua	
Schedule	A Summary ceived this period – itemized monetary contributions.		¢	12,970.00	CC	M – Recipie) other 1)	nt Committee han PTY or SCC)
	CARLESON A CHDIDISIS I		\$100 \$ -	2,415.00	. PT	⊺H – Other ('Y – Political	e.g., business entity) Party
Amount re Total mone (Add Line)	ceived this period – unitemized monetary contribution etary contribution etary contributions received this period. S 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$			EBBC	ontributor Committee Form 460 (January/05) K-FPPC (866/275-3772)

NAME OF FILER

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

CALIFORNIA Statement covers period **FORM** 1/1/2010 from. 6/30/2010 through

I.D. NUMBER 1288860

SCHEDULE A (CONT.)

	United For City Council					PER ELECTION
DATE	Holmes For City Council 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)	TO DATE (IF REQUIRED)
5/18/10	John Bates 22952 Mill Creek		John Bates Associates, Inc.	100.00	100.00	
	Laguna Hills, CA 92653	SCC	La La Carital Croup			
5/18/10	Fred C. Sands 11611 San Vicente Blvd., Suite 1000 Los Angeles, CA 90049	COM OTH PTY	Vintage Capital Group	5000.00	5000.00	
		SCC				
5/18/10	Watson Land Company 22010 Wilmington Avenue Carson, CA 90743	□COM ØOTH □PTY		1500.00	1500.00	
	Carson, O/C 55. 15	│ □scc				
	- 140	ZIND □COM	Retired	100.00	100.00	

Retired Police

SUBTOTAL\$

□сом

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□ PTY

SCC ZIND

СОМ

□отн

☐ PTY

□scc

*Contributor Codes

5/18/10

5/18/10

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

Doris Wilson

20108 Nestor Avenue

Carson, CA 90746

19919 Alonda Drive

Carson, CA 90746

Robert Lesley -

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

150.00

150.00

6850.00

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDUL	EA (CONT)
IEORNIA	A C O

Statem from	ent covers period 1/1/2010	california 460
through	6/30/2010	Page <u>5</u> of <u>13</u>
		I.D. NUMBER
		1288860

NAME OF FILER

DATE RECEIVED	Holmes For City Council 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)
5/18/10	Belinida Hayes 410 W. 220th, #8 Carson, CA 90745	☑IND □COM □OTH □PTY □SCC	Executive Assistant	100.00	100.00	
5/18/10	Clifford and Juanita Cannon 19412 Radlett Avenue Carson, CA 90746	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	
5/18/10	Andrea and Lynette Johnson 603 E. University Dr. Carson, CA 90746	ZIND COM OTH PTY SCC	Sophisticated Dance	150.00	150.00	
5/27/10	Thelma M. Anderson 4670 W. 62nd Place Los Angeles, CA 90043	ZIND COM OTH PTY	Retired Nurse	200.00	200.00	
5/11/10	Jay's Catering 10581 Garden Grove Blvd. Garden Grove, CA 92843	□IND □COM ☑OTH □PTY □SCC		200.00	200.00	
			SUBTOTAL	\$ 850.00		

*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

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

•	SCHEDULE A (CONT.)
Statement covers period 1/1/2010	california 460
6/30/2010	Page 6 of 13
	I.D. NUMBER

IAME OF FILER					1.D. NUI 12888	
Lula Davis-	Holmes For City Council FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
DATE RECEIVED	FULL NAME, STREET ADDRESS STEELD, NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	·		
5/18/10	Anchor Marts 23315 S. Main Street Carson, CA 90745	COM OTH PTY SCC	Liquor Business	100.00	100.00	
5/18/10	Daebu Investment Group 2721 E. Carson Street Carson, CA 90810	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	500.00	
5/18/10	Carson Bail Bonds P.O. Box 4612 Carson, CA 90749	☐IND ☐COM ØOTH ☐PTY		200.00	200.00	
6/3/10	Byron M. Mitchell 735 Howard Avenue Carson, CA 90746	ZIND COM OTH PTY		100.00	100.00	
5/27/10	Young Black Contractors Association of South Central, Inc.	□IND □COM ☑OTH □PTY		300.00	300.00	
		scc	SUBTOTAL	L\$ 1,200.00		

*Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 1/1/2010 CALIFORNIA 460 FORM 6/30/2010 Page 7 of 13

1.D. NUMBER 1288860

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E OF FILER						
Lula Davis-	Holmes For City Council 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/4/10	Kavous Emami 13201 9th Street Chino, CA 91710	☑IND □COM □OTH □PTY □SCC	KEC Engineers	250.00	250.00	
5/27/10	Elaine Glover 1377 E. 139th Street Compton, CA 90221		Art-In-Motion	150.00	150.00	
5/4/10	Cormier Chevorlet 2201 E. 223rd Street Carson, CA 90810	□IND □COM DOTH □PTY □SCC		1,000.00	1,000.00	·
5/27/10	Constance Turner 24106 Cindy Lane Lake Forest, CA 92630	ZIND COM OTH PTY SCC	Southern California Edison	100.00	100.00	
5/4/10	Tri City Glass 22232 S. Avalon Blvd. Carson, CA 90745	□IND □COM ☑OTH □PTY □SCC		100.00	100.00	
			SUBTOTAL	\$ 1,600.00		

*Contributor Codes

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 1/1/2010 CALIFORNIA 460 FORM 460 through 6/30/2010 Page 3 of 13

NAME OF FILER Lula Davis-Holmes For City Council PER ELECTION CUMULATIVE TO DATE AMOUNT TODATE IF AN INDIVIDUAL, ENTER CALENDAR YEAR RECEIVED THIS (IF REQUIRED) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER CONTRIBUTOR (JAN. 1 - DEC. 31) (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * DATE RECEIVED **Z**IND 100.00 Retired 100.00 ПСОМ Santos C. Batucal ⊟отн 20209 Annalee Avenue 5/4/10 **□PTY** Carson, CA 90746 SCC **Z**IND 100.00 100.00 Псом Nick E. Papadakis □отн 3228 Parkhurst Drive 5/18/10 PTY Rancho Palos Verdes, CA 90275 □scc **V**IND 100.00 100.00 ПСОМ Al Glover **□**OTH 118 E. Bilson Street 5/27/10 PTY Carson, CA 90746 □scc **DIND** Tucom, LLC 100.00 100.00 COM Olesia Boulaer **∏отн** 4733 Torrance Blvd., #528 5/27/10 □ PTY Torrance, CA 90503 ⊟scc **□IND** 250.00 250.00 **⊟сом** Bulletin Displays, LLC 3127 E. South Street, Suite B **☑**OTH 5/27/10 □ PTY Long Beach, CA 90805 ⊟scc 650.00 **SUBTOTAL\$**

*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

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

•	SCHEDULE A (CONT.)
Statement covers period	CALIFORNIA 460
from	Page 9 of 13
unosy	I.D. NUMBER
	1288860

NAME OF FILER

WE OF FILER				·		
DATE	Holmes For City Council 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/18/10	Olive B. Harris 1871 E. Turmont Street Carson, CA 90746	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
5/18/10	Cecilia J. Freeman 4196 Mount Vernon Drive Los Angeles, Ca 90008	ZIND COM OTH PTY		100.00	10 0.00	
5/11/10	Price Transfer Group 2790 E. Del Amo Blvd Rancho Dominguez, Ca 90227	ZIND COM OTH PTY SCC		500.00	500.00	
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	\$ 700.00		

*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

SCHEDL	JLE	₿-	PART	•

Schedule B – Part 1	. Amo	ype or print in i unts may be ro to whole dollar	unded		Statement cove	ers period 2010	CALIFORNI FORM	⁴ 460
Loans Received						0/2010		of 13_
SEE INSTRUCTIONS ON REVERSE							I.D. NUMBER	
NAME OF FILER							1288860	
Lula Davis-Holmes For City Council				7-3	(d)	(e)	(f)	(g) CUMULATIVE
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIO	EN CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CONTRIBUTIONS TO DATE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD		D PAID				CALENDAR YEAR
Lula Davis-Holmes P.O. Box 4503	Councilwoman			s 1500	_ (• 	RATE	s <u>54000</u>	\$PER ELECTION*
Carson, Ca 90747		\$_26,000	s	s	DATE DUE	5	1-11-09 DATE INCURRED	\$
TEN IND COM OTH PTY SCC	-			PAID	1000		1000	CALENDAR YEAR
Committee o Elect Mike Gibson	Councilman			\$	_ •	RATE %	\$	PER ELECTION
		s <u>1000</u>	\$	s	DATE DUE	s	DATE INCURRED	\$
TO IND COM OTH PTY SCC		 		PAID				CALENDAR YEAR
				S	, s	RATE	,	PER ELECTION
		s	s	- s	DATE DUE	\$	DATE INCURRED	S
TO IND COM OTH PTY SCC	<u> </u>	SUBTOTALS	\$	\$ 150	00 \$ 12000			
		 	·			(Enter (e) on Schedule E, Line	3)	
Schedule B Summary				\$.	0	- (to tibuter Code	
Loans received this period (Total Column (b) plus unitemized loar	12 Of 1622 (traft & 100.)				15000	_	†Contributor Code IND – Individual COM – Recipient C	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	at are also itemized on Sche	edule A.)			-15000		OTH - Other (e.g. PTY - Political Par SCC - Small Conti	., business entity rty
Net change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.) ry Page, Column A, Line 2.			HE, V	(May be a negative number)	e e		

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

** If required.

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C Statement covers period CALIFORNIA **FORM** 1/1/2010 from. 6/30/2010 through. I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lula Davis-Holmes For City Council CUMULATIVE TO PER ELECTION AMOUNT/ DATE TO DATE. IF AN INDIVIDUAL, ENTER **DESCRIPTION OF** FAIR MARKET CALENDAR YEAR OCCUPATION AND EMPLOYER (IF REQUIRED) CONTRIBUTOR GOODS OR SERVICES FULL NAME, STREET ADDRESS AND VALUE (JAN 1 - DEC 31) (IF SELF-EMPLOYED, ENTER CODE * ZIP CODE OF CONTRIBUTOR DATE NAME OF BUSINESS) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED **□IND** Refreshments 333.00 333.00 □COM jAY'S Catering 5-14-10 DOTH 3 Civic Plaza Drive □PTY Carson, Ca 90745 □SCC **Event Tickets** 250.00 250.00 100-Black Men of Long Beach COM 4-23-10 D/OTH Long Beach, Ca □PTY □SCC. Parking Permit 100.00 100.00 □COM **CSUDH** 4-10-10 1000 E. Victoria Street OTH Carson, Ca 90747 PTY -□SCC □ IND □COM □OTH: PTY □scc 683.00 SUBTOTAL \$ Attach additional information on appropriately labeled continuation sheets. *Contributor Codes IND - Individual Schedule C Summary COM - Recipient Committee 1. Amount received this period – itemized nonmonetary contributions. 683.00 (include all Schedule C subtotals.) (other than PTY or SCC) OTH - Other (e.g., business entity) 120.00 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$_ PTY - Political Party SCC - Small Contributor Committee 803.00 3. Total nonmonetary contributions received this period.

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	- CHEDULE E
Statement covers period	CALIFORNIA 460
1/1/2010	FORM
from	Page 12 of 13
through	I.D. NUMBER
	1288860

			t	hrough	6/30/2010		g_ of
WATER OTTONIC ON REVERSE						I.D. NUM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						128886	0
Lute Devie Holmes For City Council							
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings and OFC office expen PET petition circu PHO phone banks POL politing and s	d appearances ses lating	S. T.	AL campa EL t.v. or RC candio RS staff/s SF transfe	ign workers' salaries cable airtime and pro late travel, lodging, ar	duction costs and meals and meals as of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE		CODE OR	DESCRIF	PTION OF PA	YMENT		AMOUNT PAID
Teddy Jones 3847 Lockland Los Angeles, Ca 90746		FND					100.00
Friends of Warren Furitani for State Assembly id 313626 556 Fair Oaks Ave suite-261 Pasadena, Ca 91105		СТВ					100.00
City of Carson 701 East Carson St. Carson, Ca 90745		FND					487.00
* Payments that are contributions or independent expenditure	s must also be sumr	narized on Schedule	e D.		S	UBTOTALS	687.00
				-			2860.00
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule)	J- E subtotale)	i				\$	
 Itemized payments made this period. (Include all Sched) 	uie ⊏ subtotais.)					\$	51.00
 Itemized payments made this period. (Include all Sched) Unitemized payments made this period of under \$100 						\$_	
 Unitermized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount from the second of the second of	- Allerdia D. Uar	* 1 AUODOLLE					2911.00
4. Total payments made this period. (Add Lines 1, 2, and c	·					FPPC I	orm 460 (January/05

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

Statement covers period CALIFORNIA **FORM** 1/1/2010 from. 6/30/2010 13

Payments made	through	Page
		I.D. NUMBER
SEE INSTRUCTIONS ON REVERSE		1288860
NAME OF FILER Lula Davis-Holmes For City Council		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications RFD returned contributions campaign paraphernalia/misc. MTG meetings and appearances SAL campaign workers' salaries CNS campaign consultants TEL t.v. or cable airtime and production costs OFC office expenses CTB contribution (explain nonmonetary)* petition circulating candidate travel, lodging, and meals PET TRC staff/spouse travel, lodging, and meals CVC civic donations phone banks TRS transfer between committees of the same candidate/sponsor candidate filing/ballot fees polling and survey research POL postage, delivery and messenger services TSF fundraising events independent expenditure supporting/opposing others (explain)* voter registration VOT professional services (legal, accounting) WEB information technology costs (internet, e-mail) PRO legal defense PRT print ads LEG campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OR CODE 867.00 National Pen Company **OFC** P.O. Box 55000 Detroit, MI 48255 Robo Calls 256.00 SB Strategies, LLC 20929 Ventura Blvd Ste 47101 Woodland Hills, Ca 91364 250.00 Citizens for Waters LIT 555 S. Flowers Street Los Angeles, Ca 90071 700.00 CCR id 1276736 LIT P.O. Box 11245 Carson, Ca 90749 100.00 Eddie Lee Mathews FND 2173.00 SUBTOTAL \$

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

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Cá	ampaign Statement	/II-ANN	UAL	Type or print in	ink.		RECE	TOLER	K	CALIFOI FORI	v -+00
(over Page overnment Code Sections 84200-84216.5)						JAN 3	I PH	3: 59	Page	of
(GC	overnment Code Sections 64200-04210.0)	fro	Stateme	nt covers period 7/1/2011	Date	of election if applicable? (Month, Day, Year)	TY OF			For O	fficial Use Only
SE	E INSTRUCTIONS ON REVERSE	thı	rough	12/31/2011						· ·	
1.	Type of Recipient Committee: All Comm	nittees – Comple	te Parts 1,	2, 3, and 4.	2.	Type of Statement:	· .				
	 ✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee ✓ Recall (Also Complete Part 5) ✓ General Purpose Committee 	Prima Comm Cc Si (Also Cc)	rily Formed nittee ontrolled ponsored omplete Part 6)	d Ballot Measure		☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 T ☐ Amendment (Explain b	ermination)	[[Specia	erly Stateme al Odd-Year emental Pree nent - Attach	Report election
_	Sponsored Small Contributor Committee Political Party/Central Committee	Office	holder Cor complete Part 7)	nmittee		T(2)					
3.	Committee Information	1288	3860	<u> </u>		Treasurer(s)		· · ·			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO C	DMMITTEE)				NAME OF TREASURER Clifford Cannon					
	Lula Davis-Himes For Carson City Cou	ncil				MAILING ADDRESS 19412 Radlett Ave		<u> </u>	_• 		
	STREET ADDRESS (NO P.O. BOX)					CITY		STATE	ZIP CC		AREA CODE/PHONE
	959 E. Gladwick Street					Carson	· · · · · · · · · · · · · · · · · · ·	Ca	9074	j .	310-635-5289
	CITY STATE	ZIP CODE		REA CODE/PHONE		NAME OF ASSISTANT TREASU	IRER, IF ANY				
	Carson Ca	90746	31	0-617-7563		Harry Holmes					
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREE	T OR P.O. BOX				MAILING ADDRESS 959 E. Gladwick St					AREA CODE/PHONE
	CITY	ZIP CODE		REA CODE/PHONE		Carson		STATE Ca	ZIP CO		310-617-7563
	OPTIONAL: FAX / E-MAIL ADDRESS					OPTIONAL: FAX / E-MAIL ADD	RESS				· ·
4.	Verification I have used all reasonable diligence in preparing ar under penalty of perjury under the laws of the State Executed on 1 - 30 - 12	nd reviewing this of California tha	s statement at the foreg	t and to the best of my ki oing is true and correct.	ar	ge the information contained he Support of the Signature of Treasurer physicister		ne attache	d schedul	les is true an	d complete. I certify

Executed on .

Executed on .

Executed on .

Date

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

SUMMARY	PAGE
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Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded
to whole dollars.

| Statement covers period | 7/1/2011 | CALIFORNIA | 460 | FORM | | 12/31/2011 | Page 2 of 8 | 1.D. NUMBER | 1288860

		•		through		
SEE INSTRUCTIONS ON REVERSE						1.D. NUMBER 1288860
Lula Davis-Holmes For Car City Council					La La Vara Cur	nmary for Candidates
Contributions Received	(FR	Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Running in Both to General Elections	he State Primary and
Monetary Contributions Schedule A. Line 3	\$_	6,699	\$_	37,085		through 6/30 7/1 to Date
Loans Received	_	0	_	15,000	20. Contributions	
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$_	6,699	\$ _	53,085	Received \$	\$
Nonmonetary Contributions	_	4,386	-	4,386	21. Expenditures Made \$ —	\$
5. TOTAL CONTRIBUTIONS RECEIVED	\$	11,085	\$ _	57,821	Wade \$	
- Jitama Mado						Summary for State
Expenditures Made Payments MadeSchedule E, Line 4	\$	7,8 <u>68</u>	\$_	63,862	Candidates	
Loans Made		<u>~</u>	-	0	22. Cumula	ive Expenditures Made*
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	7,868_	\$_	63,862	(If Subject	to Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)		0	-	0	Date of Election (mm/dd/yy)	Total to Date
0. Nonmonetary Adjustment Schedule C, Line 3	}	0	-	63,862	1 , , ,	¢
11. TOTAL EXPENDITURES MADE	\$.	7,868	\$.			Ψ
Current Cash Statement						
2. Beginning Cash Balance	\$	1,403		calculate Column B, add		•
3. Cash Receipts		6,699	con	ounts in Column A to the responding amounts	*Amounts in this section	n may be different from amounts
4 Miscellaneous Increases to Cash Schedule I, Line 4			fron	n Column B of your last ort. Some amounts in	reported in Column B.	
15. Cash Payments Column A, Line 8 above		7,868	Col	umn A may be negative res that should be		•
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	. \$		sub	tracted from previous		
If this is a termination statement, Line 16 must be zero.			the	iod amounts. If this is first report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		car	this calendar year, only ry over the amounts n Lines 2, 7, and 9 (if		
Cash Equivalents and Outstanding Debts			any			
18. Cash Equivalents See instructions on reverse	\$					FPPC Form 460 (Januar
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		1		FPPC Toll-Free Hel	pline: 866/ASK-FPPC (866/275-

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

Schedule / Monetary	A Contributions Received	Amount to	s may be rounded whole dollars.	Statement covers period 7/1/2011		FORM 460
				through12/3		age 3 of 8
SEE INSTRUCTION	ONS ON REVERSE					D. NUMBER
	s-Holmes For Car City Council				12	288860
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
8-9-11	Thomas Safran Associates 11812 San Vincente Blvd #600 Los Angeles, Ca 90749	□IND ☑COM □OTH □PTY □SCC		1,000	1,000	
8-13-11	Andrew D. Gross 4197 Keystone Culver City, Ca 90232	ZIND COM OTH PTY SCC	Thomas Safran	500	500	
9-29-11	Cormier Chevrolet John Peterson Jr 2201 E. 223rd StLong Beach, Ca 98810	☐IND ☐COM ☐OTH ☐PTY ☐SCC		2,500	2,500	
10-18-11	Waste Management 915 L Street Suite 1430 Sacramento, Ca 95814	☐IND ☐COM ØOTH ☐PTY ☐SCC		2,000	2,000	
10-20-11	Rickey Lewis 3004 W. 84th Pl Inglewood, Ca 90305	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Fireman LA County Fire Dept	500	500	
			SUBTOTAL	\$ 6,500		
1 Amount ro	A Summary sceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$_	6,600	IND—Incom—F	Recipient Committee other than PTY or SCC)
	eceived this period – unitemized monetary contributions			99	OTH - 0	Other (e.g., business entity) olitical Party
2 Tetal mana	eceived this period – uniterflized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu		•	6,699	scc-s	mall Contributor Committee FPPC Form 460 (January/05)
(Add Lines	5 and 2. Enter here and on the dammary . Age, esta	,	•	FPPC	Toll-Free Helpline: 8	66/ASK-FPPC (866/275-3772)

Schedule	A (Continuation	Sheet)
Monetary	Contributions F	≀eceived

Type or print in ink.

SCHEDULE A (CONT.)
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Monetary	Contributions Received	to whole o		from7/1/2	2011	FORM 460
				through12/3	1/2011	Page4 of
NAME OF FILER Lula Davis-	Holmes For Car City Council					1288860
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE (JAN. 1 - DEC.	AR TO DATE
11-20-11	Dr. Steven Gole 14015 S. Van Ness Gardena, Ca 90249	ZIND COM OTH PTY SCC	Physician	100	10	00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
		IND COM OTH PTY SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL	\$ 100		

*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

		_		Τ.
SCHEDU	ᄔ	B - ₹	HAH	ι.

Schedule B – Part 1 Loans Received		Amounts may be rounded to whole dollars.			Statement cov	ers period /2011	california 460 form		
SEE INSTRUCTIONS ON REVERSE		·			through12/	31/2011	Page5	of <u>8</u>	
NAME OF FILER							1288860		
Lula Davis-Holmes For Car City Council								(9)	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(%) AMOUNT RECEIVED THIS PERIOD	(¢) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
	,			☐ PAID				CALENDARYEAR	
Lula Davis-Holmes P.O. Box 4503 Carson, Ca 90747	Councilwoman City of Carson			\$	- s 41,000	RATE %	s 54,000	\$PER ELECTION**	
		s41,000	\$	ş	DATE DUE	\$	1/11/09 DATE INCURRED	\$	
TO IND COM OTH PTY SCC		 		PAID				CALENDARYEAR	
Committeee to Elect Mike Gibson	Councilman			\$	_ \$1,000	RATE	\$	\$PER ELECTION ***	
•		\$1,000	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
TO IND COM OTH PTY SCC		1				+		CALENDAR YEAR	
				\$ FORGIVEN	_ \$	RATE	s	\$PER ELECTION**	
		s	s	\$	_	\$		\$	
T IND COM OTH PTY SCC					DATE DUE		DATE INCURRED		
		SUBTOTALS	\$	\$	\$ 42,000	\$			
<u> </u>						(Enter (e) on Schedule E, Line	3)		
Schedule B Summary					0	•			
Loans received this period (Total Column (b) plus unitemized loan	s of less than \$100.)			\$ <u>_</u> \$	0		†Contributor Code IND-Individual COM-Recipient C	ommittee	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) 	0 paid or forgiven.)			Ψ —			(other than OTH – Other (e.g. PTY – Political Par	PTY or SCC) , business entity) ty	

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

Net change this period. (Subtract Line 2 from Line 1.)

Enter the net here and on the Summary Page, Column A, Line 2.

NET \$

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

SCC - Small Contributor Committee

Schedule C

Type or print in ink. Amounts may be rounded

SCHEDULE C Statement covers period CALIFORNIA **FORM** 7/1/2011 from 12/31/2011 Page _ through I.D. NUMBER 1288860

Nonmonetary Contributions Received to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lula Davis-Holmes For Car City Council CUMULATIVE TO PER ELECTION AMOUNT/ IF AN INDIVIDUAL, ENTER DATE TODATE **DESCRIPTION OF** FAIR MARKET CONTRIBUTOR FULL NAME, STREET ADDRESS AND OCCUPATION AND EMPLOYER CALENDAR YEAR GOODS OR SERVICES (IF REQUIRED) VALUE ZIP CODE OF CONTRIBUTOR CODE * (IF SELF-EMPLOYED, ENTER (JAN 1 - DEC 31) DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) RECEIVED Turkey 1,000 1,000 Raiphs Grocery Company □COM Give-Away 11-16-11 P.O. Box 54143 MTOIN Los Angeles, Ca 90054 □PTY □SCC Turkey 450 450 Home Deport Cener **⊟СОМ** Give-Away 11-14-11 18400 Avalon Blvd Suite 100 NOTH **□PTY** SCC Turkey 1.000 1.000 Southbay Pavilion □ COM Give-Away 11-9-11 20700 Avalon Blvd Suite 620 **☑**OTH **□PTY** SCC Turkey 311 Albertson Food Store 311 □ COM Give-Away 11-10-11 Torrance, CA **Z**OTH **□PTY** □SCC SUBTOTAL \$ 2761 Attach additional information on appropriately labeled continuation sheets. *Contributor Codes Schedule C Summary IND - Individual 1. Amount received this period – itemized nonmonetary contributions. 4.386 COM - Recipient Committee (Include all Schedule C subtotals.) (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ PTY - Political Party SCC - Small Contributor Committee 3. Total nonmonetary contributions received this period. 4.386

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lula Davis-Holmes For Car City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUA OCCUPATION AND (IF SELF-EMPLOY) NAME OF BUS	EMPLOYER ED, ENTER	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12-21-11	Councilman Mike Gibson 17503 Subberry Carson, Ca 90746	☑IND □COM □OTH □PTY □SCC	Councilman		Turkey Give-Away	100	100	
12-16-11	Young Black Contractors Draxel Johnson 4068 Crenshaw Blvd Suite 7 Los Angeles, Ca 90008	□IND □COM ☑OTH □PTY □SCC			15 Huffy Bikes @ \$15 ea Kids Christmus Give-Away	1,125	1,125	
12-16-11	Picalo Books Los Angelos, CA 4949 GRAYWOOD AVE LAKE WOOD, CA 90712	□IND □COM ☑OTH □PTY □SCC			200 Books Give-Away @ \$2 Gift if Knowledge	400	400	
		□IND □COM □OTH □PTY □SCC						
1 44 b - a -d	l ditional information on appropriately lab	eled continuat	ion sheets.		SUBTOTAL	\$ 1,625		

Schedule C Summary		
Amount received this period – itemized nonmonetary contributions.	\$	· · ·
(Include all Schedule C subtotals.)		
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	
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 \$	

*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	

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

	SCHEDOLL
Statement covers period	CALIFORNIA 460
7/1/2011	FORM
through12/31/2011	Page8 of
	I.D. NUMBER
	1288860
· ·	1

NAME OF FILER			1288860)
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events OFC office exper PET petition circu phone banks POL polling and postage de	d appearances uses ulating s	SAL campaign workers' salaries TEL tv. or cable airtime and pro TRC candidate travel, lodging, ar staff/spouse travel, lodging, ar staff/spouse travel, lodging, transfer between committee	duction costs ad meals and meals as of the sam	e candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE C	DESCRIPTION OF PAYMENT		AMOUNT PAID
AT&T Universal Credit Card Processing Center Des Moines, IA	LIT			1,665
Southland Credit Union PO Box 30097 Tampa, FI 33630-3097	LIT			5,20
SB Strategies	CNS			1,00
* Payments that are contributions or independent expenditures must also be sum	marized on S	chedule D.	SUBTOTAL \$	7,86
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)				7,868
 Unitermized payments made this period of under \$100 miles. Total interest paid this period on loans. (Enter amount from Schedule B, Par Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on 	t 1. Column	(e).)		7,868

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Recipient Committee Campaign Statement Cover Page

COPY

SEMI-ANNUAL
Type or print in ink.

CITY CLERK

ERK CALIFORNIA 460

Cover Page			11 AUG - 1	AM 33ge	1 of //
(Government Code Sections 84200-84216.5)	Statement covers period from2/20/11	Date of election if applicable: (Month, Day, Year)	CITY OF C	<u> </u>	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through6/30/11				
1. Type of Recipient Committee: All Committees - Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Ermination)	Quarterly Sta Special Odd- Supplementa Statement - A	Year Report
3. Committee Information	1.D. NUMBER 1288860	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Lula Davis-Holmes For City Council	E)	NAME OF TREASURER Clifford Cannon MAILING ADDRESS 19412 Radlett Ave		<u> </u>	
STREET ADDRESS (NO P.O. BOX) 959 E Gladwick		city Carson	state Ca	ZIP CODE 90746	AREA CODE/PHONE 310-635-5389
CITY STATE ZIP Carson Ca 907 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C.		Harry Holmes MAILING ADDRESS	RER, IF ANY	<u> </u>	
CITY STATE ZIP	CODE AREA CODE/PHONE	959 E Gladwick St CITY Carson	STATE Ca	ZIP CODE 90746	AREA CODE/PHONE 310-617-7563
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS	·	
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Californ Executed on Date Executed on Date Executed on Date	mia that the foregoing is true and correct.	alignature of Treasure of Assistant August Assistant August Augus	t Treasurer roponent or Responsible Officer State Measure Proponent		
Executed on	-, 	Signature of Controlling Officeholder, Candidate,	State measure Proponent		FPPC Form 460 (January/

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 2/20/11 CALIFORNIA 460 FORM CALIFORNIA FORM LD. NUMBER

				through _		
EE INSTRUCTIONS ON REVERSE						I.D. NUMBER
AME OF FILER Lula Davis-Holmes For City Council	<u> </u>	Column A		Column B CALENDAR YEAR TOTAL TO DATE	Running in Both tr	nmary for Candidates ne State Primary and
Contributions Received Schedule A, Line 3 Schedule A, Line 3	\$.	ROMATTACHED SCHEDULES)	\$ -	31386 15000	General Elections	through 6/30 7/1 to Date
Loans Received	2 \$	14949	\$.	46386 350	20. Contributions Received \$ 21. Expenditures	\$\$
SUBTOTAL CAST CONTRIBUTIONS	4 \$	14949	\$	46736	Made \$ Expenditure Limit	t Summary for State
Expenditures Made 5. Payments Made	7 \$	36243.65 0 36243.65 0	\$	55994 0 55994 0	Candidates 22. Cumula (# Subject	tive Expenditures Made* atto Voluntary Expenditure Limit) Total to Date
SubTOTAL CAST TATALLY Accrued Expenses (Unpaid Bills)		<u>0</u> 36243.65	\$	55994	(mm/dd/yy)	\$ \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 13. Cash Receipts Column A, Line 3 about the Miscellaneous Increases to Cash Schedule I, Line	D#C		a c	o calculate Column B, add mounts in Column A to the corresponding amounts rom Column B of your las eport. Some amounts in	*Amounts in this secti	on may be different from amounts
15. Cash Payments	e 15			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, on		
17. LOAN GUARANTEES RECEIVED Schedule B, Po	art 2	\$	4	carry over the amounts from Lines 2, 7, and 9 (if any).		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on rev. 19. Outstanding Debts Add Line 2 + Line 9 in Column B a	verse above	\$	-		FPPC Toll-Free h	FPPC Form 460 (Januar Helpline: 866/ASK-FPPC (866/275-3

Schedule A

Type or print in ink. Amounts may be rounded

Statement covers period **CALIFORNIA** 2/20/11 **FORM** from . 6/30/11 Page _ through. I.D. NUMBER

Monetary Contributions Received to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1288860 Lula Davis-Holmes For City Council

	e A Summary				*Contributor	Codes
			SUBTOTAL	\$ 3,000.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		DIND COM OTH PTY SCC			-	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	·			
3/15/11	Thomas Safran & Associates 11812 San Vicente Blvd #600 Los Angeles, Ca 90049	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	1,000.00	
4/9/11	Cormier Chevrolet 2201 East 223rd Street Carson, Ca 90810	OTH SCC		2,500.00	3,500.00	
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 SÊLF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)

1. Amount received this period – itemized monetary contributions. 14,650.00 (include all Schedule A subtotals.)\$ 299.00 2. Amount received this period – unitemized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period. 14,949.00

IND - individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee FPPC Form 460 (January/05)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

111011Qta. J		to whole d	oliars.	from2/20)/11	FOR	RM 400
		·		through 6/3	30/11	Page	4 of//
NAME OF FILER Lula Davis	-Holmes For City Council					1.D. NUME 128886	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
3/20/11	VCG Real Estate Management, LLC 11611 San Vivente Blvd, Suite 1000 Los Angeles, Ca 90049	□IND □COM ☑OTH □PTY □SCC		5,000.00	5,000	.00	<u>_</u>
2/22/11	Nationwide Environmental Services 11914 Front St Norwalk, Ca 90650	☐IND ☐COM ☑OTH ☐PTY ☐SCC		200.00	200.00		
2/20/11	Clear Channel 19320 Harborgate Way Torrance, Ca 90501	☐IND ☐COM ØOTH ☐PTY ☐SCC		1,000.00	1,000	.00	
2/20/11	Anschutz So Calif Sports Complex LLC 18400 Avalon Blvd Suite 100 Carson, Ca 90746	□IND □COM ☑OTH □PTY □SCC		500.00	500.00		
3/6/11	Jason Seward 5482 Wilshire Blvd #115 Los Angeles, Ca 90036	☐IND ☐COM ØOTH ☐PTY ☐SCC		150.00	150	.00	
			SUBTOTAL	\$ 6,850.00	: 845 a / 6 a /	64.56	

*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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CON	H.)
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CALIFORNIA

Statement covers period

monetary		to whole d	oliars.	from2/20	from2/20/11		FORM 400	
				through6/3	30/11	Page_	5 of [/	
NAME OF FILER	-Holmes For City Council				· · · · · · · · · · · · · · · · · · ·	1.D. NUN 12888		
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
6/5/11	Kudco Diversfied, LLC 3127 East South Street, Suite B Long Beach, Ca 90805	□IND □COM ØOTH □PTY □SCC		200.00	200	.00		
2/23/11	Uli Feesago Jr 155 E 189th St Carson, Ca 90246	□IND □COM ØOTH □PTY □SCC	Public Works- Superintendent, Carson	200.00	200.00			
6/27/11	Price Transfer , Inc 2790 E. Del Amo Blvd Carson, Ca 80221	☐IND ☐COM ØOTH ☐PTY ☐SCC		500.00	1,000	0.00		
4/18/11	Warren Furutani Sacramento, Ca	ZIND COM OTH PTY SCC	Ca State Assemblyman	500.00	500	0.00		
3/28/11	So Calif Edison P.O. Box 700 Rosemead, Ca 91770	□IND □COM ☑OTH □PTY □SCC		250.00	250	0.00	·	
			SUBTOTAL	\$ 1,650				

*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 A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.

Collinguions Received		e rounded bilars.)/11	FORM 460		
			through6/3	30/11	Page	6 of #	
Holmes For City Council					128886		
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)	AMOUNT RECEIVED THIS PERIOD	CALENDAR Y	EAR	PER ELECTION TO DATE (IF REQUIRED)	
	Contributions Received -Holmes For City Council FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	-Holmes For City Council FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR	-Holmes For City Council FULL NAME, STREET ADDRESS: AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER (IF SQLF-EMPLOYED, ENTER NAME)	-Holmes For City Council FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME PERIOD	-Holmes For City Council -Holmes For City Council FULL NAME, STREET ADDRESS: AND ZIP CODE OF CONTRIBUTOR (F SQLF-EMPLOYED, ENTER NAME) (IF COMMITTEE, ALSO ENTER LD. NUMBER) FOR	-Holmes For City Council FULL NAME, STREET ADDRESS: AND ZIP CODE OF CONTRIBUTOR (IF SOLF-EMPLOYED, ENTERNAME PERIOD (JAN. 1 - DEC. 31)	

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/3/11	Avia Pepper Long 2725 E. Tyler St Lng Beach, Ca 90810	COM COM OTH PTY SCC	Retired	100.00	100.00	
3/3/11	Chad Brown 1451 E. Abbottson St Carson, Ca 90746	ZIND COM OTH PTY SCC	NFL Official	200.00	400.00	
4/21/11	ACEA Local 3090 AFSCME Shatto PI Los Angeles, Ca	□IND □COM ØOTH □PTY □SCC		250.00	250.00	
4/14/11	Watson Land Company 22010 Wilmington Ave Carson, Ca 90745	□IND □COM ☑OTH □PTY □SCC	·	2,500.00	5,000.00	
3/8/11	Carmen Estrada Schaye 58 Portuguese Bend Road Rolling Hills, Ca 90274	COM COM OTH PTY		100.00	100.00	
			SUBTOTAL	\$ 3,150	19408	

*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

SCHED	ULE B-PART	

Schedule B – Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.				Statement cov	rers period 20/11	california 460 form		
				.]	through6	/30/11	Page7	of <u>//</u>	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							LD. NUMBER		
Lula Davis-Holmes For City Council					-		1288860		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIC	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Lula Davis-Holmes P.O. Box 4503 Carson, Ca 90747	Carson Councilwoman			PAID \$FORGIVEN	s <u>41,000</u>		s 54,000	\$PER ELECTION**	
†☑IND □ COM □ OTH □ PTY □ SCC		\$_41,000	\$	\$	DATE DUE	\$:	1/11/09 DATE INCURRED	\$	
Committee to Elect Mike Gibson				PAID \$	<u>1,000.00</u>		\$	\$PERELECTION **	
† IND COM OTH PTY SCC		\$_1,000.00	\$	FORGIVEN	DATE DUE	\$	DATE INCURRED	\$	
IND COM OTH PTY SCC				\$FORGIVEN	\$	RATE	\$	CALENDAR YEAR \$ PER ELECTION*	
TO IND COM OTH PTY SCC		s	s	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS	\$	\$	\$ 42,000	· ·			
Schedule B Summary						(Enter (e) on Schedule E, Line	3)		
Loans received this period				\$ _	0		· .		
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period	ns of less than \$100.)	·			0	İ	†Contributor Code IND – Individual COM – Recipient C		
Coans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that Net change this period. (Subtract Lir	00 paid or forgiven.) at are also itemized on Sche	edule A.)			0		(other than	n PTY or SCC) ., business entity) rty	
Enter the net here and on the Summa	ary Page, Column A, Line 2.			•	(May be a negative number)			·	
*Amounts forgiven or paid by another party also	o must be reported on Schedule A						FPPC For	n 460 (January/0	

** If required.

Schedule E
Payments Made

Type or print in ink.

•	SCHEDULEE
Statement covers period	CALIFORNIA 460
2/20/11	FORM
6/30/11	Page 8 of 1/
through	I.D. NUMBER
	1288860

Schedule E	Amounts may be rounded to whole dollars.	2/20/11	FORM
Payments Made	to muote donara.	6/30/11	8 of <u>//</u>
		through	Page or
SEE INSTRUCTIONS ON REVERSE			1288860
NAME OF FILER			1200000
Lula Davis-Holmes For City Cuncil		the the navment	
CODES: If one of the following codes accurately	describes the payment, you may enter the code. Other	RAD radio airtime and production	costs

CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and special polling and special period polling and special polling and special period polling and special period polling and special period peri	l appearances ses lating	SAL TEL TRC TRS TSF	campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the sar	ne candidate/sponsor
		CODE OR	DESCRIPTION	ON OF PAYMENT	AMOUNT PAID
NAME AND ADDRESS OF PAYEE (IF.COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR			500.00

NAME AND ADDRESS OF PAYEE (IF-COMMITTEE, ALSO ENTER LD, NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lambert Adouki 121 W 33rd Street #206	LIT		500.00
American Express Credit Card BOX 0001	LIT		600.00
os Angeles, Ca 90096-8000 MNIL Depot	LIT		. 375.00
Payments that are contributions or independent expenditures must also be sumr	navized on Schedul	e D. SUBTOTAL\$	1,475.00

* Payments that are contributions or independent expendence	
Schedule E Summary	\$\$ 35,997.54
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$\$46.11
Itemized payments made this period of under \$100 Unitemized payments made this period of under \$100	36,243.65
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (5/)	TOTAL \$
4. Total payments made this period. (Add Lines 1, 2, and 3. Elliot not 5 and 5.	FPPC Form 460 (January/05

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

CALIFORNIA FORM Statement covers period 2/20/11 from. 6/30/11 of IL through -I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NS campaign consultants OFC off TB contribution (explain nonmonetary)* PET pe VC civic donations L candidate filing/ballot fees ND fundraising events ND independent expenditure supporting/opposing others (explain)* PRO pr	eetings and a fice expenses etition circulation none banks olling and sur- ostage, delive rofessional se	s ng vey research	TEL t.v. or cable airtime and production co candidate travel, lodging, and meals staff/spouse travel, lodging, and meal transfer between committees of the staff spouse transfer between committees of the staff spouse transfer between committees and production control to the staff spouse transfer between committees and production control to the staff spouse travel.	is same candidate/sponsor
EG legal defense IT campaign literature and mailings	rint ads	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR		
Mailing Pros Inc 5261 Business Dr Huntington Beach, Ca 92649		LIT		3,299.43
National Pen P.O. BOX 55000		OFC		119.02
Detroit Mi, 48255-2745		LIT		2,476.27
Political Data Inc P.O. Box 1706 Burbank, Ca 91507	· · · ·	<u>L</u> 11		
			DJ Service for Victory - WEB Development	525.00
Teddy Jones 3847 Cockland Drive Los Angeles, Ca				
		CNE	•	1,000.0
Lambert Adouki 421 W 33rd Street		CNS		
Long Beach, Ca 90806		<u> </u>	SUBTO	TAL \$ 7419.7

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

SCHEDULE	E (CONT
SCHEDULE	- (OC) - 1

Long Beach, Ca 90806

Joe Green

Type or print in ink.

Amounts may be rounded to whole dollars.

· ·	
Statement covers period 2/20/11	CALIFORNIA 460
6/30/11 through	Page 10 of !
	1.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

1.D. NUMBER

1.288860

Lula Davis-Holmes For City Cuncil CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MTG meetings and appearances SAL campaign workers' salaries CMP campaign paraphemalia/misc. t.v. or cable airtime and production costs office expenses campaign consultants CNS candidate travel, lodging, and meals contribution (explain nonmonetary)* petition circulating PET TRC staff/spouse travel, lodging, and meals phone banks transfer between committees of the same candidate/sponsor civic donations TRS polling and survey research candidate filing/ballot fees POL TSF postage, delivery and messenger services voter registration fundraising events independent expenditure supporting/opposing others (explain)* WEB information technology costs (internet, e-mail) professional services (legal, accounting) ND print ads legal defense PRT LEG AMOUNT PAID campaign literature and mailings DESCRIPTION OF PAYMENT OR CODE NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Campaign Literature, Fundraising Event, Office 7,094.62 AT&T Universal Credit Card Expenses **Processing Center** Des Moines, IA 6,310.00 Lambert Field Consulting PHO 421 W 33rd Street, #206 Long Beach, CA 90806 Off site phone facility 2000.00 SB Sategies Establish Phone Bank System 5,518.50 Lambert Field Consulting 421 W 33rd Street #206

Decorations (Balloons)

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

FPPC Form 460 (January/05)

180.00

21,102.82

SUBTOTAL \$

SCHEDULE E	CONT
SOLIFORE -	\- -:

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

Statement covers period 2/20/11	california 460 form
from	Page 11 of <u>if</u>
	1.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lula Davis-Holmes For City Cuncil CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MTG meetings and appearances SAL campaign workers' salaries CMP campaign paraphernalia/misc. t.v. or cable airtime and production costs campaign consultants office expenses candidate travel, lodging, and meals contribution (explain nonmonetary)* petition circulating PET staff/spouse travel, lodging, and meals civic donations phone banks transfer between committees of the same candidate/sponsor TRS CVC polling and survey research candidate filing/ballot fees POL postage, delivery and messenger services TSF FIL voter registration fundraising events independent expenditure supporting/opposing others (explain)* POS professional services (legal, accounting) information technology costs (internet, e-mail) PRO print ads legal defense PRT AMOUNT PAID campaign literature and mailings DESCRIPTION OF PAYMENT OR CODE NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 5.000.00 Lambert Adouki CNS 421 W 33rd Street #206 Long Beach, CA 90806 1,000.00 LIT NatAssi 6,000.00

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

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497 Contribution Report

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

RECEIVED CITY CLERK

497 CONTRIBUTION REPORT

AME OF FILER Lula Davis-Holmes For Carson City Council			Date of This Filing	3/2/2011	11 MAR -2 PM 5: CALIFORNIA 49/		
	REA CODE/PHONE NUMBER 1.D. NUMBER (if applicable)		Report No	C-01	CITY OF CARSON FOR	Official Use Only	
310-617-7563			- Kshort ito. —				
TREET ADDRESS			•	Amendmer	st		
959 E. Gladwick		·		to Report No. (explain below)			
CITY		STATE	ZIP CODE	No. of Pages	. 1 <u>_</u>		
Carson Ca 90746				140. 0. 1 2920			
1. Contribution	n(s) Received			·			
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AF	ND ZIP CODE OF CONTRO	IBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
3/1/2011	Clear Channel 19320 Harborgate Torrance, Ca 905	e Way 01			IND COM SO OTH PTY		1,000.00
					SCC		Provide interest rate 5,000.00
3:2/2011	VCG REAL ESTA 11611 San Vivent Los Angeles, Ca	te Blvd, Ste 1000	IT, LLC		COM SO OTH PTY SCC		Check if Loan * Provide interest rate
<u> </u>					IND COM OTH PTY SCC		Check if Loan
Reason for Amend	iment.					*Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm	ntifty)

FPPC Form 497 (Novemberi07)
FPPC Toll-Free Helpline: 868/ASK-FPPC (866/275-3772)

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RECEIVED Type or print in ink. 496 Independent Expenditure Report CITY CLERK 496 INDEPENDENT EXPENDITURE REPORT Amounts may be rounded to whole dollars. FEB 28 PM 2: 10 CALIFORNIA 2/28/2011 Date of NAME OF FILER FORM This Filing Lula Davis-Holmes For Carson City Council For Official Use Only CITY OF CARSON I.D. NUMBER (if applicable) 01 AREA CODE/PHONE NUMBER Report No. -1288860 310-617-7563 ☐ Amendment STREET ADDRESS to Report No. 959 E. Gladwick (explain below) ZIP CODE STATE CITY No. of Pages 90746 Ca Carson 1. List Only One Candidate or Ballot Measure NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED NAME OF CANDIDATE SUPPORTED OR OPPOSED OPPOSE SUPPORT BALLOT NO/LETTER JURISDICTION OPPOSE SUPPORT DISTRICT NO. OFFICE SOUGHT OR HELD 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets. TAUDOMA DESCRIPTION OF EXPENDITURE DATE 1,000.00 Field Consulting 2/25/2011 5,318.50 Field Consulting 2/25/2011 2,000.00 Field Assistance, Phone and Canvass Programs 2/28/2011 2.476.27 Campaign Software and Subscriptions 2/28/2011

Reason for Amendment:

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496 Independent Expenditure Report Amounts may			Type or print in ink. may be rounded to whole dollars. RECEIVED CITY CLERK 496INDEPENDENT EXPENDITURE REPORT Date Stamp CALLEORNIA 40.00				
NAME OF FILER					Date of 3/7/2011	7 04 12: 02	CALIFORNIA 496
Lula Davis-Holmes For Carson City Council					inis filing	MAN - I III -	1 Oldin
REA CODE/PHONE NUMBER I.D. NUMBER		ER (if applicable)		Report No02	HTY OF CARSON	For Official Use Only	
310-617-7563	310-617-756312		60	_	Report No.	1 0,	
STREET ADDRESS			·		☐ Amendment		
959 E. Gladwick					to Report No	-	
CITY		STATE	ZIP CODE		(explain below)		
Carson		Ca	90746		No. of Pages	-	
1. List Only One Car	ndidate or Ballot M	easure					· .
	UPPORTED OR OPPOSED				NAME OF BALLOT MEAS	SURE SUPPORTED OR OPPOSED	
OFFICE SOUGHT OR HE	ELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT OPPOSE
2. Independent Expe	enditures Made Attac	ch additional informa	tion on appropi	riately labele	ed continuation sheets.		
DATE			DE	SCRIPTION C	OF EXPENDITURE		AMOUNT
3/4/2011	Mailer						\$2,119.86
				<u>-</u>			
Reason for Amendment	t:						

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	COVERGE	
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Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in Statement covers period from1/23/2011	Date of election if applicables	RECEIVED CITY CLERK FEB 24 PM 4 TY OF CARS	Page -	Page 1 of For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through2/19/2011	3/8/2011				
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	ermination)	Supplemental	/ear Report	
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Lula Davis-Holmes For Carson City Council STREET ADDRESS (NO P.O. BOX) 959 E. Gladwick CITY STATE ZIP CO	6 310-617-7563	Treasurer(s) NAME OF TREASURER Clifford Cannon MAILING ADDRESS 19412 Radlett Ave CITY Carson NAME OF ASSISTANT TREASU Harry Holmes MAILING ADDRESS	STATE Ca RER, IF ANY	ZIP CODE 90746	AREA CODE/PHONE 310-635-5289	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS		959 E. Gladwick St CITY Carson OPTIONAL: FAX / E-MAIL ADD	state Ca Ress	ZIP CODE 90746	AREA CODE/PHONE 310-617-7563	
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on February 24, 2011 Date Executed on Date Executed on Date	By C	Land Janvic	t Treasurer Com Description of Responsible Officer of	·	e and complete. I certify	

Executed on ____

Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Staten	nent covers period 1/23/2011	california 460
through .	2/19/2011	Page of
		I.D. NUMBER 1288860

					throug	3h	2/19/2011	Page of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER								1.D. NUMBER 1288860
Lula Davis-Holmes For Carson City Council Contributions Received 1. Monetary Contributions	TOTALTI (FROMATTACH	15337.00 15000.00 30337.00 350.00	\$.	15 31	YEAR	-	Running in Both General Elections	the State Primary and s 1 through 6/30 7/1 to Date \$\$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	30687.00	\$			_	Evenditure Lim	it Summary for State
Expenditures Made 6. Payments Made	\$	19256.31 0 19256.31 0 0 19256.31	\$ \$	19	751.31 0 751.31 0 0 0 751.31	-	Candidates	ative Expenditures Made* ct to Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$	12616 30337 0 19256.31 23696.69	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		*Amounts in this section may be difference in Column B. ous sis ided		→on may be different from amounts	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		ca	this calenda my over the m Lines 2, 7	amounts			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$ \$			y).			FPPC Toll-Free He	FPPC Form 460 (January/0 alpline: 866/ASK-FPPC (866/275-37

Schedule A **Monetary Contributions Received**

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

Statement covers period CALIFORNIA 1/23/2011 **FORM** from _

			·	through2/19	0/2011	Page _	3 of 14
	NS ON REVERSE					1.D. NUN	
NAME OF FILER	Correct City Council		_			12000	
Lula Davis 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
1/29/11	Cormier Chevrolet 2201 East 223RD Streeet Carson, Ca 90810	☐IND ☐COM ØOTH ☐PTY ☐SCC		1,000.00	1,000	.00	
1/29/11	Chad Brown 1451 E. Abbottson St Carson, Ca 90746	☑IND □COM □OTH □PTY □SCC	NFL Official	250.00	250	.00	
1/29/11	Bulletin Displays, LLC 3127 East South St Long Beach, Ca 90805	☐IND ☐COM ØOTH ☐PTY ☐SCC		. 250.00	250	0.00	
1/29/11	Price Transfer Group 2790 East Del Amo Blvd Rancho Dominguez, Ca 90221	□IND □COM ☑OTH □PTY □SCC		500.00	500	0.00	·
2/2/11	Best-Buy Tire Centers 12932 Pioneer Blvd Norwalk, Ca 90650	□IND ☑COM □OTH □PTY □SCC		2,500.00	2,50	0.00	
		<u> </u>	SUBTOTAL	\$ 4,500.00			
					(*C	ntributor (Codes
1. Amount r	A Summary eceived this period – itemized monetary contributions all Schedule A subtotals.) eceived this period – unitemized monetary contribution		\$\$\$\$ \$\$ \$	14,525.00 812.00	INI CC OT PT	- Individu M – Recip (othe H – Other Y – Politic	ial ient Committee r than PTY or SCC) · (e.g., business entity)
Total mor (Add Line	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line 1	i.) TOTAL \$_	13,337.00	<u></u>	EPP:	C Form 460 (January/0 SK-FPPC (866/275-377

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

	SCHEDULE A (CONT.)
Statement covers p	
through2/19/20	
	1.D. NUMBER 1288860

NAME OF FILER

Lula Davis-Holmes For Carson City Council

DATE RECEIVED	Holmes For Carson City Council 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)
2/7/11	Carson Estate Trust 10 Bayview Circle, Suite 3500 Newport Beach, Ca 92660	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.00	
1/28/11	NKP MANAGEMENT, DBA Mc Donalds 17504 Amantha Ave Carson, Ca 90746	□IND □COM ☑OTH □PTY □SCC		500.00	500.00	
1/29/11	Chief Loa Pele Faletogo 19802 S Main Street #202 Carson, Ca 90745	ZIND COM OTH PTY SCC	Court Interpreter Calif Superior Court	300.00	300.00	
12/16/11	Bel Canto Properties LLC 17803 S Santa Fe Ave Rancho Dominguez, Ca 90221	□IND □COM ØOTH □PTY □SCC		1,800.00	1,800.00	
. 1/27/11	Watson Land Company 22010 Wilmington Ave Carson, CA 90745	□IND □COM ☑OTH □PTY □SCC		2,500.00	2,500.00	
			SUBTOTAL	.\$ 6,100.00		

*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

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

	SCHEDULE A (CONT.)				
Statement covers period	CALIFORNIA 460				
1/23/2011 from	Page5 _ of				
through	1.D. NUMBER 1288860				

NAME OF FILER

Lula Davis-	Holmes For Carson City Council FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
DATE RECEIVED	(F COMMITTEE, ALSO ENTER I.D. NUMBER)		(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	(0,0,0,0)	
2/4/11	AFT STAFF GUILD LOCAL 1521-A 3356 Barham Blvd Los Angeles, Ca 90068	☐IND☐COM☐PTY☐SCC		100.00	100.00	
1/7/11	South Bay Cooperative, DBA United Checkers 2129 W. Rosecrans Ave Gardena, Ca 90249	□IND □COM ☑OTH □PTY □SCC		250.00	250.00	
1/7/11	Yellow CAB South Bay Cooperative, INC 2129 W Rosecrans Ave Gardena, Ca 90249	☐IND ☐COM ØOTH ☐PTY ☐SCC		250.00	250.00	
2/8/11	John Bates Associates, Inc 22952 Mill Creek Dr. Laguna Hills Ca 92653	□IND □COM ☑OTH □PTY □SCC		250.00	250.00	
1/24/11	Thomas Safran & Associates 11812 San Vicente Blvd, Suite 600 Los Angelse, Ca 90049	☐IND ☐COM ZOTH ☐PTY ☐SCC		500.00	500.00	
			SUBTOTAL	\$ 1,350.00		

*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

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.				
Statement covers period 1/23/2011	CALIFORNIA 460				
from	Page 6 of 14				
uno-g.	1.D. NUMBER 1288860				

NAME OF FILER

ME OF FIFEE						
Lula Davis- DATE RECEIVED	Holmes For Carson City Council 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/7/11	Vera Robles DeWitt P.O. Box 4612 Carson, CA 90749	☑IND □COM □OTH □PTY □SCC	President Carson Bail Bonds	\$200.00	\$200.00	
2/7/11	Rita Boggs 21328 Island Avenue Carson, CA 90745	ZIND COM OTH PTY	CEO American Research & Testing, Inc.	\$250.00	\$250.00	
2/7/11	Latrice Carter 19018 Belshaw Avenue Carson, CA 90746	ZIND COM OTH PTY	City of Los Angeles	\$100.00	\$100.00	
2/7/11	Linda Evans 19440 Coslin Avenue Carson, CA	ZIND COM OTH PTY SCC	Transportation Planner City of Los Angeles	\$100.00	\$100.00	
2/7/11	Robert Lesley 19919 Alonda Drive Carson, CA 90746	☑IND □COM □OTH □PTY □SCC	Retired	\$175.00	\$175.00	
			SUBTOTAL	.\$ 825.00		

*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

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period 1/23/2011	california 460
2/19/2011 through	Page of
	I.D. NUMBER

NAME OF FILER					12	88860
Lula Davis- DATE RECEIVED	Holmes For Carson City Council 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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	TODATE
2/11/11	Andy Goodman 622 Vincent Park Redondo Beach, CA		Sales CBS	\$100.00	\$100.00	
2/7/11	Rose Bonoam Pilipino American Alliance USA	IND COM ZOTH PTY		\$100.00	\$100.00	
2/7/11	Thelma Anderson 20125 Hillford Avenue Carson, CA 90746	☑IND □COM □OTH □PTY □SCC	Retired Nurse	\$100.00	\$100.00	
2/7/11	DeShon Andrews 1718 Gladwick Street Carson, CA 90746	☑IND □COM □OTH □PTY □SCC	LAPD Detective LAPD	\$400.00	\$400.00	
1/29/11	Donald R. Finn 1 Mulberry Lane Trabuco Canyon, CA 92679	□IND □COM ☑OTH □PTY □SCC		\$150.00	\$150.00)
			SUBTOTAL	\$ 850.00		CONTRACTOR OF THE SECOND

*Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

	SCHEDULE A (CONT.)
Statement covers period 1/23/2011	california 460
from	Page 8 of
	1.D. NUMBER 1288860

	_	_	_
AME	OF	FIL	.ER

Holmes For Carson City Council

DATE RECEIVED	Holmes For Carson City Council 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/4/11	Robert Richardson 16605 S. Thorson Avenue Compton, CA 90221	☑IND □COM □OTH □PTY □SCC		\$100.00	\$100.00	
2/11/11	Mattie B. Harper 18316 Coltman Avenue Carson, CA 90746	ZIND COM	Retired	\$100.00	\$100.00	
2/14/11	Clovijean Good 1426 Turmont Street Carson, CA 90746	☐IND ☐COM ØOTH ☐PTY ☐SCC		\$100.00	\$100.00	
1/26/11	Johnnie Sanders 547 E. Cassidy St Carson, Ca 90746	ZIND COM OTH PTY SCC		100.00	100.00	
2/16/11	BNSF Railway Company 2500 Lou Menk Drive Company Fort Worth, Tx 76131	☐IND ☐COM ☐OTH ☐PTY ☐SCC		500.00	500.00	
		1	SUBTOTAL	\$ 900.00		

"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 B-PART			
	SCHE	- B-	PART

Schedule B - Part 1

** If required.

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 1/23/2011	CALIFORNIA 460
2/19/2011	Page 9 of 4
	I.D. NUMBER
	1288860

_oans Received					through2/19	9/2011	Page9	of
SEE INSTRUCTIONS ON REVERSE					_		1.27	
NAME OF FILER							1288860	
Lula Davis-Holmes For Carson City Coun	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b) AMOUNT	(c) AMOUNT PAI	(d) OUTSTANDING ID BALANCE AT	(e) INTEREST	(f) ORIGINAL AMOUNT OF	(9) CUMULATIVE CONTRIBUTIONS
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (JF COMMITTEE, ALSO ENTER LD. NUMBER).	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	RECEIVED THIS PERIOD	OR FORGIVE	N CLOSE OF THIS	PAID THIS PERIOD	LOAN	TO DATE CALENDAR YEAR
Lula Davis-Holmes P.O. Box 4503 Carson, Ca 90747		26000	15000	\$FORGIVEN	s 41000	RATE %	s 54000 1/11/09	\$ PER ELECTION**
† IND COM OTH PTY SCC		s	\$	*	DATE DUE		DATE INCURRED	CALENDAR YEAR
Committee To Elect Mike Gibson				S	\$1000	RATE	\$	\$ PER ELECTION **
↑ IND COM OTH PTY SCC		s1000	s	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR
TO IND COM COTH OFF SEC	:			\$ FORGIVEN	s	RATE	s	\$PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
TO IND COM COTH LIPTY LISCO	<u> </u>	SUBTOTALS	\$	\$	\$ 42000	\$ (Enter(e) on		
Schedule B Summary					15000	Schedule E, Line S	3)	
Loans received this period (Total Column (b) plus unitemized loar	13 Of ICCC and The Transfer				. 0	Ì	†Contributor Code IND – Individual COM – Recipient C	Committee
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	at are also itemized on Sche	edule A.)			15000		(other than OTH – Other (e.g PTY – Political Pa SCC – Small Cont	rtν
Net change this period. (Subtract Lin Enter the net here and on the Summa				NEI \$.	(May be a negative number)		·	
*Amounts forgiven or paid by another party also	must be reported on Schedule	A.			EDD	^ Toll-Free Hei	FPPC For Inline: 866/ASK-FI	m 460 (January/05 PPC (866/275-3772

Schedule C	
Nonmonetary	Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

 Statement covers period from
 CALIFORNIA FORM
 460

 through
 2/19/2011
 Page
 10
 of
 1/41

					throu	.gh		Page	of	
EE INSTRUCTI	IONS ON REVERSE	<u> </u>			·			I.D. NUMBE	 ER	
IAME OF FILER							ļ	1288860	0	
Lula Davis	s-Holmes For Carson City Council							L		_
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - I	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
2/11/2011	Jay's Catering 3 Civic Plaza Drive Carson, Ca 90745	□IND □COM ☑OTH □PTY □SCC		Wine and Lin for Funraiser	en	200.00		200.00		
2/11/2011	Flowers by Demetri 665 E. University Drive Carson, CA 90746	☐IND ☐COM ☑OTH ☐PTY ☐SCC		Flower Centerpieces Fund-raiser	s for	\$150.00	\$	150.00		
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach add	ditional information on appropriately labe	led continuat	ion sheets.	SUBT	OTAL \$	350.00				2
	e C Summary						*Coi	ntributor Coc	des)

	Chedule C Sullinary		
1.	Amount received this period – itemized nonmonetary contributions.	\$	350.00
	(include all Schedule C subtotals.)	•	
2.	Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	

*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	

Type or print in ink.

	SCHEDULE
Statement covers period	CALIFORNIA 160
from1/23/2011	FORM TOO
through2/19/2011	Page
	I.D. NUMBER
•	1288860
	I .

Schedule E	Amounts may be rounded to whole dollars.	from	1/23/2011	FORM	700
Payments Made		110,			, ,
		through _	2/19/2011	Page11	of
SEE INSTRUCTIONS ON REVERSE				I.D. NUMBER	
NAME OF FILER				1288860	
Lula Davis-Holmes For Carson City Council				<u></u>	
and a securately d	escribes the payment, you may enter the code. Other	wise, descri	be the payment.		

CODES: If one of the following codes accurately describes the payment, you may enter the company campaign paraphemalia/misc. CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings MBR member communications MTG meetings and appearances office expenses PET petition circulating phone banks POL polling and survey research postage, delivery and messenger so professional services (legal, account print ads)	SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals services TSF transfer between committees of the same candidate/sponsor
---	---

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AM	IOUNT PAID
Eddie Haig 220715 S Avalon Carson, Ca			Campaign Office Rental		1,000.00
California Voter Guide 1954 W Carson Street, Suite B Torrance, Ca 90501	LIT				292.00
Election Education Guide 19415 Enada Way Reseda, Ca 9133	ŁIT				1,340.00
Payments that are contributions or independent expenditures must also be sum	marized or	Sche	edule D. SUBTOTA	L\$	2,632.00

Schedule E Summary	\$18,847.7	7
1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 408.5	4
and the supports made this period of under \$100		0
(Character of the Column (e).)	AL \$ 19,256.3	1
3. Total interest paid this period on loans. (Enter amount from Schedule 2), and 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	500 50m 450 (lanuar	w/05\

SCHE	DUL	ΕĒ	ı,	<u>ر ۲ ر</u>
JUI 16	DUL		1/-	

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from1/23/2011	FORM 400
2/19/2011	Page 12 of 1
	I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Carson City Council

Lula Davis-Holmes For Carson City Council CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications returned contributions CMP campaign paraphernalia/misc. RFD meetings and appearances SAL campaign workers' salaries campaign consultants office expenses OFC t.v. or cable airtime and production costs CTB contribution (explain nonmonetary)* TEL petition circulating PET candidate travel, lodging, and meals TRC CVC civic donations phone banks staff/spouse travel, lodging, and meals PHO candidate filing/ballot fees TRS polling and survey research transfer between committees of the same candidate/sponsor TSF fundraising events postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* voter registration professional services (legal, accounting) VOT WEB information technology costs (internet, e-mail) legal defense LEG print ads campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR

(if COMMITTEE, ACCOUNTS			
Mailing Pros, Inc. 5261 Business Drive Huntington Beach, CA 92649	LIT		\$2,278.45
Latrice Carter 19018 Belshaw Avenue Carson, CA 90746	RFD		\$110.00
Lambert Field consulting 421 W. 33rd Street, #206 Long Beach, CA 90806	CNS		\$1,000.00
Lambert Field Consulting 421 W. 33rd Street, #206 Long Beach, CA 90806	CNS		\$1,000.00
		SUBTOTAL	\$ 4,388.45

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

AT&T Platinum Card

Sioux Falls, SD 57117-6500

P.O. Box 6500

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

MBR member communications

		• • • • • • • • • • • • • • • • • • • •
Statement covers period		CALIFORNIA 160
from	1/23/2011	FORM TOO
through_	2/19/2011	Page 13 of 14
		LD. NUMBER 1288860
		1200000

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lula Davis-Holmes For Carson City Council CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RFD returned contributions CMP campaign paraphemalia/misc. meetings and appearances campaign workers' salaries SAL campaign consultants OFC office expenses t.v. or cable airtime and production costs contribution (explain nonmonetary)* TEL petition circulating PET candidate travel, lodging, and meals TRC CVC civic donations phone banks staff/spouse travel, lodging, and meals PHO TRS candidate filing/ballot fees polling and survey research transfer between committees of the same candidate/sponsor TSF fundraising events postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* voter registration professional services (legal, accounting) VOT ND WEB information technology costs (internet, e-mail) legal defense LEG. print ads PRT campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR \$2,930.00 Lambert Field Consulting CNS 421 W. 33rd Street, #206 Long Beach, CA 90806 \$2,000.00 Folev **CMP** 13222 Beaver Street Sylmar, CA 91342 \$1,988.44 Mailing pros, Inc. LIT 5261 Business Drive Huntington Beach, CA 92649 \$3135.00 SB Strategies, LLC CNS 20929 Ventura Blvd., Suite 47101 Woodland Hills, CA 91364 \$1,000.00

LIT

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

FPPC Form 460 (January/05)

11.053.44

SUBTOTAL \$

Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | 1/23/2011 | FORM | 460 | FORM
SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Carson City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications returned contributions CMP campaign paraphernalia/misc. MTG meetings and appearances SAL campaign workers' salaries CNS campaign consultants office expenses t.v. or cable airtime and production costs contribution (explain nonmonetary)* TEL petition circulating PET candidate travel, lodging, and meals civic donations TRC CVC phone banks РНО staff/spouse travel, lodging, and meals candidate filing/ballot fees TRS polling and survey research transfer between committees of the same candidate/sponsor POL fundraising events TSF FND postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS voter registration VOT professional services (legal, accounting) ND WEB information technology costs (internet, e-mail) legal defense LEG print ads campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT OR NAME AND ADDRESS OF PAYEE CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DJ Services for Fundraiser \$375.00 Teddy Jones 3847 Cockland Drive Los Angeles, CA

		i .		
Katrina Saroyan P.O. Box 895			Entertainment for Fundraiser	\$250.00
Burbank, CA 91503			·	
Pitney Bowes 1 Elm Croft Road Stanford, CN 60926		POS		\$148.88
	·			

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

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			istf	RE-ELE	CTIC PAGE
Recipient Committee Campaign Statement Cover Page	Type or print in it	nk CT	OEIVED Y CLERK	CALIFOI FORI	
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: 資訊 (Month, Day, Year) ②子子子 3/8/2011	27 PH 5:58		fficial Use Only
1. Type of Recipient Committee: All Committees - Committees - Committee	complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain below	ination)	Quarterly Stateme Special Odd-Year Supplemental Prestatement - Attach	Report election
A A COLLEGE CONTRACTOR IN THE COLLEGE	D. NUMBER 1288860	Treasurer(s) NAME OF TREASURER Clifford Cannon MAILING ADDRESS 19412 Radlett Ave			
STREET ADDRESS (NO P.O. BOX) 959 E. Gladwick CITY STATE ZIP C Carson Ca 9074 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. CITY STATE ZIP C	46 310-617-7563 BOX	CITY Carson NAME OF ASSISTANT TREASURER Harry Holmes MAILING ADDRESS 959 E. Gladwick St CITY Carson OPTIONAL: FAX / E-MAIL ADDRES	Ca 9	IP CODE	AREA CODE/PHONE 310-635-5289 AREA CODE/PHONE 310-617-7563
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californ Executed on	ng this statement and to the best of my kno nia that the foregoing is true and correct.	wledge the information contained herein	n and in the attached sol	nedules is true and	d complete. I certify

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on __ Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on .

Executed on ...

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded
to whole dollars.

		SUMMARYPAGE
Statem	ent covers period 1/1/2011	california 460
through1/22/2011	1/22/2011	Page of
		I.D. NUMBER 1288860

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lula Davis-Holmes For City Council, Calendar Year Summary for Candidates Column B Column A Running in Both the State Primary and CALENDAR YEAR TOTAL THIS PERIOD Contributions Received (FROM ATTACHED SCHEDULES) TOTALTODATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ 7/1 to Date 1/1 through 6/30 Loans Received Schedule B, Line 3 20. Contributions 1100 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 21. Expenditures 4. Nonmonetary Contributions Schedule C, Line 3 Made 1100 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _ **Expenditure Limit Summary for State Expenditures Made** Candidates 495.00 6. Payments Made Schedule E, Line 4 \$ 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 495.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ Total to Date Date of Election 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 495.00 **Current Cash Statement** 17011 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _ To calculate Column B, add 1100 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above *Amounts in this section may be different from amounts corresponding amounts from Column B of your last reported in Column B. 14. Miscellaneous Increases to Cash Schedule I, Line 4 report. Some amounts in 495 15. Cash Payments Column A, Line 8 above Column A may be negative 17616 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ ___ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ___ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ __ FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

v Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

	•	SCHEDULE A
Statement covers period 1/1/2011		CALIFORNIA 460
through _	1/22/2011	Page3 of
		

Monetary	Colffibritions veceived	10	1110.0	from	2011	FO	RM - CO
				through1/2	2/2011	Page _	3 of
SEE INSTRUCTION NAME OF FILER	ONS ON REVERSE					1.D. NUM 128886	
	s-Holmes For City Council					120000	<u> </u>
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR !	PER ELECTION TO DATE (IF REQUIRED)
1/1/11	Doris Wilson 20108 Nester Ave Carson, Ca 90746	☑IND □COM □OTH □PTY □SCC	Retired	80.00	80	.00	
1/15/11	Doris Wilson 20108 Nester Ave Carson, Ca 90746	DIND COM OTH PTY SCC	Retired	80.00	160	.00	
1/20/11	DEJ fAMILY LIMITED PARTNERSHIP 16525 S Avalon Blvd Carson, Ca 90746	☐IND ☐COM ☑OTH ☐PTY ☐SCC	Bus Entr	300.00	300	.00	
1/15/11	Patricia Hellerud 21526 Nicolle Ave Carson, Ca 90745	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100	.00	
1/8/11	Clarice M Gallow PO Box 4842 Carson Ca 90749	☑IND □COM □OTH □PTY □SCC		200.00	200	0.00	
		<u> </u>	SUBTOTAL	\$ 760.00			
	A Summary eceived this period – itemized monetary contributions. all Schedule A subtotals.)		\$	960.00	IND CO	(other t	I nt Committee han PTY or SCC)
(Include a	ail Schedule A subtotals.)	o of lace then	\$100 \$	140.00	OTH	I – Other (– Political	e.g., business entity)
	eceived this period – unitemized monetary contribution	15 ULIESS UIATI	ψ 100 Ψ <u>—</u>	4400.00			ontributor Committee
Total mor (Add Line	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Colo	umn A, Line 1.) TOTAL \$	1100.00		FPPC	Form 460 (January/05

Schedule A (Continuation Sheet)

Type or print in ink. Amounts may be rounded

	SCHEDU	LEA	(CONT.	JON 1.,		
CAL	IFORNIA	A	CO			

Statement covers period

Monetary Contributions Received		to whole dollars.		from 1/1/2011		FORM 400		
. :				through 1/2	2/2011	Page	4 of	
NAME OF FILER Lula Davis	-Holmes For City Council					128886	1	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 200.00		PER ELECTION TO DATE (IF REQUIRED)	
1/15/11	Eva Gatling 20812 Cortner Ave Lakewod, Ca 90715	☑IND □COM □OTH □PTY □SCC	Retired	200.00				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC		·				
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SURTOTAL	\$ 200.00				

*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 B – Part 1	
oans Received	

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

** If required.

Type or print in ink.

_	
SCHEDULE B-PAR	Г1

Schedule B – Part 1 Loans Received	Amo		Statement coverage 1/1/2	· ·	california 460 form			
CONTRACTOR ON DEVERSE	•				through1/2	2/2011	Page5	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						•	I.D. NUMBER	
	•						1288860	
Lula Davis-Holmes For City Council		· · · · · · · · · · · · · · · · · · ·	/b\	(0)	(d)	(e)	(f)	(9)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOR	N CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis Holmes P.O. Box 4503 Carson, Ca 90747	Councilwoman City of Carson	s 26000	\$	\$FORGIVEN	\$ 26000 DATE DUE	% RATE	\$ 54000 1-11-09 DATE INCURRED	SS
†□ IND □ COM □ OTH □ PTY □ SCC					DATEBOL			CALENDAR YEAR
Committee To Elect Mike Gibson				\$ FORGIVEN	s 1000	% RATE	s	\$PER ELECTION **
† IND COM OTH PTY SCC		s1000	s	\$	DATE DUE	\$	DATE INCURRED	\$
				\$ FORGIVEN	s	% RATE	\$	\$ PER ELECTION **
t□ IND □ COM □ OTH □ PTY □ SCC		\$ 	\$	\$	DATE DUE	\$	DATE INCURRED	-
- IND COM COM COM		SUBTOTALS \$		\$	\$ 27000			
Caladula P Summany						(Enter (e) on Schedule E, Line 3)		
Schedule B Summary				¢	0			
Loans received this period (Total Column (b) plus unitemized loan	s of less than \$100.)	•	•		0	l II	Contributor Codes ND – Individual COM – Recipient Co	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha Net change this period. (Subtract Line 			(May be a negative number)	C		PTY or SCC) business entity)		
Enter the net here and on the Summar	y Page, Column A, Line 2.							

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

Schedule E	
Payments Made	

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULEE
Stateme	ent covers period	CALIFORNIA 160
from	1/1/2011	FORM 400
through _	1/22/2011	Page of
		I.D. NUMBER
		1288860

			through _	1/22/2011	Page	
SEE INSTRUCTIONS ON REVERSE					I.D. NUM	BER
NAME OF FILER					128886	0
Lula Davis-Holmes For City Council						
CODES: If one of the following codes accurately describes the payment, you campaign paraphemalia/misc. CNP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings MBR member commeted meetings and office expering petition circumpation circumpation circumpations and selected petition circumpations are selected petition circumpations. PCI petition circumpation consultants PCI petition circumpation ci	d appearance ses lating survey reseal		RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transf	pe the payment. airtime and production led contributions aign workers' salaries cable airtime and producte travel, lodging, spouse travel, lodging fer between committee registration mation technology cos	duction costs duction costs duction costs and meals and meals so of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE OF COMMUTTEE ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PA	AYMENT		AMOUNT PAID
Metro PC Phones	РНО					495.50
* Payments that are contributions or independent expenditures must also be summ	narized on	Schedule D.			SUBTOTAL	495.50
· dymonia						
Schedule E Summary				·	\$	495.50
Schedule E Summary Itemized payments made this period. (Include all Schedule E subtotals.)					\$ <u></u>	0
the state of the s				•••••		
 Unitermized payments made this period of under \$100 miles. Total interest paid this period on loans. (Enter amount from Schedule B, Par Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on 	. 1. Columir	I (♥ <i>}.)</i>				495.50

⊸5EMI-ANNUAL COVERPAGE Type or print in ink. CALIFORNIA **FORM**

Sovernment Code Sections 84/200-84216.5)			1120	Page of
	Statement covers period 7/1/2012	Date of election if applicables 3 P. (Month, Day, Year)		For Official Use Only
EE INSTRUCTIONS ON REVERSE	through12/31/2012		· · · · · · · · · · · · · · · · · · ·	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored Scomplete Part 6 rimarily Formed Candidate/ officeholder Committee Sto Complete Part 7)	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	☐ Spe ☐ Sup	irterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
\). NUMBER 1288860	Treasurer(s) NAME OF TREASURER Clifford Cannon MAILING ADDRESS 19412 Radlett Ave		
STREET ADDRESS (NO P.O. BOX) 959 E Gladwick St CITY STATE ZIP CO		Carson NAME OF ASSISTANT TREASURER, IF ANY Harry Holmes	STATE ZIP 6 Ca 907	CODE AREA CODE/PHONE 46 310-635-5289
Carson Ca 90/46 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B CITY STATE ZIP CO	BOX	MAILING ADDRESS 959 E. Gladwick St CITY		CODE AREA CODE/PHONE 46 310-617-7563
OPTIONAL: FAX / E-MAIL ADDRESS		Carson OPTIONAL: FAX / E-MAIL ADDRESS	Ca 907	40 310-017-7303
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi	g this statement and to the best of my kr ia that the foregoing is true and correct.	01	ne attached sched	dules is true and complete. I certify

Recipient Committee Campaign Statement Cover Page

Executed on ...

Executed on ... Executed on Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

					through .	12/31/2012	Page of		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lula Davis-Holmes for City Council							I.D. NUMBER 1288860		
Contributions Received	_	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column CALENDARY TOTALTOD	EAR	Calendar Year Sun Running in Both th General Elections	nmary for Candidates e State Primary and		
Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3	\$	5,921.00	\$	-11,4 97	215.50 175.00 740.50 5,921 661.50	20. Contributions Received \$	\$\$		
5. TOTAL CONTRIBUTION'S RECEIVED Add Lines 3+4 Expenditures Made			\$		269.40	Expenditure Limit	Summary for State		
6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	4 540 44	\$ \$		269.40	22. Cumulati (If Subject)	ve Expenditures Made* (c) Voluntary Expenditure Limit) Total to Date		
9. Accrued Expenses (Unpaid Bills)		5,921.00 7,469.44	\$		921.00 469.44	Date of Election (mm/dd/yy)	\$		
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above		11,937.00 -8,784.50	To calculate Column B, add amounts in Column A to the corresponding amounts				may be different from amounts		
14. Miscellaneous Increases to Cash	•	1,548.44	re C fig su pe	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		reported in Column B.			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	? ;		fo ca fr	r this calendar arry over the a om Lines 2, 7,	year, only mounts				
Cash Equivalents and Outstanding Debts 18. Cash Equivalents			aı	ny).		FPPC Toll-Free Help	FPPC Form 460 (January/0 line: 866/ASK-FPPC (866/275-377		

Schedule A Monetary Contributi				•		SCHEDULE				
		Amounts may be rounded to whole dollars.			Statement coverage 7/1/	ers period 2012	CALIFORNIA 460			
SEE INSTRUCTIO	NS ON REVERSE				through12/3	31/2012	Page	3 of		
NAME OF FILER						•	1.D. NU 12888			
DATE RECEIVED	FULL NAME, ST	IREET 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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
11/21/12	Drexel Jo	hnson	☑IND □COM □OTH □PTY □SCC	Young Black Contractors	200.00 200.00		200.00			
7/28/12	Douglas of 19016 Co. Carson, Co.	beck Ave	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		100.00		
7/28/12	Richard H 108 W 22 Carson, G		☑IND □COM □OTH □PTY □SCC	Retired	100.00	100	0.00			
7/28/12		ndrews padwick St Da 90746	ZIND COM OTH PTY SCC	LA County	120.00	120	0.00			
7/28/12	1432 Hei	Harrison mick Ca 90746	ZIND COM OTH PTY SCC		100.00	100	0.00			
<u>=</u>				SUBTOTAL	\$ 620.00					
1. Amount r	A Summa	eriod – itemized monetary contributions.		\$	1420.00	IND				

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

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

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

PTY - Political Party

4536.50

5,956.50

Schedule Monetary	A (Contil Contribu	nuation Sheet) tions Received	Type or print in ink. Amounts may be rounded to whole dollars. Statement covers period 7/1/2012 from		012	CALIFORNIA FORM		460	
NAME OF FILER Lula Davis	-Holmes for	City Council					12888		
DATE RECEIVED	1	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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	YEAR	TO	LECTION DATE QUIRED)
9/26/12		son almmeg Pl Ca 90703	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100	00.0		
7/28/12	Douglas 19016 C Carson,	albeck Ave	☑IND □COM □OTH □PTY □SCC	Ret	100.00	100	0.00		
7/28/12	Clarice (P.O. Box Carson (ZIND COM OTH PTY	Ret	500.00	500	0.00		
9/26/12	Vivian H 19202 A Carson,	nnalee	☑IND □COM □OTH □PTY □SCC	Ret	100.00	100	0.00		
			☐IND ☐COM ☐OTH ☐PTY ☐SCC		,				

*Contributor Codes

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

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

800.00

SUBTOTAL\$

SCHEDULE B-PART 1 Type or print in ink. Statement covers period Schedule B - Part 1 **CALIFORNIA** Amounts may be rounded 7/1/2012 to whole dollars. **FORM** Loans Received from 12/31/2012 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1288860 Lula Davis-Holmes for City Council (g) (d) OUTSTANDING IF AN INDIVIDUAL, ENTER **ORIGINAL** CUMULATIVE OUTSTANDING INTEREST FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT AMOUNT PAID BALANCEAT CONTRIBUTIONS OCCUPATION AND EMPLOYER BALANCE AMOUNT OF PAID THIS RECEIVED THIS OR FORGIVEN OF LENDER BEGINNING THIS CLOSE OF THIS (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) TODATE LOAN PERIOD PERIOD THIS PERIOD (IF COMMITTEE, ALSO ENTER LD. NUMBER) PERIOD CALENDAR YEAR PAID Councilwoman Lula Davis-Hplmes 26,259 54,000 14,741 City of Carson 959 E Gladwick St RATE PER ELECTION** FORGIVEN Carson, Ca 90746 41,000 DATE INCURRED DATE DUE TO IND COM OTH PTY SCC CALENDAR YEAR PAID Committee to Elect Mike Gipson 1,000 RATE PERELECTION ** FORGIVEN 1,000 DATE INCURRED DATE DUE TUTIND □ COM □ OTH □ PTY □ SCC CALENDAR YEAR ☐ PAID Harry Holmes 3,266 959 E. Gladwick RATE PERELECTION** FORGIVEN Carson, Ca 90746 3,266 DATE INCURRED DATE DUE TEZ IND □ COM □ OTH □ PTY □ SCC 30.525 \$ 14.741 \$ SUBTOTALS \$ (Enter (e) on Schedule E, Line 3) Schedule B Summary 0 1. Loans received this period †Contributor Codes (Total Column (b) plus unitemized loans of less than \$100.) IND - Individual 14,741 2. Loans paid or forgiven this period COM - Recipient Committee (other than PTY or SCC) (Total Column (c) plus loans under \$100 paid or forgiven.) OTH - Other (e.g., business entity) (Include loans paid by a third party that are also itemized on Schedule A.) PTY - Political Party SCC - Small Contributor Committee 3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.

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

** If required.

Schedule Nonmone		Type or print in Ink. Amounts may be rounded ributions Received to whole dollars.				St.	7/1/2012	ment covers period 7/1/2012		PRNIA 460
					•	throu	gh12/31/20	012	Page	6 of
SEE INSTRUCTI VAME OF FILER	ONS ON REVERSE								I.D. NUMBI	≅ R
Lula Davis	s-Holmes for 0	l Pity Council							128886)
DATE RECEIVED	ZIP (ME, STREET ADDRESS AND ODE OF CONTRIBUTOR ITTEE, ALSO ENTER I.D. 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	CUMULA DA CALENDA (JAN 1 -	TE KRYEAR	PER ELECTION TO DATE (IF REQUIRED)
11/12/12	Ralphs & Fo P.O. Box 54 Los Angeles	143	□IND □COM ☑OTH □PTY □SCC		Turkey Give-Away Gift Certificat	es	1,000		1,000	
11/12/12	Vantage Re 11611 San V Los Angeles	vicente Blvd	□IND □COM ☑OTH □PTY □SCC		Turkey Gift Baskets		100		100	
11/13/12	Waste Mgt 1970 E. 213 Long Beach		□IND □COM ☑OTH □PTY □SCC		Turkey Give-Away Gift Cards		500		500	
11/13/12	Home Depo 18400 Avalo	t Center on Blvd Suite 100	□IND □COM ☑OTH □PTY □SCC		Turkey Give-Away		500		500	
Attach ad	ditional inform	nation on appropriately lab	eled continuat	tion sheets.	SUBT	OTAL \$	2,100			
Schedule 1. Amount (Include 2. Amount	e C Summa received this all Schedule (received this)		ery contribution	s. ons of less than \$100		\$		ind col oth pth sco	(other the control of	nt Committee nan PTY or SCC) e.g., business entity)

Schedule C Nonmonetary Contributions Received			Type or print in ink. Amounts may be rounded to whole dollars.		Star	tement covers p 7/1/2012	<u> </u>	CALIFC FOR	400	
SEE INSTRUCT	IONS ON REVERSE		···			throug	h12/31/20)12	Page	7of\$ ≅R
	` s-Holmes for C	ity Council							1288860)
DATE RECEIVED	ZIP C	ME, STREET ADDRESS AND DDE OF CONTRIBUTOR THEE, ALSO ENTER I.D. 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	DA CALEND	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/04/12	Money Saver 3223 W. Flor Los Angeles,	ence Ave	□IND □COM ☑OTH □PTY □SCC		Chicken Sausages for Bar B Q Fund Raiser		250		250	
10/25/12	General Mills 1375 Beache Carson, Ca 9	y Place	□IND □COM □ZOTH □PTY □SCC		In Kind Health Expo		200		200	
10/26/12	Waste Mgt		□IND □COM □ZOTH □PTY □SCC		Iln-Kind Flyers and Equipment For Jazz Fest	ival	3,371		3,371	
			☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach ad	iditional inform	ation on appropriately lab	eled continua	tion sheets.	SUBTO	OTAL \$	3,8821			
1. Amount (Include	e all Schedule 🤄	eriod – itemized nonmoneta subtotals.)		***************************************			5,921	INI	(other th	
2 Total no	nmonetany cori	eriod – uniternized nonmon tributions received this perio ter here and on the Summa	d.				5,921	РТ	Y - Political F	

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

									SCHEDULEE
Schedule E Payments Made	Attionity and actions				Sta from	tement cove		CALIFO FOR	RNIA 460
					throu	12/3	1/2012	Page	8 of\$
SEE INSTRUCTIONS ON REVERSE				 	tillot	9		I.D. NUM	BER
NAME OF FILER Lula Davis-Holmes for	City Council							128886	3
CMP campaign paraphemalia/i CNS campaign consultants CTB contribution (explain non CVC civic donations FIL candidate filing/ballot fee FND fundraising events	monetary)* s supporting/opposing others (explain)*	MBR member community meetings and office expensement petition circult phone banks POL polling and s postage, deli	munications lappearances ses ating	enger services	RFD SAL TEL TRC TRS TSF VOT	returned contri campaign work t.v. or cable air candidate trav- staff/spouse transfer betwee voter registrati	ibutions kers' salaries rtime and produ el, lodging, and avel, lodging, a en committees	uction costs meals and meals of the sam	ne candidate/sponsor
	NAME AND ADDRESS OF PAYEE (FCOMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR		DESCRIPTION	OF PAYMENT			AMOUNT PAID
Councilwoman Julie Rab P.O. Box 11145 Carson, Ca 90749	er		СТВ		·				125.00
City of Carson, Treasure 701 East Carson St Carson Ca	r's Office		FIL		·				387.50
National Pen P.O. Box 55000 Detroit, Mi 48255-2745			СМР						112.51
* Payments that are contri	butions or independent expenditures	must also be summ	narized on Sch	nedule D.			SU	BTOTAL\$	625.01
Schedule E Summa	ry								1,548.44
1. Itemized payments ma	de this period. (Include all Schedul	e E subtotals.)					*****************	\$	
2. Unitemized payments	made this period of under \$100						*************	\$	
3. Total interest paid this	period on loans. (Enter amount fron	n Schedule B, Part	1, Column (e	:).)		,,	***********	\$	
4. Total payments made	his period. (Add Lines 1, 2, and 3. I	Enter here and on t	the Summary	Page, Colun	nn A, Line 6	.)	то	TAL \$_	1,548.44

Recipient Committee Campaign Statement Cover Page



AMENDMENT

Type or print in ink.

Date Stamp

CALIFORNIA 460

FORM

Page 1 of 2

Government Code Sections 84200-84216.5)		mark of alcation is applicable.	a Caratta	Page of
	Statement covers period from1/1/2012	Date of election if applicable: (Month, Day, Year) [2]	PN 5:49	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through6/30/2012		ARCON	
1. Type of Recipient Committee: All Committees - C		2. Type of Statement:		indu Statomont
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)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☑ Amendment (Explain below) Schedule B- Part 1 col a; The carried over incorrectly from p	☐ Spec ☐ Supp State beginning outsta	
the second section of the sect	I.D. NUMBER 1288860	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE		NAME OF TREASURER		
Lula Davis-Holmes For City Council		Clifford Cannon MAILING ADDRESS 19412 Radlett Ave		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	
959 E Gladwick St		Carson	Ca 9074	6 310-635-5289
Citi	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF AN	ſ	
Carson Ca 907		Harry Holmes MAILING ADDRESS		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C	b. BOX	959 E Gladwick St		•
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP C	
CITY STATE ZIP	7	Carson	Ca 9074	16 310-617-7563
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califor 7/3/2012 Executed on Date Executed on Date Executed on Date	By	controlling Officeholder, Candidate, State Measure Signature of Controlling Officeholder, Candidate, State Measure Signature of Controlling Officeholder, Candidate, State Measure	ponsible Officer of Sponsor	·
5 die			FDD0 T-0 C 1	

Schedule B – Part 1 Loans Received		Amo	ype or print in it unts may be ro to whole dollars	unded		Statement coverage 1/1/2		CALIFORNI FORM	^A 460
				-		through6/30	0/2012	Page 2	of
SEE INSTRUCTIONS ON REVERSE								I.D. NUMBER	
NAME OF FILER								1288860	1
Lula Davis-Holmes For Carso	n City Cound	lic							(2)
FULL NAME, STREET ADDRESS AND OF LENDER (IF COMMITTEE, ALSO ENTER D. N.W.	i	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(¢) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis-Holmes 959 E. Gladwick St Carson, Ca 90746		Councilwoman City of Carson			PAID \$FORGIVEN	s <u>41,000</u>	% RATE	s 54,000	\$PER ELECTION**
TEZ IND COM COTH CP	TY FISCC		s_41,000	\$	\$	DATE DUE	\$	1/11/09 DATE INCURRED	\$
Commmittee to Elect Mike Gi		Councilman City of Carson			\$FORGIVEN	s 1,000	RATE	s <u>1,000</u>	CALENDAR YEAR \$ PER ELECTION ***
† IND COM OTH P	TY ☐ SCC		s 1,000	s	s	- DATE DUE	\$	3/6/07 DATE INCURRED	\$
			-	3,266	□ PAID \$ □ FORGIVEN	s 3,266	RATE	s 3,266 3/13/12	CALENDAR YEAR S PER ELECTION **
TO IND COM OTH OF	TY □ SCC		\$	\$	5	DATE DUE	*	DATE INCURRED	
			SUBTOTALS	\$ 3,266	\$	\$ 45,266	\$		
Schedule B Summary							(Enter (e) on Schedule E, Line 3	3)	
1. Loans received this period					\$_	3,266	_		
(Total Column (b) plus unit 2. Loans paid or forgiven this	temized loan	s of less than \$100.)				0		†Contributor Codes IND – Individual COM – Recipient C	ommittee
(Total Column (c) plusioar	ns under \$100 nird party tha) paid or forgiven.) t are also itemized on Sche	edule A.)			3,266		(other than OTH - Other (e.g. PTY - Political Par SCC - Small Contr	ty
Enter the net here and on	the Summar	y Page, Column A, Line 2.			-:,	(May be a negative number)			
*Amounts forgiven or paid by and ** If required.	other party also	must be reported on Schedule A				FPPC	Toll-Free Hel	FPPC Form pline: 866/ASK-FP	m 460 (January/05) PPC (866/275-3772)

SCHEDULE 5-PART 1

SEMI-ANNUAL

State of California

Date Stamp **Recipient Committee** CALIFORNIA Type or print in CITY CLERK FORM Campaign Statement **Cover Page** - Բ№ 5։ և 4 . of __ 11 1 MM 31 (Government Code Sections 84200-84216.5) Date of election if applicable: Statement covers period For Official Use Only (Month, Day, Year) Y OF CARSON 1/1/2012 from 6/30/2012 through SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Quarterly Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Semi-annual Statement Special Odd-Year Report 7 O State Candidate Election Committee Committee Supplemental Preelection Controlled Termination Statement Statement - Attach Form 495 Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarity Formed Candidate/ Sponsored Officeholder Committee . Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee LD. NUMBER Treasurer(s) 3. Committee Information 1288860 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Clifford Cannon Lula Davis-Holmes For City Council MAILING ADDRESS 19412 Radiett Ave AREA CODE/PHONE ZIP CODE STATE CITY STREET ADDRESS (NO P.O. BOX) 310-635-5289 90746 Ca Carson 959 E. Gladwick St NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE ZIP CODE STATE CITY 310-617-7563 Harry Holmes 90746 Ca Carson MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 959 E Gladwick Street ZIP CODE AREA CODE/PHONE STATE CITY ZIP CODE AREA CODE/PHONE STATE CITY 90746 310-617-7563 Ca Carson OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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. 7/31/12 By Executed on . 7/31/12 Executed on . nature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | 1/1/2012 | CALIFORNIA | 460 | FORM | FORM | Through | 6/30/2012 | Page 2 of 11 | 1.D. NUMBER | 1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lula Davis-Holmes For Carson City Council	•		1288860
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 18,525		1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made Payments Made			Expenditure Limit Summary for State Candidates
. Loans Made	\$ 8,721	\$ 8,721	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date
Nonmonetary Adjustment			(mm/dd/yy) / \$
2. Beginning Cash Balance Previous Summary Page, Line 16 3. Cash Receipts Column A, Line 3 above 4. Miscellaneous Increases to Cash Schedule I, Line 4 5. Cash Payments Column A, Line 8 above 6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	8,721	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts	\$	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above		-	FPPC Form 460 (January FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3)

Schedule A	
Monetary Contribution	ns Received

Type or print in ink.
Amounts may be rounded

	SCHEDULE	Α
	400	

Monetary Contribution		ns Received to whole dollars.		from1/1/	2012	012 FORM 4		
					through6/3	0/2012	Page	3_of_11
	ONS ON REVERSE		· · · · · · · · · · · · · · · · · · ·				I.D. NU	MBER
NAME OF FILER		arson City Council				•	12888	60
Luia Davis	s-Holmes For C	arson one country			AMOUNT	CUMULATIVETO	DATE	PER ELECTION
DATE RECEIVED	FULL NAME, STRE	ET ADDRESS AND ZIP CODE OF CONTRIBUTOR COMMITTEE, ALSO ENTER L.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC	EAR	TO DATE (IF REQUIRED)
6/1/12	Cynthia Hun 814 E. Sand Carson, CA		ZIND COM OTH PTY SCC	LAUSD Teacher	100.00	100	.00	
6/22/12	Waste Mana P.O. Box 30 Houston, TX	27	□IND □COM IZOTH □PTY □SCC		500.00	500	.00	
1/26/12	John Sweer 11914 Fron Norwalk, Ca	St "B"	☑IND □COM □OTH □PTY □SCC	John Sweeper Repairs Fueling Team	1,000.00	1,000	.00	
6/22/12	Eva Gatling 20812 Corli Lakewood,0	er Ave	Øind □com □oth □pty □scc	Retired	100.00	100	0.00	
1/26/12	Certified Ro P.O. Box 41 Whittier, Ca		☐IND ☐COM ØOTH ☐PTY ☐SCC		1,000.00	1,000	0.00	
				SUBTOTAL	\$ 2,700.00			
1 Amount re	A Summary eceived this peri	od – itemized monetary contributions. btotals.)		\$_	9,150.00	IND	(other	ent Committee than PTY or SCC)
		od – unitemized monetary contribution			6,109.00		l – Other ′ – Politica	(e.g., business entity)
3 Total mon	netary contributio	ns received this period. here and on the Summary Page, Colu	-		15,259.00	sc	C-Small	Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDU	LEA (CONT.)
CALIFORNIA	160

FORM

Statement covers period

from_

1/1/2012

				through 6/30/2012		Page 4 of 4		_	
NAME OF FILER Lula Davis-	Holmes For Ca	arson City Council		·		·	128886		
DATE RECEIVED	FULL NAME, STR	EET ADDRESS AND ZIP CODE OF CONTRIBUTOR FECOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
5/23/12	Ionia McDoi 1668 E. Cyr Carson, Ca	ene Dr	ZIND COM OTH PTY SCC	Retired	150.00	150	.00		
1/24/2012	Nationwide 11914 Fron Norwalk,Ca		☐IND ☐COM ØOTH ☐PTY ☐SCC		500.00	500	.00		
4/24/12	Bob Johnso 16419 Holm Cerritos,Ca	es Place	☑IND □COM □OTH □PTY □SCC	Retired	100.00	190	.00		
5/16/12	David Gunn 18532 Clyd Cerritos, Ca	e Park Ave	☑IND □COM □OTH □PTY □SCC		100.00	100	.00		
5/25/12	Joey Hill 1071 S. Clo LA., Ca 90	verdale Ave 019	☑IND □COM □OTH □PTY □SCC	District Director Congresswoman Richardson	250.00	250	.00		
		<u> </u>		SUBTOTAL	s 1.100.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule.	A (Continu	ation	Sheet)
Monetary	Contribution	ons R	eceived

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

SCHEDULE A	A (CONT.))
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Monetary Contributi		ons Received Amounts may be rounded to whole dollars.		Statement covers period 1/1/2012 from		california 460		
					through 6/30)/2012	Page	
NAME OF FILER Lula Davis	-Holmes For C	arson City Council					12888	60
DATE RECEIVED	FULL NAME, STR	EET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
6/1/12	Rd & Carme 8945 S Mar L.A., Ca		ZIND COM OTH PTY SCC	Retired	100.00	100.00		
6/1/12	John Peters 2201 E 223 Carson, Ca	rd St	ZIND COM OTH PTY SCC	Owner WIN Chevronlet	1,000.00	1,000	.00	
6/1/12	Ed Holt		☑IND □COM □OTH □PTY □SCC		100.00	100	.00	
6/1/12		L Johnson MD alveda Blvd	☑IND □COM □OTH □PTY □SCC	Medical Doctor	100.00	100	.00	
6/1/12	Berj Aliksar 508 1/2 3rd Montebello	St	☐IND ☐COM ☑OTH ☐PTY ☐SCC	Commercial Waste Self Employed	1,000.00	1,000	.00	
				SUBTOTAL	\$ 2,300.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party

SCC - Small Contributor Committee

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.
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Staten	nent covers period 1/1/2012	california 460
through_	6/30/2012	Page 6 of 1/
		I.D. NUMBER
		1288860

NAME OF FILER

Lula Davis-Holmes For Carson City Council

Luia Davis-	Holmes For Ca	arson City Council					
DATE RECEIVED	FULL NAME, STR	EET ADDRESS AND ZIP CODE OF CONTRIBUTOR FOOMMITTEE, ALSO ENTER LD. 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)
5/24/12	Everon Hill 20112 Cam Carson, Ca	a Ave	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
5/24/12	Gil Smith 18802 Pepp Carson, Ca		☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
5/24/12	Cliff & Juan 19412 Radle Carson, Ca	ett Ave	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	
5/24/12	Brenda Ran 1246 E. 222 Carson, CA	nd St	ZIND COM OTH PTY	Retired	200.00	200.00	
5/24/12	Joe Merton 21314 Selw Carson, Ca	yn Ave	☑IND □COM □OTH □PTY □SCC	Broker	100.00	100.00	
				SUBTOTAL	\$ 700.00	:	

*Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

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Schedule . Monetary	A (Continu Contribution	ons Received	Amounts may l	be rounded	Statement cove	rs period 2012	CALIF FO	ORNIA 460
					through 6/30)/2012	Page	7 of
VAME OF FILER Lula Davis-	Holmes For Ca	arson City Council					12888	
DATE RECEIVED	FULL NAME, STR	EET ADDRESS AND ZIP CODE OF CONTRIBUTOR FCOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
5/24/12	Anna DeLoc 825 E Rodb Carson, Ca	ard St	ZIND COM OTH PTY	Retired	300.00	300	.00	
5/24/12	Clovie Good 17322 Crock Caeson, Ca	ker Ave	ZIND COM OTH PTY SCC	Retired	100.00	100	.00	
0440	Drexek John	nson	ZIND □COM	Contractor	400.00	400	.00	

∏отн □ PTY □ SCC Young Black Contractors

5/25/12	Dr. Cecioia	Johnson	ZIND COM OTH PTY SCC	Doctor	250.00	250.00	
5/29/12	Kruger Tow 17803 S. Sa Rancho Doi		☐IND ☐COM ☑OTH ☐PTY ☐SCC	Towing	1,000.00	1,000.00	
				SUBTOTALS	2,050.00		·

*Contributor Codes

IND - Individual

6/1/12

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

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

Schedule	A (Continu	ation	Sheet)
Monetary	Contribution	ons F	Received

Type or print in ink.

Amounts may be rounded to whole dollars.

		001120	OLC 11 (00111)
Statement covers period 1/1/2012 from 6/30/2012		CALIFORNIA	460
from	1/1/2012	FORM	700
through_	6/30/2012	Page 8	of11
		I.D. NUMBER	

1288860

NAME OF FILER

Lula Davis	-Holmes For C	arson City Council					
DATE RECEIVED	FILL NAME, STR	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER LD. NUMBER) LE AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER CODE * (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)	
6/1/12	Councilwon P.O. Box 1 Carson, Ca		ZIND COM OTH PTY	Elected Official Councilwoman	100.00	100.00	
6/1/12	David Noflir 1070 E Dor Carson, Ca	ninguez	☑IND □COM □OTH □PTY □SCC	United Printers Owner	100.00	100.00	
5/25/12	Traci King		ZIND COM OTH PTY	Self Employed	100.00	100.00	
· .			□IND □COM □OTH □PTY □SCC				
			☐IND ☐COM ☐OTH ☐PTY ☐SCC		-		
			· · · · · · · · · · · · · · · · · · ·	SUBTOTAL	\$ 300.00		

*Contributor Codes

IND - Individual

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

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

Schedule B – Part 1 .oans Received	Amounts may be rounded to whole dollars.				Statement coverage 1/1/2	ers period 2012	california 460		
		·				through6/3	0/2012	Page9	of
EE INSTRUCTIONS ON REVERSE	<u> </u>							I.D. NUMBER	
ame of filer _ula Davis-Holmes For Car	son City Coun	ecil .						1288860	
FULL NAME, STREET ADDRESS A OF LENDER OF COMMITTEE, ALSO ENTER LD.	ND ZIP CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(2) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis Holmes 959 E. Gladwick St Carson, Ca 90746		Councilwoman City of Carson	\$ 26,000	s	PAID FORGIVEN \$	s26,000	% RATE	s 54,000 1/11/09 DATE INCURRED	S PER ELECTION**
☑ IND □ COM □ OTH □ Committee to Elect Mike Gi	i	Councilman City of Carson			PAID \$	\$1,000	%	s 1,000	CALENDAR YEAR \$ PER ELECTION ***
☑ IND □ COM □ OTH □	PTY SCC		s1,000	s	FORGIVEN	DATEDUE	\$	3-6-07 DATE INCURRED	\$
Harry Holmes 959 E. Gladwick Carson,Ca 90746		Retired			\$ FORGIVEN	\$ 3,266	RATE %	s3,266	CALENDAR YEAR \$ PER ELECTION**
i⊟ IND (ECOM ⊟ OTH ⊟	PTY ☐ SCC		\$	\$3,266	\$	DATE DUE	\$	3/13/12 DATE INCURRED	\$
	<u> </u>		SUBTOTALS :	3,266	\$	\$	\$ 30,266		
							(Enter (e) on Schedule E, Line 3)		
Schedule B Summary					•	3,266			
 Loans received this perio (Total Column (b) plus un 	ditemized loan	s of less than \$100.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ _	<u> </u>	1 .	Contributor Codes	;
(Total Column (c) plus loa (Include loans paid by a	ns under \$106 third party tha	t are also itemized on Scheo	lule A.)			3,266	- C	OM - Recipient Co	PTY or SCC) business entity) y
Enter the net here and o	n the Summar	e 2 from Line 1.)y Page, Column A, Lìne 2.	~		. NET \$ _	(May be a negative number)			
*Amounts forgiven or paid by ar	iother party also	must be reported on Schedule A.	1					FPPC Form	460 (January/05)

** If required.

SCHEDULE B - PART 1

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

~			_		•	SCHEDUL
Schedule E Payments Made		Type or print Amounts may b to whole de	e rounded		Statement covers period from1/1/2012	california 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lula Davis-Holmes For	Carson City Council				through 6/30/2012	Page 10 of 11 I.D. NUMBER 1288860
CMP campaign paraphernalia/micampaign consultants CTB contribution (explain nonmodive civic donations CVC civic donations CAMP campaign paraphernalia/micampaign consultants CVC civic donations CAMP campaign paraphernalia/micampaign consultants CVC civic donations CV	onetary)* upporting/opposing others (explain)*	MBR member community meetings and office expen PET petition circul PHO phone banks POL polling and s postage, deli	munications I appearance ses lating urvey researd ivery and mes	S	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,	duction costs nd meals , and meals es of the same candidate/spons
	NAME AND ADDRESS OF PAYEE FCOMMITTEE, ALSO ENTER (D. NUMBER)		CODE C	PR DES	CRIPTION OF PAYMENT	AMOUNT PAID
Robert Lesley 19919 Alonda Dr Carson, CA 90746			FND	Reimbursement	for Funraiser Entertainment	700.0
Chora Events 4101 E Willow St Long Beach,Ca 90815				Catering for Fund	d Raising Event	832.5
City of Carson 701 E. Carson St Carson,CA 90745			FIL			296.8
* Payments that are contribu	tions or independent expenditures n	nust also be summ	arized on S	hedule D.	S	UBTOTAL\$ 1,829.4

Itemized payments made this period. (Include all Schedule E subtotals.)

 Unitemized payments made this period of under \$100

 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

\$ —

Schedule E Summary

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

8,721.06

8,721.06

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SCHEDU	_	
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SUFFER		(OOITI)

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	TO LIFE THE TANK OF THE TANK O
from1/1/2012	FORM 460
through 6/30/2012	Page 11 of 11
	I.D. NUMBER 1288860

NAME OF FILER
Lula Davis-Holmes For Carson City Council

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

(JF	AME AND ADDRESS OF PAYEE COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Southland Credit Union PO Box 30097 Tampa, FI		FND		3,250.00
Southland Credit Union PO Box 30097 Tampa, FI		LIT		3,266.61
City of Carson 701 E. Carson St Carson,CA 90745			Dominguez Room Rental - Fund Raiser	375.00

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

SUBTOTAL \$

6,891.61

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COVER	PAG
00.0.	

Type or print in SEMI-ANNUAL **Recipient Committee CALIFORNIA** Campaign Statement **FORM** dITY CLERK Cover Page (Government Code Sections 84200-84216.5) Date of election if applicable: Statement covers period For Official Use Only (Month, Day, Year) 12/5/12 CITY OF CARSON from 3/5/13 12/31/12 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Quarterly Statement Preelection Statement Primarity Formed Ballot Measure ✓ Officeholder, Candidate Controlled Committee Special Odd-Year Report Semi-annual Statement O State Candidate Election Committee Committee Supplemental Preelection Termination Statement Controlled Statement - Attach Form 495 (Also file a Form 410 Termination) Sponsored (Also Complete Part 5) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1353776 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Clifford Cannon Friends of Lula Davis-Holmes for Mayor 2013 MAILING ADDRESS 19412 Radlett Ave AREA CODE/PHONE STATE ZIP CODE CITY STREET ADDRESS (NO P.O. BOX) 310-635-5289 90746 Ca Carson 959 Gladwick St NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE ZIP CODE STATE CITY Harry Holmes 310-617-7563 Ca 90746 Carson MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 959 Gladwick St AREA CODE/PHONE STATE ZIP CODE CITY AREA CODE/PHONE STATE ZIP CODE CITY 310-617-7563 Ca 90746 Carson OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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 penjury under the laws of the State of California that the foregoing is true and correct. Executed on Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (January/05) Executed on . Date

Campaign Disclosure Statement **Summary Page**

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

Statement covers period CALIFORNIA **FORM** 12/5/12 from . 12/31/12 through _ I.D. NUMBER

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1353776 Friends of Lula Davis-Holmes for Mayor 2013 **Calendar Year Summary for Candidates** Column B Column A Running in Both the State Primary and Contributions Received CALENDAR YEAR TOTALTHIS PERIOD TOTALTODATE (FROM ATTACHED SCHEDULES) **General Elections** 12.339.00 12,339.00 1. Monetary Contributions Schedule A, Line 3 \$ 7/1 to Date 1/1 through 6/30 2. Loans Received Schedule B, Line 3 20. Contributions 12,339.00 12,339.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 12,339.00 Made 12,339.00 5. TOTAL CONTRIBUTION'S RECEIVED Add Lines 3+4 \$ **Expenditure Limit Summary for State Expenditures Made** 5.615.65 Candidates 5,615.65 6. Payments Made Schedule E, Line 4 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 5,615.65 5,615.65 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ _ Total to Date 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election (mm/dd/yy) 0 5,615.65 5,615.65 **Current Cash Statement** 0 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _ To calculate Column B, add 12,339.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above *Amounts in this section may be different from amounts corresponding amounts from Column B of your last 14. Miscellaneous Increases to Cash Schedule I, Line 4 reported in Column B. report. Some amounts in 5.615.65 15. Cash Payments Column A, Line 8 above Column A may be negative 6.723.35 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Pert 2 \$ ___ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Re			SCHEDULE A					
		ons Received	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period 12/5/12 from		california 460 FORM	
					through12	/31/12	Page .	3 of
SEE INSTRUCTION		·	<u> </u>				t.D. NUI	
Friends of	Lula Davis-H	olmes for Mayor 2013						DED ELECTION
DATE RECEIVED		REET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVET CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
12/12/12	840 Whitti	erprises Inc er Blvd o, Ca 90640	□IND □COM ☑OTH □PTY □SCC		2,500	2.	,500	
12/31/12	Kimberly 19002 No Carson, C	rthwood Ave	☑IND □COM □OTH □PTY □SCC	Fred Jefferson Memoral Homes	100		100	
2/19/12	Cecilia Je 534 E. M Carson, C	porehaven Dr	☑IND □COM □OTH □PTY □SCC	Fred Jefferson Memorial	500		500	
12/31/12	5648 Sur	yn Stevens light Pl els, CA 90016	☑IND □COM □OTH □PTY □SCC	U. S. Airlines	100		100	
12/31/12	Gil Smith 188002 I Carson,	Pepperdine Dr Ca 90746	ZIND COM OTH PTY	Retired	100		100	
				SUBTOTA	L\$ 3,300			
	e A Summa received this pall Schedule	ary period – itemized monetary contributions A subtotals.)	5.		11 500	C II	(othe	
(III)GIGGG	~ ~ · · · · · · · · · · · ·	l '		•	839	1 0		a toral promote cutty

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

3. Total monetary contributions received this period.

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

TOTAL \$

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

PTY - Political Party

12,339

SCC - Small Contributor Committee

Schedule A (Contin	uation Sheet)
Monetary Contribut	ions Received
· ·	

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) Statement covers period CALIFORNIA FORM 12/5/12 from_ 12/31/12 through. I.D. NUMBER

ME OF FILER	uta Davia Ha	imes for Mayor 2013		•			1353776	
DATE RECEIVED		REET 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 D CALENDAR YE/ (JAN. 1 - DEC. 3	AR TO	ECTION DATE QUIRED)
12/5/12	Ali A. Abg 626 W Oli Monrovia,	elghoni ve Ave Apt D Ca 91016-7107	☑IND □COM □OTH □PTY □SCC	Self Employed Contractor	2,000	2,00	00	
12/5/12	Home Der 18400 Ava Carson, C		☐IND ☐COM ØOTH ☐PTY ☐SCC		5,000	5,00	00	
12/5/12	Cecilia Fr 4916 Mt \ Los Ange		ZIND COM OTH PTY	Self Employed Ocp	500	50	00	
12/5/12	Dr Avery Hoover M Long Bea	iddle School	ZIND COM OTH PTY	Principle Long Beach School District	100	11	00	
12/8/12	Birdie En 17528 Ra Carson, G	in insburry Ave DA 90746	☑IND □COM □OTH □PTY □SCC	Retired	100	1	00	
			<u> </u>	SUBTOTAL	\$ 7,700			

*Contributor Codes

IND - Individual

COM – Recipient Committee
(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC - Small Contributor Committee

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

Schedule A (Contin		uation Sheet) Type or print in ink.		t in ink.				SCHEDULE A (CONT.)		
Monetary	Contribut	ions Received	Amounts may be rounded to whole dollars.		Statement cove			ORNIA 460		
		· · · · · · · · · · · · · · · · · · ·			through12/	31/12	Page	5 of 7		
NAME OF FILER Friends of L	.ula Davis-Ho	lmes for Mayor 2013					135377			
DATE RECEIVED	1	REET 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)		
12/5/12	Robert Le 19213 Alo Carson, C	nda Drive	☑IND □COM □OTH □PTY □SCC	Retired	300		300			
12/31/12	Cathrrine 17639 1/2 Bellflower	MCaria Virginia Ca 90706	ZIND COM OTH PTY SCC	Retired	100		100			
12/31/12	Andrew P 622 Vince Redondo		☑IND □COM □OTH □PTY □SCC	CBS Display	100		100			
		·	☐IND ☐COM ☐OTH ☐PTY ☐SCC							
			□IND □COM □OTH □PTY □SCC							
				SUBTOTA	L\$ 500		-			
		<u> </u>	· · · · · · · · · · · · · · · · · · ·							

*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 SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Lula Davis-H	Type or print Amounts may b to whole do	e rounded	from through	12/5/12 12/31/12	CALIFORNIA 460 FORM 6 of 7 I.D. NUMBER 1353776
CODES: If one of the fol CMP campaign paraphermalia/n CNS campaign consultants CTB contribution (explain nonr CVC civic donations CAMP candidate filing/ballot fees	owing codes accurately describes the payment, you member community. MBR member community meetings an OFC office experience office experience petition circumphone banks POL polling and supporting/opposing others (explain)* Supporting/opposing others (explain)* POS postage, del PRO professional	munications d appearances nses ilating	RFD retu SAL can TEL t.v. TRC can TRS stat services TSF tran	o aithine aint productions inpaign workers' salaries or cable airtime and produdidate travel, lodging, and ff/spouse travel, lodging, a	uction costs meals and meals of the same candidate/sponso
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF	PAYMENT	AMOUNT PAID
Chase Bank Southbay Pavillion Branch 749820		RFD			51:
AT&T Universal Card PO Box 6500 Siioux Falls, SD 57117-6	500	LIT			50
4 Aces Carpet 3334 Drew St, Los Angeles, Ca		Off	ice Maintenance		25
* Payments that are contril	outions or independent expenditures must also be summ	marized on Schedu	le D.	SU	IBTOTAL\$ 1,26

1. Itemized payments made this period. (Include all Schedule E subtotals.)

Schedule E Summary

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

5,500.65 114.91

5,615.56

SCHEDULI	F (CONT
SUPERIOR	

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA AGO
from	12/5/12	FORM 400
through_	12/31/12	Page
		I.D. NUMBER
		1353776

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Lula Davis-Holmes for Mayor 2013

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses OFC CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET candidate travel, lodging, and meals CVC civic donations phone banks PHO staff/spouse travel, lodging, and meals candidate filing/ballot fees FIL polling and survey research transfer between committees of the same candidate/sponsor FND fundraising events postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration ND professional services (legal, accounting) WEB information technology costs (internet, e-mail) legal defense LEG print ads campaign literature and mailings யா

Eli Cerripagii recisted 2.11	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER (.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Natassia Tai		LIT		150.00
Office Depot 19100 Harborgate Way Torrance, Ca		OFC		178.65
Voter Guide Slate 6285 E. Spring St Suite Long Beach, Ca 90808	202		Voter Guide Slate Cards	1,410.00
Eddie Huang 220715 S Avalon Carson, Ca			Campaign Office Rental	1,000.00
Lambert Consulting 421 W. 33rd Street #206 Long Beach, Ca 90806	6	CNS	CHETOTA	1,500.00

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

SUBTOTAL \$

4,238.65

TISPICE SBLANA

Statement of Organization

Recipient Committee	

Statement Type Initial

Not yet qualified or

J. Amendment: 03
List I.D. number:

RECETYPE OF Print in ink

SITY# OF CARSEII

12 11 Date qualified as committee

12 11 21 Date qualified as committee (If applicable)

CAYSON

☐ Termination – See Partile office of the Secretary of State
List I.D. number:

Of the State of California NOV 27 2012

Date of Termination

Date Stamp

STATEMENT OF ORGANIZATION

CALIFORNIA **FORM**

A Compatible	2. Treasurer and Other Principal Officers
Committee Information	NAME OF TREASURER
NAME OF COMMITTEE	Clifford Cannon
Friends of Lula Davis-Holmes for Carson Mayor 2013	
	STREET ADDRESS (NO P.O. BOX)
<u> </u>	19412 Radiet Ave
STREET ADDRESS (NO P.O. BOX)	CITY
	Carson Ca 90746 310-635-5289
959 E. Gladwick St ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY
CITY	Harry Holmes
Carson Ca 90746 310-617-7563	STREET ADDRESS (NO P.O. BOX)
MAILING ADDRESS (IF DIFFERENT))	659 E Gladwick St
INVESTIGATION AND AND AND AND AND AND AND AND AND AN	ADEA CODEIDHONE
	Cit
OPTIONAL: FAX / E-MAIL ADDRESS	Carson Ca 90746 310-617-7563
	NAME OF PRINCIPAL OFFICER(S)
COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT	
THAN COUNTY OF DOMICILE	STREET ADDRESS (NO P.O. BOX)
	CITY STATE ZIP CODE AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.	•
Attach acquional michination on appropriately leading sentiments.	
. Verification	the second complete is contifued an applicable of
I have used all reasonable diligence in preparing this statement and to the best of my KI	nowledge the information contained herein 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.	
1 Production of the state of th	to Olinson
Executed on 11/21/2012 By By	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	a house-Holing
Executed on 11/21/2012 By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed onBy	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
DATE DATE	digital and a consequence of transmission of the consequence of the co
Everyted on By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

older controlled		CALIFORNIA 41 (FORM) Page 2 I.D. NUMBER office sought or held, and
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ELD	YEAR OF ELECTION	PARTY
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	2013	
		☐ Non-Partisan
nittees only)		•
BANK ACCOU	INT NUMBER	
1511333	80	
STATE	ZIP CODE	
<u>Ca</u>	90746	
U a	001.0	
	nittees only) BANK ACCOL 1511333	2013 nittees only) BANK ACCOUNT NUMBER 151133380 STATE ZIP CODE

FPPC Form 410 (April/2011) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772) **AMENDMENT**

STATEMENT OF ORGANIZATION

Statement of Organiza Recipient Committee		Organization mmittee	ation Type or print in ink				·		Date Stamp CALIFORNIA FORM CITY CLER For Official Use Only				
Sta	tement Type	☐ Initial Not yet qualified ☐] or	Amendme List I.D. number:	ent	☐ Term List I.D. n	nination – See Part s umber:	5	_	PH 5: 55	or Official Use Only		
		11 , 21 Date qualised a		#	s committee	-	/ of Termination		TY OF C				
<u> </u>	Committee	Information				2	. Treasurer an		ncipal Off	cers			
••	NAME OF COMMITT			ayor 2013			NAME OF TREASURE Clifford Cannon STREET ADDRESS (NO 19412 Radiet Av	D P.O. BOX)					
	STREET ADDRESS	(NO P.O. BOX)I					CITY		STATE	ZIP CODE	AREA CODE/PHONE		
	959 E. Gladwi						Carson		Ca	90746	310-635-5289		
	Carson		STATE Ca	ZIP CODE 90746	AREA CODE 310-617-7		NAME OF ASSISTANT Harry Holmes STREET ADDRESS (NO		NY -				
	MAILING ADDRESS	(IF DIFFERENT)					659 E Gladwick		STATE	ZIP CODE	AREA CODE/PHONE		
	OPTIONAL: FAX / E	-MAIL ADDRESS					Carson NAME OF PRINCIPAL (OFFICER(S)	Ca	90746	310-617-7563		
	COUNTY OF DOMIC	CILE	COUNTY WHEI	RE COMMITTEE IS OF DOMICILE	ACTIVE IF DIFFER	ENT	STREET ADDRESS (N	O P.O. BOX)					
	Attach additional is	nformation on appr	ropriately labeled	continuation sheet	ts.		CITY		STATE	ZIP CODE	AREA CODE/PHONE		
3.	Verification I have used all r perjury under the Executed on 11/	easonable dilige e laws of the Sta /21/2012	te of California t	this statement hat the foregoin	and to the best og is true and co By	of my know	ledge the information	contained here			tify under penalty of		
	Executed on 11/	21/2012	TE		ву	Lua	SIGNATURE OF CONTROL	X/20m.			PONENT		
	Executed on	I DA	πε	_	Ву		SIGNATURE OF CONTROL	·		•			
	Executed on	DA	ΤE		Ву		SIGNATURE OF CONTROL	LING OFFICEHOLDER	R, CANDIDATE, OR S	TATE MEASURE PRO			

FPPC Form 410 (April/2011) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE CALIFORNIA 4 FORM Page 2 I.D. NUMBER

COMMITTEE NAME			·
Friends of Lula Davis-Ho	mes for Carson Mayor 2013		
4. Type of Committee	Complete the applicable sections.	•	

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OF	FICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE (INCLUDE DISTRICT N	SOUGHT OR HELD UMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY	
NAME OF CANDIDATE OF	TOE			2013	Non-Partisan	
Lula Davis-Holmes		Mayor of Carson		2010	☐ Non-Partisan	
		and (controlled "condidate 6	election" committees only)			
	on where the campaign bank account is lo	AREA CODE/PHONE	BANKACCOUN	TNUMBER		
NAME OF FINANCIAL INSTIT	UTION	310-538-4193	15113338			
ADDRESS		CITY	STATE	ZIP CODE		
20710 Avalon Blvd		Carson	Ca	90746		
			in a single election. List below			
Primarily Formed Com	mittee Primarily formed to support or oppose					
CANDIDATE(S) NAME OR M	EASURE(S) FULL TITLE (INCLUDE BALLOT NO. OF	CANDIDATE (INC.)	(S) OFFICE SOUGHT OR HELD OR I LUDE DISTRICT NO., CITY OR COUN	MEASURE(S) JURISDICTION NTY, AS APPLICABLE)	CHECK	
					SUPPORT	OPPOSE
					SUPPORT	OPPOSE
						<u> </u>

STATEMENT OF ORGANIZATION

THSPACES BLANK

Statemof Recipient Co	Organization mmittee	Type or print in ink		Date Stamp RECEIVED CITY 61578K	california 410
Statement Type	☑ Initial Notyet qualified ☐ or	List I.D. number:	Termination – See Part 5 List I.D. number:	12 MOV 14 PM 2:1	
	11 , 09 , 12 Date qualified as commit	74.	Date of Termination		
1. Committee NAME OF COMMIT Friends of Lui		erson Mayor 2013	2. Treasurer and NAME OF TREASURER Clifford Canon STREET ADDRESS (NO P 19412 Radlett Ave	P.O. BOX)	
959 E. Gladw		STATE ZIP CODE AREA CO	CITY Carson DEIPHONE Harry Holmes	STATE Ca 90	ZIP CODE AREA CODE/PHONE 746 310-635-5289
Carson MAILING ADDRESS		Ca 90746 310-617	5TREET ADDRESS (NO F 659 E Gladwick S	t STATE	ZIP CODE AREA CODE/PHONE 1746 310-617-7563
OPTIONAL: FAX /		INTY WHERE COMMITTEE IS ACTIVE IF DIFF IN COUNTY OF DOMICILE	Carson NAME OF PRINCIPAL OF ERENT STREET ADDRESS (NO	FICER(S)	
		y labeled continuation sheets.	СПҮ	STATE	ZIP CODE AREA CODE/PHONE
perjury under t	the laws of the State of C	preparing this statement and to the be alifornia that the foregoing is true and	(1) 10 (1) (1) (1) (1) (1)		
Executed on 1 Executed on 1		By	The stance	URE OF TREASURER OR ASSISTANT TREASURER OF TREASURER OR ASSISTANT TREASURER OR STATE	
Executed on	DATE	By		ING OFFICEHOLDER, CANDIDATE, OR STATE	
Executed on	I DATE		SIGNATURE OF CONTROLL	THE OFFICEROLDER OF TOWN	EDDC Form 410 (April/2011

FPPC Form 410 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

STATEMENT OF ORGA

Recipient Committee Campaign Statement Cover Page



Type or print in in SEM



CALIFORNIA

SSVER PAGE

- 1 (1)		
 1	7	

For Official Use Only

(Government Code Sections 84200-84216.5)

Statement covers period 1/1/2013 6/30/2013

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

SEE INSTRUCTIONS ON REVERS	įĖ
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EE INSTRUCTIONS ON REVERSE		thro	ugh		P. 1				
. Type of Recipient Comn	nittee: All Committ	Parts 1, 2, 3, and 4.	2. Type of Statement:						
✓ Officeholder, Candidate Con State Candidate Election Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Commit Political Party/Central Con	Committee	Committ Cont Spot (Also Committed Primarily Officeho	rolled nsored	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	[] [Supplemen	tatement d-Year Report stat Preelection - Attach Form 495		
. Committee Information		1.D. NUMI 12888		Treasurer(s)					
COMMITTEE NAME (OR CANDIDAT	E'S NAME IF NO COM	MITTEE)		NAME OF TREASURER Clifford Cannon MAILING ADDRESS					
Lula Davis-Holmes For C	ity Council								
Luia Davis-i luimes FOI O	ity Council		•						
İ				19412 Radlett Ave					
STREET ADDRESS (NO P.O. BOX)	•	. <u> </u>		CITY	STATE	ZIP CODE	AREA CODE/PHONE		
959 E Gladwick St				Carson	Ca	90746	310-635-5289		
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY					
Carson	Ca	90746	310-617-7563	Harry Holmes					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET O	R P.O. BOX	<u></u>	MAILING ADDRESS		_ ,	:		
				959 E Gladwick St					
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	•			Carson	Ca	90746	310-617-7563		
OPTIONAL: FAX / E-MAIL ADDRES	SS	, , •••• -		OPTIONAL: FAX / E-MAIL ADDRESS					

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	31-13
Executed on 7-2	P/- / 3
	Date
Executed on	Date
Executed on	Pate

By tofon Cannon
Signature of Treasurer or Assistant Treasurer Lulu X
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Pv ·
Signature of Controlling Officeholder, Candidate, State Measure Proponent

₽v		
-,	Signature of Controlling Officeholder, Candidate, State Measure Proponent	
D		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1288860 Lula Davis-Holmws Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTALTODATE General Elections 8.750.00 8.750.00 1/1 through 6/30 7/1 to Date -8.000.00 -8,000.00 20. Contributions 750.00 750.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ____ Received 850.00 850.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 1.600.00 1,600.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ ___ Expenditures Made **Expenditure Limit Summary for State** 8.700.00 8.700.00 Candidates 22. Cumulative Expenditures Made* 8,700.00 8,700.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (if Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 8,700.00 8,700.00 Current Cash Statement 9600.55 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _ To calculate Column B, add 750.00 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 from Column B of your last reported in Column B. 8,700,00 report. Some amounts in Column A may be negative 1650.55 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ ___ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ __ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contribution		Type or print in ink.				SCHEDULE A		
		ns Received	Received Amounts may be rounded to whole dollars.			Statement covers period 1/1/13		california 460 form
SEE INSTRUCTION	NS ON REVERSE		·		through6	/30/13	Page _	3 of 7
NAME OF FILER							I.D. NU	MBER
Lula Davis	-Holmes for C	ity Council					12888	60
DATE RECEIVED	FULL NAME, STR	REET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
2/12/13		rsified Inc uth St. Suite B h, Ca 90805	☐IND ☐COM ØOTH ☐PTY ☐SCC		250.00	250.	00	
2/8/13		fer Inc Amo Blvd minguez, Ca 90221	☐IND ☑COM ☐OTH ☐PTY ☐SCC		1,000.00	1,000.	00	
3/1/13		nd Company nington Ave 90745	☐IND ICOM ☐OTH ☐PTY ☐SCC		2,500.00	2,500	00	
3/4/13		afran & Associates Vicente Blvd #600 s, Ca	☐IND IZCOM ☐OTH ☐PTY ☐SCC		500.00	500.	00	
3/11/13		uth St Suite B n, Ca 90605	☑IND □COM □OTH □PTY □SCC	Bulletin Dislays	250.00	250.	.00	
				SUBTOTAL\$	4,500.00		ergen et genoemen e eg	
Schedule A	A Summar					*Con	tributor Co	odes
Amount red (Include all Amount red	ceived this per Schedule A s ceived this per	iod – itemized monetary contributions. ubtotals.) iod – unitemized monetary contributions				COM OTH PTY-	other t) - Other (- Political	nt Committee han PTY or SCC) e.g., business entity)
Total mone (Add Lines	tary contribution 1 and 2. Ente	ons received this period. here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$	8,750.00 FPPC		FPPC	Form 460 (January/05) K-FPPC (866/275-3772)

Schedule	A (Contin	uation Sheet)	Type or prin					SCHEDULE A (CONT.)
Monetary Contribu		tions Received	Amounts may be rounded to whole dollars.		Statement covers period 1/1/13		california 460	
			•		through6/	30/13	Page_	4_ of
NAME OF FILER							I.D. NUI	
Lula Davis	-Holmes for (ity Council			-		12888	360
DATE RECEIVED	FULL NAME, S	TREET 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 T CALENDAR ' (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
5/2/13	2101 East	efining & Marketing Co LLC, Refinery Pacific Coast Highway n, Ca 90744	☐IND ☐COM ☐OTH ☐PTY ☐SCC		1,500.00	1,500	0.00	
5/14/13		ssociates ow route #822 ucamonga, Ca 91730	☐IND IZCOM ☐OTH ☐PTY ☐SCC		250.00	250).00	
5/20/13		oot Center lon Blvd, Suite 100 a 90746	□IND. □COM □OTH □PTY □SCC		2,500.00	2,500	0.00	
			□IND □COM □OTH □PTY □SCC					
			☐IND ☐COM ☐OTH ☐PTY ☐SCC					
	<u>.L</u>	1		SURTOTAL	s 4.250.00	The second section is	The State of	

*Contributor Codes

IND - Individual

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

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

Schedule B – Part 1 Loans Received			Type or print in ounts may be ro to whole dollar	ounded		Statement cov	ers period 1/13	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE						through 6	/30/13	Page5	of <u>7</u>
NAME OF FILER								I.D. NUMBER	
Lula Davis-Holmes for City	Council							12888	60
FULL NAME, STREET ADDRESS OF LENDER (IF COMMITTEE ALSO ENTER L		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(¢) AMOUNT PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis-Holmes 959 E Gladwick St Carson, Ca 90746		Councilwoman City of Carson	26,259		\$ 8,000	s 18,250	% RATE	\$	\$PER ELECTION**
† MIND □ COM □ OTH □]PTY □ SCC		\$	\$,	\$	DATE DUE	\$	DATE INCURRED	\$
Committee to Elect Mike C	j Sipson		s1,000	\$	\$ \$ FORGIVEN	s 1,000	% RATE	\$	CALENDAR YEAR \$ PER ELECTION ***
†□ IND 52 COM □ OTH □	PTY SCC				1	DATE DUE		DATE INCURRED	
Harry Holmes 959 E Gladwick ST Carson, Ca 907463266		Retired	3,266		\$FORGIVEN	\$ 3,266	RATE	\$	\$PERELECTION**
†☑IND □ COM □ OTH □] PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	,
		•	SUBTOTALS \$	· · ·	\$ 8,000	\$ 22,516	\$		
Schedule B Summar							(Enter (e) on Schedule E, Line 3)		
- '	ĭ				æ	0			
Loans received this period (Total Column (b) plus u	od nitemized loan:	s of less than \$100.)		*****************	·········· •	0.000	1	Contributor Codes	3
(Total Column (c) plus lo (Include loans paid by a	ans under \$100 third party that	D paid or forgiven.) t are also itemized on Scheo	dule A.)		NET ¢	8,000 (8000) May be a negative number)		OM - Recipient C	PTY or SCC) business entity) y
Enter the net here and	n the Summar	y Page, Column A, Line 2.	_		(wież ne a nedanie iminingi)			
*Amounts forgiven or paid by a ** If required.	nother party also	must be reported on Schedule A.	J			FPPC	Toll-Free Help		460 (January/05) PC (866/275-3772)

SCHEDULE B-PART 1

Schedule C	
Nonmonetary Contr	ibutions Received

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

Statement covers period CALIFORNIA 1/1/13 **FORM** from. 6/30/13 through. I.D. NUMBER 19.600LA

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Lula Davi	is-Holmes for C	ity Council					128	8860
DATE RECEIVED	ZIP CO	/E, STREET ADDRESS AND DDE OF CONTRIBUTOR THEE, 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)
5/4/13	Souther Calif P.O. Box 800 Rosemead, C		□IND ☑COM □OTH □PTY □SCC		2 Dinner Tkts 100 Black Men of Long Beach	150.00	150.00	
5/29/13	Waste Manag 1970 E. 213ti Long Beach,	St	□IND ØCOM □OTH □PTY □SCC		Dinner	150.00	150.00	
6/25/13	Young Black 4066 Crensha Los Angeles,	w Blvd Suite 7	□IND ☑COM □OTH □PTY □SCC		Food for Fund Raiser	500.00	500.00	
			□IND □COM □OTH □PTY □SCC					
Attach ad	ditional informa	ation on appropriately lab	eled continuat	ion sheets.	SUBTOTAL \$		Salah di Angari Salah dari dari dari dari dari dari dari dari	energia de la companya del companya del companya de la companya de

1. Amount received this period – itemized nonmonetary contributions.

800.00 (Include all Schedule C subtotals.)

50.00 OTH - Other (e.g., business entity)

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 3. Total nonmonetary contributions received this period.

Schedule C Summary

850.00

PTY - Political Party SCC - Small Contributor Committee

(other than PTY or SCC)

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

*Contributor Codes IND-Individual

COM - Recipient Committee

	•		$\overline{}$	•				S	CHEDULEE
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.					nt covers period 1/1/13			460
					through	6/30/13	Page		7
SEE INSTRUCTIONS ON REVERSE		•			<u>k.,</u>	·· ·· · · · · · · · · · · · · · · · ·	I.D. NUI	MBER	
Lula Davis-Holmws							12888	60	
CMP campaign paraphemalia/r CNS campaign consultants CTB contribution (explain none CVC civic donations FIL candidate filing/ballot feet FND fundraising events	nonetary)* s s supporting/opposing others (explain)*	MBR member com MTG meetings and OFC office expen- PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating survey researc very and mes		RAD radio a RFD returne SAL campa TEL t.v. or TRC candid TRS staff/s TSF transfe VOT voter i	e the payment. airtime and production and contributions along workers' salaries cable airtime and production at travel, lodging, and pouse travel, lodging, and prouse travel committees registration ation technology costs	uction cost I meals and meals of the sa	me candida	te/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE O	R DESC	CRIPTION OF PAY	/MENT		AMOU	NT PAID
Tony Jackson 629 S Clymar Ave Compton, Ca 90220				Photographer					100.00
Eddie Haig 20715 S. Avalon Carson, Ca 90745				Campaign Office	Rent				500.00
Lula Davis Holmes 959 E Gladwick St Carson, Ca 90746			,	Campaign Loan f	Repayment			1	3,000.00
* Payments that are contrib	utions or independent expenditures mu	ust also be summa	arized on Sc	hedule D.		SU	BTOTAL	\$	
Schedule E Summai							_	8.6	00.00
1. Itemized payments mad	le this period. (Include all Schedule E	subtotals.)					\$		00.00
2. Unitemized payments n	ade this period of under \$100					***************************************	\$_	1	
3. Total interest paid this p	eriod on loans. (Enter amount from S	ichedule B, Part	1, Column (d	e).)	• • • • • • • • • • • • • • • • • • • •		\$_		
	is period. (Add Lines 1, 2, and 3. Ent							8,7	00.00

ESPACES BLANZ

Form 803

CARSON JAZZ FESTIVAL

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ehested Payment Re	port A Public Do	ocument RECEIVED	Behested Payment Report
Elected Officer or CPUC	Member (Last name, First name)	CI Traite stanspt. W.K.	California 803
Davis-Holmes, Lula (Counc	cil member)	ncc 20 PM 2:	Form 3 5 For Official Use Only
Agency Name			+
City of Carson	· · · · · · · · · · · · · · · · · · ·	CITY OF CARSI	974
Agency Street Address			
701 E. Carson Street Designated Contact Person (Name and title if different)		
Designated Contact Person (ivante and the, it unclosely	Amendment (See Part	5)
Area Code/Phone Number	E-mail (Optional)	Date of Original Filing: _	(month, day, year)
310-952-1000	lholmes959@aol.com		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	dditional payors, include an attachment with the n	ames and addresses.)	
Waste Management			
Name Name			
1970 E. 213th Street	Long Beach	CA	90810
Address	City	Stale	Zip Code
Payee Information (For a	dditional payees, include an attachment with the I	names and addresses.)	
City of Carson	- transport of the state of the	·	
Name 701 E. Carson Street	Carson	CA ·	90749
Address	City	State	Zip Code
Payment Type: Brief Description of In-Ki	.	n-Kind Goods or Services (Provide	1
Blief Description of Hi-ki	The Taymont		<u></u>
Purpose: (Check one and provide	e description below.) Legislative	☐ Governmental	
Describe the legislative,	governmental, charitable purpose, or	event: Sponsorship on Cars	ion Jazz Festivai
•	1		
	Commonto		
5. Amendment Description	on or Comments		
		<u> </u>	
6. Verification			
I certify, under penalty of per herein is true and complete.	jury under the laws of the State of California	that to the best of my knowledge,	the information contained
121	30/2 Lula	Dave Halas	
Executed on	By	SIGNATURE OF ELECTED OFFICER OR CF	PUC MEMBER



Behested Payment Re	eport	A Public Docu	ıme	nt profiver	Behested Payment Report
Elected Officer or CPU	C Member (Last name,	First name)		CITOMOSIEMER K	California 803
Davis-Holmes, Lula (Cour	ncil member)			. ስርድ ሳስ DN ማታ 2	Form Por Official Use Only
Agency Name	•		13	DEC 30 PM 2: 3	3
City of Carson Agency Street Address	·		-0	TY OF CARSOI	4
				•	
701 E. Carson Street Designated Contact Person	(Name and title, if different	<u> </u>		Amendment (See Part	E1
	•				
Area Code/Phone Number	E-mail (Optional)			Date of Original Filing: _	(month, day, year)
310-952-1000	lholmes959@aol.co	om			
2. Payor Information (For a	additional payors, include a	n attachment with the names	s and a	addresses.)	
Price Transfer	,				
Name					
2790 E. Del Amo		Rancho Domingu	lez	CA	90221 Zip Code
Address		City		State	Zip Code
3. Payee Information (For	additional payees, include a	an attachment with the name	s and	addresses.)	
City of Carson					
Name					00740
701 E. Carson Street	<u> </u>	Carson		CA State	90749 Zip Code
Address 4. Payment Information		Ony		V	
Date of Pavillent.	An An (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	nount of Payment: (/n- n or ☐ In-Ki		(Round to whole oods or Services (Provide	
Brief Description of In-K	(ind Payment:				
Purpose: (Check one and provi	de description below.) 🔲	Legislative ☐ G	Gover ent:	nmental 🗵 Cha Sponsorship on Cars	
5. Amendment Descripti	an ar Commente				
5. Amendment Descripti	on or comments				
				 -	
6. Verification					
I certify, under penalty of pe herein is true and complete.	rjury under the laws of th	ne State of California, that	to th	e best of my knowledge, t	he information contained
Executed on 12/30	//3	By Sula	R	Same Halm	٠,



Behested Payment Re	port	A Public Doc	ument ্চন্টা	Behested Payment Report
Elected Officer or CPUC	Member (Last name	, First name)	Date Stamy C	California 803
Davis-Holmes, Lula (Counc	cil Member)		13 DEC 30	FORM DN 2 pr 3 ficial Use Only
Agency Name				·
City of Carson Agency Street Address			CITY OF	CARSON
701 E. Carson Street				
Designated Contact Person (Name and title, if differer	ot)	Amendment (See)	Part 5).
•			1 -	
Area Code/Phone Number	E-mail (Optional)		Date of Original Filing	(month, day, year)
310-952-1000	lholmes959@aol.c			
2. Payor Information (For a	dditional payors, include a	an attachment with the name	es and addresses.)	
Clear Channel				
Name	to 1 \ 1 \ 1	Tarrana	$C\Delta$	90501
19320 Harborgo	LIE Way	Terrance	State	Zip Code
3. Payee Information (For a	dditional payees, include	an attachment with the nam	es and addresses.)	
•.				
City of Carson			<u>·</u>	
701 E. Carson Street		Carson	CA	90749
Address		City	State	Zip Code
Date of Payment:	☐ Monetary Donatio	on or 🛭 In-K	(Round to will be described by the services (Pro	
				·
Purpose: (Check one and provide Describe the legislative,	e description below.) 📗 🛮 🖺			haritable val
		· · · · · · · · · · · · · · · · · · ·		
5. Amendment Description	on or Comments			·
			•	
				
6. Verification				
I certify, under penalty of per herein is true and complete.	jury under the laws of t	the State of California, the	at to the best of my knowledg	e, the information contained
Executed on $\frac{\sqrt{2/3}}{\sqrt{3}}$	0/13	By Jula	Hann Haly	- ONLO MENOSES
· · · · · · · · · · · · · · · · · · ·	DATE		SIGNATURE OF ELECTED OFFICER OF	CO, DO MEMORIA



Behested Payment Re	port A Public Doc	cument	Behested Payment Report
1, Elected Officer or CPUC	Member (Last name, First name)	Date Stamp	California 803
Davis-Holmes, Lula (Counc	sil Member)	CÎTY C	Form For Official Use Only
Agency Name		400 000 00	PM 2: 33
City of Carson		13 DEC 30	1
Agency Street Address		CHTY OF C	ARSON
701 E. Carson Street Designated Contact Person (Name and title, if different)		-1
Doorginatou Contact Contact		Amendment (See Par	r <i>9)</i>
Area Code/Phone Number	E-mail (Optional)	Date of Original Filing:	(month, day, year)
310-952-1000	lholmes959@aol.com		
2. Payor Information (For ac	iditional payors, include an attachment with the nan	nes and addresses.)	
Bulletin Display			
Name		0	2000
3127 E. South	5t, Suite B Long L	Beach CA State	90805 Zip Code
	ddilional payees, include an attachment with the na	mes and addresses)	,
3. Payee miormation (For a	udilional payees, modue an allocumon will the no	indo and again occupy	
City of Carson			
Name 701 E. Carson Street	Carson	CA	90749
Address	City	State	Zip Code
4. Payment Information (c) Date of Payment: 9-2 (month) Payment Type:	Amount of Payment:	(In-Kind FMV) \$ 5000.00 (Round to whole) Kind Goods or Services (Provided)	
Brief Description of In-Ki	nd Payment: Billboard Advertisement		
Purpose: (Check one and provide Describe the legislative,	governmental, charitable purpose, or e		aritable al
5. Amendment Description	on or Comments		
		•	
6. Verification			
I certify, under penalty of per herein is true and complete.	jury under the laws of the State of California, t	hat to the best of my knowledge	the information contained
Executed on 19/3	0/13 By Luk	Down Holme	/ PUC MEMBER



ehested Payment Report	t A Public Doo	cument procure	Behested Payment Report
Elected Officer or CPUC Mer	nber (Last name, First name)	Date Stamp	California 803
Davis-Holmes, Lula (Gouncil me	mber)	(3.1.3.	FUIII
Agency Name		1/3 DEC 30 PN 2	3 3 For Official Use Only
City of Carson			** B.1
Agency Street Address		CITY OF CARS) 427 1 U
701 E. Carson Street	·		
Designated Contact Person (Name	and little, if different)	☐ Amendment (See Pai	rt 5)
		Date of Original Filling:	
Area Code/Phone Number E-m	all (Optional)	Date of Original Filing:	(month, day, year)
	mes959@aol.com		
Payor Information (For addition	al payors, include an attachment with the nam	nes and addresses.)	
CBS Outdoor Display			
Name		· · · · · · · · · · · · · · · · · · ·	0
1731 Workman St	Los Angeles	<u>CA</u>	90031 Zip Code
Address	City	State	Zip Gode
Payee Information (For addition	nal payees, include an attachment with the nai	mes and addresses.)	
City of Carson			•
Name			
701 E. Carson Street	Carson	CA ·	90749
Address	City	State	Zip Code
	onetary Donation or 🗵 In-	Kind Goods or Services (Providence)	de description below.)
Brief Description of In-Kind P	ayment: Billboard Advertisement		
	•		
Purpose: (Check one and provide descri	ription below.) 🔲 Legislative 🗀	-	aritable
Describe the legislative, gove	ernmental, charitable purpose, or e	event: Carson Jazz Festiva	al
_			÷
5. Amendment Description o	r Comments		
 -, - 			
8. Verification			
I certify, under penalty of perjury u herein is true and complete.	nder the laws of the State of California, th	hat to the best of my knowledge	, the information contained
, ·	(D	<u> </u>	
12/201	13 - Lula	Harry Halma	
Executed on	By <u></u>	SIGNATURE OF ELECTED OFFICER OR O	PUC MEMBER

Form 803

CARSON JUNETEENTH CELEBRATION



ehested Payment Re	port	A Public Docu	iment <u>KECEI</u>	Behested Payment Repor
Elected Officer or CPUC	Member (Last name,	First name)	Date Stamp	California 803
Davis-Holmes, Lula (Counc	cil Member)		13 DEC 30	Form Portugue only
Agency Name				
City of Carson			CITY OF C	CARSON
Agency Street Address				
701 E. Carson Street				
Designated Contact Person (Name and title, if different)		Amendment (See	Part 5)
A. O. J. Dhana Number	E-mail (Optional)		Date of Original Filing):(month, day, year)
Area Code/Phone Number	lholmes959@aol.co	m		(month, day, year)
310-952-1000 Payor Information (For ac			s and addresses.)	
	dulloriai payors, include ar	allacimient with the home	o una addicessa.	
Clear Channel Name		·		
·				
Address		City	State	Zip Code
Payee Information (For a	dditional payees, include a	n attachment with the name	es and addresses.)	
City of Carson				
701 E. Carson Street	_	Carson	CA	90749
Address		City	State	Zip Code
Payment Type: Brief Description of In-Ki	☐ Monetary Donation ind Payment: Billboa		ind Goods or Services (Pro	
Purpose: (Check one and provide Describe the legislative,	•	J	Carson lungtoont	Charitable h Celebration
5. Amendment Description	on or Comments			
<u> </u>				
,				
6. Verification				
I certify, under penalty of per herein is true and complete.	jury under the laws of th	e State of California, tha	t to the best of my knowledg	ge, the information contained
) Executed on /3/30	/13	By Sela (Dane Halma	/
EXCOURSE ON ELECTRICAL	DATE	• /	SIGNATURE OF ELECTED OFFICER O	K UPUU MEMBEK



ehested Payment Repo	rt A Public	Document(EDEIVE®	Behested Payment Repor
Elected Officer or CPUC Me	mber (Last name, First name)	CII Date Stamph A	California 803
Davis-Holmes, Lula (Gouncil m		13 DEC 30 PN 2::	Form Out
Agency Name		TO DEC 30 PM &	For Official Use Only
City of Carson		CAY OF CARSO	
Agency Street Address			
701 E. Carson Street			
Designated Contact Person (Nam	e and title, if different)	Amendment (See Par	f 5)
-			
Area Code/Phone Number E-	mail (Optional)	Date of Original Filing:	(month, day, year)
310-952-1000 Iho	olmes959@aol.com		
Payor Information (For addition	nal payors, include an attachment with	the names and addresses.)	
į			
CBS Outdoor Display			
1731 Workman St	Los Angeles	cA	90031
Address	City	State	Zip Code
. Payee Information (For addition	onal payees, include an attachment with	n the names and addresses.)	
1			
City of Carson			
Name	Carson	CA	90749
701 E. Carson Street	City	State	Zip Code
	Monetary Donation or Payment: Billboard Advertisem	☑ In-Kind Goods or Services (Provident	e description botom,
·	·		
Purpose: (Check one and provide des	· -		aritable
Describe the legislative, gov	vernmental, charitable purpos	e, or event:	
5. Amendment Description); Comments		
		•	
			
Land to the state of the state			
6. Verification			
,			
l certify, under penalty of perjury herein is true and complete.	under the laws of the State of Califo	ornia, that to the best of my knowledge	the information containe
13/20	113 Sul	Warres Halma	
Executed on	By 27	SIGNATURE OF ELECTED OFFICER OR C	PUC MEMBER



Behested Payment Report	A Public Docume		Behested Payment Report
I. Elected Officer or CPUC Member (Last name,	, First name)	Date Stelling	California 803
Davis-Holmes, Lula (Council Member)	13	DEC 30 PM 2:33	Form For Official Use Only
Agency Name			
City of Carson	GIT	Y OF CARSON	·.
Agency Street Address			
701 E. Carson Street Designated Contact Person (Name and title, if different	1)		
Besignated Contacts stock (Appendix and Appendix and Appe	,	Amendment (See Part 5	,
Area Code/Phone Number E-mail (Optional)		Date of Original Filing:	(month, day, year)
310-952-1000 Iholmes959@aol.co	om		
2. Payor Information (For additional payors, include a	n attachment with the names and	addresses.)	
Bulletin Display			·
Name			_
3127 E. South St, Suite	B Long Bear	ch GA G	10805 Zip Code
Address			Zip Code
3. Payee Information (For additional payees, include a	an attachment with the names and	(addresses.)	
City of Carson			,
Name		·	90749
701 E. Carson Street	Carson City	CA State	Zip Code
	,		
4. Payment Information (Complete all Information.)		. 5000 00	
Date of Payment: $\frac{6-20/3}{(month, day, year)}$	nount of Payment: (in-Kind F	(Round to whole d	ollars.)
Payment Type:	n or ⊠ In-Kind G	loods or Services (Provide	description below.)
Brief Description of In-Kind Payment: Billbo	aid Advertisement		<u></u>
Purpose: (Check one and provide description below.)	Legislative ☐Gove	rnmental 🧢 🗵 Çhar	itable
Describe the legislative, governmental, char	9	() T7	To Celebration
Describe the legislative, governmental, char	itable purpose, or event.		
	<u> </u>		
5. Amendment Description or Comments			
		· · · · · · · · · · · · · · · · · · ·	
6. Verification		,	
	د د د د مد مرا	The state of the s	a information contained
I certify, under penalty of perjury under the laws of the herein is true and complete.	ne State of California, that to th	ie pest of my knowledge, tr	ie information contained
notoni la trao ana complete.			·
) ///	91.0	2 the	
Executed on	By Sull 1	URE OF FLECTED OFFICER OR CPU	C MEMBER

TRIENDS OF LULA DAVIS HOLMES
TOR CARSON MAYOR 2018

- €0\	ÆR.	PA	GE

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient

○ Recall

(Also Complete Part 5)



Type or print in ink. SEMI-ANNUAL



CALIFORNIA FORM

For Official Use Only

(Government Co	de Sections	84200-84216.5)

Statement covers period 2/17/13 from 6/30/12 through

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

3/5/13

Ту	pe of Recipient	Committee: All Commi	ttees – C	Complete Parts 1, 2, 3, and 4.
Z	Officeholder, Candid	ate Controlled Committee Election Committee		Primarily Formed Ballot Measure Committee

Committee Controlled Sponsored (Also Complete Part 6)

Primarily Formed Candidate/ Sponsored Officeholder Committee ○ Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee

_		_		
2.	Type	of	Statem	ent:

	Preelection Statement
\mathbf{Z}	Semi-annual Statement

Termination Statement (Also file a Form 410 Termination)

☐ Amendment (Explain below)

i	Quarterly	Statement

Special Odd-Year Report Supplemental Preelection

Statement - Attach Form 495

3. Committee Information

General Purpose Committee

I.D. NUMBER 1353776

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Lula Davis -Holmes for Carson Mayor 2013

STREET ADDRESS (NO P.D. BOX)

959 E Gladwick St AREA CODE/PHONE STATE ZIP CODE CITY 310-617-7563 Ca 90746 Carson MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

ZIP CODE AREA CODE/PHONE CITY STATE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER Clifford Cannon

MAILING ADDRESS

19412 Radlett Ave

CITY

Carson NAME OF ASSISTANT TREASURER, IF ANY

Harry Holmes

MAILING ADDRESS

959 E Gladwick St

CITY

Carson

STATE ZIP CODE 90746 Ça

Ca

ZIP CODE

90746

AREA CODE/PHONE 310-617-7563

AREA CODE/PHONE

310-635-5289

OPTIONAL: FAX / E-MAIL ADDRESS

Verification

Executed on

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 Executed on .

By

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

Campaign Disclosure Statement Summary Page

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$

Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | 2/17/13 | CALIFORNIA | 460 | FORM | FORM | Through | 6/30/13 | Page 2 of 12 | I.D. NUMBER | 1.D. NUM

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1353776 Lula Davis Holmes For Carson Mayor 2013 Calendar Year Summary for Candidates Column B Column A Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTALTODATE **General Elections** 35.194 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 14,741 2. Loans Received Schedule B, Line 3 20. Contributions 49,935 18,863 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 1,100 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 50.935 Made 18,863 **Expenditure Limit Summary for State** Expenditures Made 50,585 29,891 6. Payments Made Schedule E, Line 4 \$ _____ Candidates 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 29.891 50,595 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ ____ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 29,891 50,595 **Current Cash Statement** 11,665 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 18.863 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts from Column B of your last 14. Miscellaneous Increases to Cash Schedule I, Line 4 reported in Column B. report. Some amounts in 29.990 Column A may be negative 538.00 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 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 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if

any).

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

V 2			_	_/					
Schedule A Monetary Contribu		itions Received	Type or print in ink. Amounts may be rounded to whole dollars.		Statement cov	CALIFORNIA 460 FORM			
	NO ON DELICE				through6	/30/12	Page .	3	of <u>D</u>
NAME OF FILER Lula Davis		or Carson Mayor 2013					1.D. NU 13537		
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	TC	ELECTION DATE EQUIRED)
2/18/13	P.O. Bo	lanagement x 3027 , Tx 77253	□IND □COM ☑OTH □PTY □SCC		2,500.00	2,500	.00		
2/25/13	777 S F	Bradford for Assym 2012 id# 1334072 gueroa St, Suite 4080 eles,cA 90017	ZIND COM OTH PTY SCC	Assemblyman	1,000.00	1,000	000		
2/25/13	18201 \	ated Companies of Calif on Karman Ave Suite 900 a 92612	☐IND ☐COM ØOTH ☐PTY ☐SCC		1,000.00	1,000	.00		
2/19/13	137 W	eel Corp 68th Street a Ca 90248	□IND □COM ØOTH □PTY □SCC		500.00	50	0.0		
2/27/13	18980 \	n Development, INC /entura Blvd, Suite 200 a, Ca 913356	☐IND ☐COM ØOTH ☐PTY ☐SCC		1,500.00	1.500	00.00		
				SUBTOTAL	\$ 6,500.00				

Schedule A Summary

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

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CC)N	T.)
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Monetary Contrib		utions Received	Amounts may be rounded to whole dollars.		Statement cov	CALIFORNIA 460				
					through6/	30/12	Page	of	18	
NAME OF FILER Luia Davis	Holmes Fo	r Carson Mayor 2013					1.D. NUMI 135377			
DATE	T	<u> </u>	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO		TOE	ECTION	

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)
2/27/13		inha tana Dr Del Mar, Ca 92625-1748	☑IND □COM □OTH □PTY □SCC	Ret	100.00	100.00	
3/5/13	603 E L	right-Glenn Iniversity Drive #347 Ca 90746	ZIND COM OTH PTY SCC	Fireman	200.00	200.00	
3/5/13		ehrabi stin Ave e, Ca 91201	☑IND ☐COM ☐OTH ☐PTY ☐SCC	WasteRecycle, Commercial Waste	1,000.00	1,000.00	
2/19/13	1915 W	Jones 83rd St geles, Ca,90047	IND COM OTH PTY SCC		100.00	100.00	
3/1/13		y Hall itagena St each, Ca 90807	☑IND □COM □OTH □PTY □SCC	Principle	100.00	100.00	
		<u> </u>	<u></u>	SUBTOTAL	1,500.00	V. 3.	

*Contributor Codes

IND - Individual

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

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

Schedule A (Con Monetary Contrib		dutions Received Amounts may be rounded to whole dollars.			1rom	ers period 7/13 30/12	SCHEDULE A (CONTROLL OF CALIFORNIA FORM 460 Page 5 of 2 I.D. NUMBER 1353776	
Lula Davis	Holmes Fo	or Carson Mayor 2013	·		1		1	PER ELECTION
DATÉ RECEIVED	FULL NAME	STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.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 Y (JAN. 1 - DEC	ÆAR	TO DATE (IF REQUIRED)
2/20/13	12543 I	Black Contractors Association Blackhorse St e, Ca 91752	☐IND ☐COM ØOTH ☐PTY ☐SCC		400.00	400	.00	
2/18/13		inha ntana Dr Del Mar, Ca 92625	IND COM OTH PTY		150.00	150	.00	
2/18/13	169121	E. Seymore Belforest Dr Ca 90746	☑IND □COM □OTH □PTY □SCC	Home Care Provider	100.00	100	.00	
2/18/13	603B U	& Myra Hall hiversity Dr Ca 90746	☑IND □COM □OTH □PTY □SCC		100.00	100	.00	
2/18/13	1024 E	S Quality Care Residential Helmick St Ca 90746	□IND □COM ☑OTH □PTY		100.00	100	.00	

□scc

*Contributor Codes

IND-Individual

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

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

850.00

SUBTOTAL\$

Schedule A (Conf	inuation Sheet)
Monetary Contrib	utions Received

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

		SCHEDULE A (CONT.)
Statem	ent covers period 2/17/13	california 460
through	6/30/12	Page 6 of /Z
	·	I.D. NUMBER

NAME OF FILER

Lula Davis	Holmes Fo	 pr Carson Mayor 2013				13537	76
DATE RECEIVED		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)
2/18/13	915 L S	Management & affilliated entities treet, Suite 1430 ento, Ca 95814	□IND □COM ☑OTH □PTY □SCC		2,500.00	2,500.00	
3/14/13	22010 V	Land Company Vilmington Ave Ca 90745	☐IND ☐COM ØOTH ☐PTY ☐SCC		1,000.00	2,500.00	
2/27/13	19320 F	hannel Worldwide Harborgate Way e, Ca 90501	□IND □COM ZOTH □PTY □SCC		1,000.00	1,000.00	
2/18/13	1915 W	oze Jones . 83nd St. geles, Ca	IND COM OTH PTY	Retired	100.00	100.00	
2/18/13	11812 9	s Safran & Assoc San Vicente Blvd Suite 600 geles, Ca 90049	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	1,500.00	
	<u> </u>			SUBTOTALS	5,100.00		

*Contributor Codes

IND-Individual

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

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

			_						
Schedule	A (Con	 tinuation Sheet)	Type or pris	nt in ink.				SCHEDULE A (CON	
Monetary	Contrik	utions Received	Amounts may be rounded to whole dollars.			ers period 7/13	california 460		
					through6/3	30/12	Page.		
NAME OF FILER Lula Davis	Holmes F	or Carson Mayor 2013					1,D. NU 1353		
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR \ (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
4/18/13	20209	Batucal Annalee Ave Ca 90746	☑IND □COM □OTH □PTY □SCC		100.00	100	.00		
4/18/13		alta Fiat St Ca 90745	ZIND COM OTH PTY SCC	Retired	120.00	120	.00		
4/18/13	Lynette 219 Fia Carson	I control of the cont	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100	.00		
3/15/13	Cecilla	Jefferson	☑IND □COM □OTH □PTY □SCC	Ret	200.00	200	.00		

Retired

ZIND COM OTH

□ PTY □ SCC

*Contributor Codes

IND - Individual

3/13/13

COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)

Robert Lesley 19919 Alonda Drive

Carson Ca 90746

PTY – Political Party SCC – Small Contributor Committee

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

300.00

300.00

820.00

SUBTOTAL\$

Schedule A (Con Monetary Contrib		tinuation Sheet) Type or print in Ink. butions Received Amounts may be rounded to whole dollars.			from	7/13 30/12	CALIFORNIA FORM 46	
	Holmes F	or Carson Mayor 2013					13537	76
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
3/23/13	1668 E	cDonald Cyrene Dr , Ca 90746	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100	.00	
3/17/13	Mark K	udler	☑IND □COM □OTH □PTY □SCC	Bulletin Display	250.00	250	.00	
			□IND □COM □OTH □PTY □SCC					
			□IND □COM □OTH □PTY □SCC					
			☐IND ☐COM ☐OTH ☐PTY ☐SCC					

*Contributor Codes

IND - Individual

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

		FPPC	Form 466	0 (Januai	y/05)
PPC Toll-Free	Helpline:	866/AS	K-FPPC (866/275-	3772)

350.00

SUBTOTAL\$

SCHEDULE	B-PART 1	

Schedule B – Part Loans Received	1	Type or print in ink. Amounts may be rounded to whole dollars.			from	rers period 7/13 /30/12	CALIFORNI FORM	700	
SEE INSTRUCTIONS ON REVER	SE					through	30/12	Page	of
NAME OF FILER						•		I.D. NUMBER	
Lula Davis Holmes For	Carson Mayor 20	13				ž.		1353776	
FULL NAME, STREET ADDR OF LENDE (IF COMMITTEE, ALSO ENT	R	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis-Holmes 959 E Gladwick St Carson, Ca 90746		Councilwoman City of Carson			PAID \$ FORGIVEN	s <u>14,741</u>	%	s <u>14,741</u>	\$PER ELECTION**
† ☑ IND □ COM □ OTH	☐ PTY ☐ SCC	-	s14,741	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	PTY SCC		s	\$	\$ FORGIVEN	DATE DUE	% RATE	\$DATE INCURRED	S PER ELECTION **
			\$	s	\$ FORGIVEN	\$ DATE DUE	% RATE	\$DATE INCURRED	CALENDARYEAR \$ PERELECTION** \$
†□ IND □ COM □ OTH	D PIY D SCC		SUBTOTALS	.	\$	\$ 14,741	\$		
(Total Column (b) plu 2. Loans paid or forgive (Total Column (c) plu (Include loans paid b	eriods uniternized loan n this periods loans under \$100 y a third party tha	0 paid or forgiven.) t are also itemized on Sche	dule A.)		\$	0		tContributor Codes ND Individual COM Recipient Co	ommittee PTY or SCC) business entity)
 Net change this period Enter the net here an 	d. (Subtract Lind and on the Summar	e 2 from Line 1.) y Page, Column A, Line 2.			. NET \$ _	(May be a negative number)		CO CITAL CONTRA	
*Arnounts forgiven or paid ** If required.	by another party also	must be reported on Schedule A.		·		FPPC	Toll-Free Help	FPPC Form line: 866/ASK-FPF	460 (January/05) °C (866/275-3772)

Schedule E Payments Made		Type or print in ink. Amounts may be rounded to whole dollars.		from	Statement covers period 2/17/13 6/30/13		FO	ORNIA 460 10 of 12	
SEE INSTRUCTIONS ON REVER	 RSE				thro	ugh	0,00,.0	Page	
NAME OF FILER		······································						13537	
Lula Davis Holmes F	or Carson Mayor 2013							10007	10
CODES: If one of the	following codes accurately describes	s the payment, yo	u may er	iter the code. Oth	nerwise, de	escribe t	he paymer	nt.	
CMP campaign paraphernal		MBR member.com	munications	ł	KAD	radio airui	me and produ contributions	ction costs	
CNS campaign consultants CTB contribution (explain n		MTG meetings and OFC office expen		ces	SAL	campaign	workers' sal		
CVC civic donations		PET petition circul	ating				le airtime and travel, lodgin	I production cos	ts
FIL candidate filing/ballot	tees ees	PHO phone banks POL polling and s		arch				g, and meals ging, and meals	
FND fundraising events IND independent expendite	ure supporting/opposing others (explain)*			essenger services	TSF	transfer b	etween comn		me candidate/sponsor
LEG legal defense				egal, accounting)		voter regi		costs (internet,	e-mail)
LIT campaign literature an	d mailings	PRT print ads .	· ·		VVED	mormatic	it technology	COSIS (INCINE)	1 many
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	N OF PAYME	ENT		AMOUNT PAID
Lambert Consulting 421 W 33rd Street #20 Long Beach, Ca 90800			CNS						2,100.00
Label Service, Inc 20008 S Normandie A Torrance, Ca 90502	ve .		LIT						1,200.00
AT&T Universal Card P.O. Box Sioux Fall SD, 57117-6500			СМР						3,900.00
* Payments that are con	ributions or independent expenditures (must also be summ	arized on	Schedule D.				SUBTOTAL	\$ 7,200
Schedule E Summ	any								
	1 "							. \$	29,891
Itemized payments n	nade this period. (Include all Schedule	E SUDIOIAIS.)			***************************************				99.00
Unitermized payment	 s made this period of under \$100 							Ψ	
3. Total interest paid thi	 s period on loans. (Enter amount from	Schedule B, Part	1, Columi	າ (e).)				\$	29,990
4. Total payments made	 e this period. (Add Lines 1, 2, and 3. E	inter here and on t	he Summ	ary Page, Columi	n A, Line 6.	.)		. TOTAL \$ _	25,550

Type or print in ink.

Statement covers period

SCHEDULE (E (CONT.)

Schedule E (Continuation Sheet) Payments Made

Sylmar Ca 91342

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

Statement covers period 2/17/13	california 460
from6/30/12 through6/30/12	Page 11 of 12
	I.D. NUMBER 1353776

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Luia Davis Holmes For Carson Mayor 2013

Luia Davis Holmes For Carson Mayor 2013

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. returned contributions meetings and appearances campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees staff/spouse travel, lodging, and meals TRS polling and survey research POL fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* professional services (legal, accounting) VOT voter registration ĽΕG legal defense WEB information technology costs (internet, e-mail) print ads PRT campaign literature and mailings AMOUNT PAID NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER L.D., NUMBER) DESCRIPTION OF PAYMENT OR CODE AT%T Universal Card 3.000.00 POS P.O. Box Sioux Fall SD. 57117 Robo Calls Tarket Marketing 319.00 22981 California Azore Mission Viejo, Ca Mailing Pros 4,283.00 LIT 5261 Business Dr Hunting Beach, Ca 92649 Nationwide Pen 715 PRT 111 W Dyer Rd Suite AA Santa Ana, Ca 92707 Campaign Headquarterters Display Foley 1,300.00 13222 Beaver St

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

SUBTOTAL \$

10.617.00

SCHEDULE E	(CONT.)

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

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

	2211222 2 2 2 2				
Statement covers period	CALIFORNIA AGO				
from2/17/13	FORM 400				
through6/30/12	Page 12 of /2				
	I.D. NUMBER				
	1353776				

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lula Davis Holmes For Carson Mayor 2013

CMP campaign paraphemal CNS campaign consultants CTB contribution (explain r CVC civic donations FIL candidate filing/ballot FND fundraising events	ia/misc. onmonetary)* fees fees fee supporting/opposing others (explain)*	MBR MTG OFC PET PHO POL POS PRO	MTG meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)		RFD SAL TEL TRC TRS	returned contributions 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/sponso voter registration		
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR	DESCRIPTIO	ON OF PAYMENT	AMOUNT PAID
Eddie Huang 22715 S Avalon Carson, Ca 90745					Campaign I	Rental Offic	e	500.00

Voter Guide Slate Voter Guide Slate 200.00 6285 E Spring St Suite 202 Long Beach, Ca 90808 AT&T Business Services 599.28 PHO 14575 Presidio Square Houston Tx 77083 Adouki And Associates 10,594.00 SAL PO Box 3701 Long Beach Long Beach, Ca 90807 Money Saver 180.49 **FND**

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

SUBTOTAL \$

12,074.00

TESPACES BLANA

497 Contribution	on Report Amount	Type or print in ink	hole dollars.	RECHYEU SITY OLERS		NTRIBUTION REPOR
NAME OF FILER	is-Holmes for Carson Mayor 2013	Date of This Filing	3/4/2013 13	NAR -4 PH 5: 10	CALIFO FOR	RM 457
AREA CODE/PHONE NUMB 310-617-7563	I.D. NUMBER (if applicable) 1353776	Report No	006 👯	ry of canses	For	Official Use Only
959 Gladwick St CITY Carson	STATE ZIP CODE Ca 90746	Amendment to Report No. (explain below) No. of Pages	1			
1. Contribution(· · · · · · · · · · · · · · · · · · ·					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME O	MPLOYER F BUSINESS)	AMOUNT RECEIVED
3/4/2013	Clear Channel Outdoor 19320 Harborgate Way Forrance, California 90501		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		· <u>-</u>	\$1,000.00 Check if Loan Provide interest rate
		_	☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan

Reason for Amendment

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

IND - Individual
COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Contributor Codes

497 Contribution Report

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

RECEIVED SITY CLER \$97 CONTRIBUTION REPORT

	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Data Stamp	
NAME OF FILER	M. J. C. Comman Manuary 2042	Date of This Filing	3/4/2013	Date Stamp 13 MAR - 4 P	IFORNIA 497
	-Holmes for Carson Mayor 2013 R 1.D. NUMBER (# applicable)	I silis Finaly —			
AREA CODE/PHONE NUMBE		Report No	005	OFTY OF CALSO	7.4
310-617-7563	1353776	1_			
STREET ADDRESS		☐ Amendmen	ıt		
959 Gladwick St	STATE ZIP CODE	to Report No. (explain below)			
CITY		No. of Pages	1		
Carson	Ca 90746				<u> </u>
1. Contribution(s) Received				<u></u>
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU- (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYE (IF SELF-EMPLOYED, ENTER NAME OF BUSINES	R AMOUNT RECEIVED
3/1/2013	Sinanian Development Inc 18980 Ventura Blvd, Suite 200 Tarzana, Calif 91356		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,500.00 Check if Loan Provide interest rate
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan % Provide interest rate
			IND COM OTH PTY SCC		Check if Loan Provide interest rate
Reason for Amendmen				**Contributor Codes IND – Individual COM – Recipient Committee OTH – Other (e.g., business PTY – Political Party SCC – Small Contributor Co	entity)

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

497 Contribut	ion	Report Arr	Type or print in ink.	hole dollars.	200 200 E E E	NTRIBUTION REPORT
NAME OF FILER			Date of	2/26/2013	Date Stamp CALIFO	
Friends of Lula Da	vis-H	olmes for Carson Mayor 2014	This Filing			
AREA CODE/PHONE NUM	MBER	I.D. NUMBER (if applicable)	Report No	004 (HTY OF CARSON FOR	Official Use Only
310-617-7863		135776	Kepoit No.	<u> </u>		·
STREET ADDRESS			☐ Amendmen			
959 Gladwick St			to Report No. (explain below)			
CITY		STATE ZIP CODE	·	1		
Carson		Ca 90746	No. of Pages			
1. Contribution	1(s) f	Received				· · · · · · · · · · · · · · · · · · ·
DATE RECEIVED		FULL NAME, STREET ADDRESS AND ZIP CODE OF (IF COMMITTEE, ALSO ENTER I.D. NUMBER	CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
2/25/2013	18	e Related Companies of California 201 Von Karman Ave Suite 900 ne, California 92612		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00 Check if Loan % Provide interest rate
2/25/2013	C/6	even Bradford for Assembly 2012 b/ Kaufman Legal Group 7 S. Figueroa St Suite 4050 s Angeles, California 90017		IND COM OTH PTY SCC	Assemblyman State of California	1,000.00 Check if Loan ** Provide interest rate
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan % Provide interest rate
Reason for Amendm	nent: _				**Contributor Codes IND — Individual COM — Recipient Committee (oth OTH — Other (e.g., business enti PTY — Political Party SCC — Small Contributor Commit	ty)

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Cover Page Government Code Sections 842		EEECTION Type or print in		Date Stamp OEIVED OCLERK	CALIFORNIA 460 FORM Page 1 of /3
`		Statement covers period 1/20/2013	Date of election if applicable: (Month, Day, Year)	21 [# 6: n4	For Official Use Only
SEE INSTRUCTIONS ON REVERSE		through2/16/2013	3/5/2013 C TY C	FOARSON	
1. Type of Recipient Con Officeholder, Candidate Condidate Condidate Election Recall (Also Complete Part 5) General Purpose Committon Sponsored Small Contributor Completical Party/Central	ontrolled Committee [on Committee ee mittee	- Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	☐ Specia ☐ Supple	rly Statement I Odd-Year Report mental Preelection ent - Attach Form 495
3. Committee Informatio	ATE'S NAME IF NO COMMIT		Treasurer(s) NAME OF TREASURER Clifford Cannon MAILING ADDRESS 19412 Radlett Ave		·
STREET ADDRESS (NO P.O. BO 959 Gladwick St	X)		City Carson	STATE ZIP COL Ca 90746	
Carson MAILING ADDRESS (IF DIFFER	Ca 9	ZIP CODE AREA CODE/PHONE 20746 310-617-7563 P.O. BOX	NAME OF ASSISTANT TREASURER, IF AN HARTY HOIMES MAILING ADDRESS 959 Gladwick St	Y	
OPTIONAL: FAX / E-MAIL ADD	Ţ <u>-</u>	ZIP CODE AREA CODE/PHONE	CITY Carson OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP COI Ca 90746	
4. Verification I have used all reasonable dili under penalty of perjury under	gence in preparing and revelone the laws of the State of Ca 1/21/2013 Date 1/21/2013	riewing this statement and to the best of my k diffornia that the foregoing is true and correct.	nowledge the information contained herein and in Signature of Treasurer of Assistant Treasurer	the attached schedule	s is true and complete. I certify

Executed on __

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statem	nent covers period 1/20/2013		FORNIA ORM	460
through _	2/18/2013	Page _	2 .	12

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1353776 Friends to Elect Lula Davis-Holmes for Mayor 2013 Calendar Year Summary for Candidates Column B Column A CALENDAR YEAR TOTAL TO DATE Contributions Received Running in Both the State Primary and TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) **General Elections** 16,331.82 17,117.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 14.741.00 n Loans Received Schedule B, Line 3 20. Contributions 17,117.00 31,072.82 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 1.100 1,100.00 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 32.172.82 Made 18,217.00 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ **Expenditure Limit Summary for State Expenditures Made** 25,235,53 Candidates 20,694.48 6. Payments Made Schedule E, Line 4 22. Cumulative Expenditures Made* 20,694.48 25,265.53 (if Subject to Voluntary Expenditure Limit) SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ Total to Date Date of Election 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 (mm/dd/yy) 0 10. Nonmonetary Adjustment Schedule C, Line 3 25,265.53 20,694.48 **Current Cash Statement** 18,401.30 12. Beginning Cash Balance Previous Summery Page, Line 16 \$ To calculate Column B, add 17,117.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts from Column B of your last 14. Miscellaneous Increases to Cash Schedule I, Line 4 reported in Column B. report. Some amounts in 20,694.48 Column A may be negative 14,823.82 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Vionetary (ons Received	Amount	or print in link. s may be rounded whole dollars.	2/1	/2013 6/2013		FORNIA 460 3 of /2
SEE INSTRUCTION	NS ON REVERSE				through			
IAME OF FILER	Elect Lula H	olmes for Mayor 2013				į	1.D. NU 13537	l.
i iterius to	LIEUL LUIZ TI	1			AMOUNT	CUMULATIVE TO	DATE	PER ELECTION
DATE RECEIVED	FULL NAME, S	REET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC	EAR	TO DATE (IF REQUIRED)
2/6/13	Eugene C 4535 W. 1 Lawdale,	L I	ZIND COM OTH PTY SCC	Ret	300.00	300.	.00	
1/31/13		u Century Blvd #700 es, Ca 90045	ZIND COM OTH PTY SCC	Attorney	300.00	300.	.00	
1/21/13	Kelvin Bro 1307 E. F Carson, C	ernrock St	ZIND COM OTH PTY SCC	Ret	100.00	100	.00	
1/31/13	Charles E P.O. Box Carson, C	5367	ZIND COM OTH PTY SCC	City of Los Angeles	100.00	100	.00	
1/31/13	Universal P.O. Box Whitier, C		□IND □COM ☑OTH □PTY □SCC		500.00	500	.00	
				SUBTOTAL	\$ 1,300.00	e daged George e e e alle dagede		
Schedule A	ceived this p	eriod – itemized monetary contributions.			12,359.00	IND-		al ent Committee
•		subtotals.) eriod – unitemized monetary contributions			4,758.00			than PTY or SCC) (e.g., business entity)
3. Total mone	tary contribu	tions received this period.			17,117.00			Contributor Committee

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

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

rounded	Statement covers period	CALIFORNIA ACO
llars.	from 1/20/2013	FORM 40U
	through2/16/2013	Page 4 of 12
		I.D. NUMBER
		1353776

Friends to Elect Lula Holmes for Mayor 2013 PER ELECTION AMOUNT CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TO DATE CONTRIBUTOR RECEIVED THIS CALENDAR YEAR OCCUPATION AND EMPLOYER DATE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER LD. NUMBER) PERIOD (JAN, 1 - DEC, 31) CODE *. (IF SELF-EMPLOYED, ENTER NAME RECEIVED OF BUSINESS) IND L.A. County Count Dupord Ans COM 500.00 500.00 **☑** OTH 1/31/13 5753 Santa Ann Cyn Rd Suie 508 □ PTY Anaheim Hills, CA 92807 □ SCC **Z**IND Retired John Contrell ПСОМ 100.00 100.00 1/28/13 PO Box 11262 Потн Carson, ¢a 90749 □ PTY SCC **Z**IND Retired Friends of Julie Ruiz Raber ПСОМ 100.00 100.00 1/28/13 PO Box 11145 **□**OTH Carson, Ca 90746 □ PTY SCC Kruger Tow Inc. ПСОМ 2,000.00 2.000.00 1/28/13 17803 S Santa Fe Ave **☑** OTH □ PTY Rancho Dominguez, Ca SCC Custom Goods LLC СОМ 800.00 800.00 1/28/13 1035 Watson Center RD **☑**OTH □ PTY Carson, Ca □scc 3,500.00 SUBTOTAL\$

"Contributor Codes

IND – Individual

COM – Recipient Committee
(other than PTY or SCC)

OTH – Other (e.g., business lentity)

PTY – Political Party

SCC – Small Contributor Committee

Schedule	A (Contin	nuation	Sheet)
Monetary	Contribu	tions R	Received

Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

,			fo whole o	ivilais.	from1/20/	2013	FO	RM 400
					through2/16	6/2013	Page	5 of /2
NAME OF FILER Friends to	Elect Lula Ho	imes for Mayor 2013					1.D. NUM 13537	
DATE RECEIVED	FULL NAME, S	TREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, 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 YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
1/28/13	Edison P.O. Box Rosemea	d, Ca 91770	□IND □COM □COTH □PTY □SCC		250.00	250.	00	
1/31/13	Sybil Lew 177700 A Carson, C	valon	☑IND □COM □OTH □PTY □SCC	Retired	150.00	150.	00	
1/31/13	Dianne TI 20217 Ne Carson, C	ster Ave	ZIND COM OTH PTY SCC	Retired	100.00	100.	00	
2/6/13	Cliff Canr 19412 Ra Carson, C	dlett Ave	Z IND COM OTH PTY SCC	Retired	100.00	750.	00	
1/28/13	Chad Bro 1451 Abb Carson, C	ottson St	☑IND □COM □OTH □PTY □SCC	NFL Official	250.00	250.	90	
	<u> </u>			SUBTOTAL	.\$ 859.00			ative way of

*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 A (Continuation Sheet) Monetary Contributions Received

Type or print in Ink. Amounts may be rounded

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

6,600.00

SUBTOTAL\$

viorietai y	001111100		to whole d	ollars.	from1/20/	2013	FOF	RM 400
					through2/16	5/2013	rage	6 of 12
AME OF FILER Friends to	Elect Lula He	olmes for Mayor 2013					1.D. NUME 135377	
DATE RECEIVED	FULL NAME, S	TREET 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 CALENDAR YI (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
2/6/13	P.O. Box	Development inc 86933 les, Ca 90086	☐IND ☑COM ☐OTH ☐PTY ☐SCC		1,250.00	1,250.	.00	
2/6/13	Fred C Se VCG Rea 12611 Sa	ands Estate Management LLC In Vicente Blvd Suite 1000 Los Angele	☐IND ☐COM ØOTH ☐PTY ☐SCC		2,500.00	2,500.	.00	
2/16/13	915 L Str	anagement eet Suite 1430 nto, Ca 95814	□IND □COM □OTH □PTY □SCC		2,500.00	2,500.	.00	
2/6/13	18848 Pe	Tresvant epperdine Dr Ca 90746	☑IND □COM □OTH □PTY □SCC	Software Eng	100.00	100.	.00	
2/6/13	Conona I		☑IND □COM □OTH		250.00	250	.00	

□PTY

□scc

*Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)

River Forest II 60305

PTY - Political Party

SCC - Small Contributor Committee

Schedule Monetary	A (Contir Contribu	uation Sheet) tions Received	Type or prin Amounts may to whole d	be rounded	Statement cove from		CALIF	SCHEDULE A (CONT.) CORNIA 460 7 of /2
NAME OF FILER Friends to	Elect Luia Ho	lmes for Mayor 2013					I.D. NUM 13537	
DATE RECEIVED	FULL NAME, S	TREET 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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
2/6/13	Sybil Brow 17700 Ava Carson, C	alon	☑IND □COM □OTH □PTY □SCC	Retired	100.00	350	.00	
			□IND □COM □OTH □PTY □SCC					
			☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			DIND COM OTH PTY SCC					
			□IND □COM □OTH □PTY □SCC				·	
				SUBTOTAL	\$ 100.00			7. 20 m - 1

*Contributor Codes

IND-Individual

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

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

SCHEDU	JLE E	-PART	1

Schedule B – Part 1 Loans Received			Type or print in i ounts may be ro to whole dollar	unded		Statement co	vers period 0/2013	CALIFORN FORM	^{IA} 460
]					through2/	18/2013	Page8	of 12
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	₹							I.D. NUMBER	
Friends to Elect Lula Day	 /is-Holmes for M	layor 2013						1353776	
FULL NAME, STREET ADDRES OF LENDER (IF COMMITTEE, ALSO ENTER	S AND ZIP CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	EN CLOSE OF THIS	DAID THE	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis-Holmes 959 E. Gladwick St Carson, Ca 90746		Councilwoman City of Carson			PAID \$ FORGIVEN	s 14,741	RATE %	\$ 14,741	\$PER ELECTION**
† IND COM OTH	☐ PTY ☐ SCC		s <u>14,741</u>	\$	\$ <u> </u>	DATE DUE	s	DATE INCURRED	\$
- HAD GOM GOM					\$FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION ***
† ND COM OTH	 □ PTY □ SCC		\$	\$	\$	DATE DUE		DATE INCURRED	<u> </u>
					PAID \$FORGIVEN	- s	RATE %	\$	\$PERELECTION**
†⊟IND □ COM □ OTH	☐ PTY ☐ SCC		\$	\$	s	DATE DUE	- \$	DATE INCURRED	\$
			SUBTOTALS	\$	\$	\$ 14,741	\$		
Schedule B Summa	1*				_		(Enter (e) on Schedule E, Line 3)	
(Total Column (b) plus 2. Loans paid or forgiven	unitemized loan this period				\$ _			tContributor Code IND – Individual COM – Recipient C	
•	a third party tha	0 paid or forgiven.) It are also itemized on Sche e 2 from Line 1.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. NET \$ _	(May be a negative number)	OTH - Other (e.g. PTY - Political Par SCC - Small Contr	, business entity) ty
Enter the net here and	on the Summar	ry Page, Column A, Line 2.				finds no a reflative immort	' .		
*Amounts forgiven or paid by ** If required.	another party also	must be reported on Schedule A				FPF	°C Toll-Free Help		n 460 (January/05) PC (866/275-3772)

Schedul Nonmon		ibutions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Stat	ement covers p 1/20/201		CALIFO FOR	
						through	2/18/20)13	Page	9 of <u>12</u>
NAME OF FILE	TIONS ON REVERSE R								I.D. NUMB	
Friends to	o Elect Lula Ho	mes for Mayor 2013	•						135377	6
DATE RECEIVED	ZIP C	ME, STREET ADDRESS AND ODE OF CONTRIBUTOR TIEE, ALSO ENTER I.D. 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	CUMULA DA CALENDA (JAN 1 -	TE NR YEAR	PER ELECTION TO DATE (IF REQUIRED)
1/21/13	Robert Lesle 19213 Midtov Carson,CA 9	ĺγn	☑IND □COM □OTH □PTY □SCC	Retired	In-Kind Jazz Brunch Band		500.00		500.00	
1/27/13	United Printe 1070 Doming Carson,Ca		☐IND ☐COM ☑OTH ☐PTY ☐SCC		In-Kind Flyers		600.00		600.00	
			☐IND ☐COM ☐OTH ☐PTY ☐SCC							
			□IND □COM □OTH □PTY □SCC							
Attach ad	ditional inform	ation on appropriately lab	eled continuat	ion sheets.	SUBTO	OTAL \$	1,100.00			
Schedul	e C Summa		ry contribution	5.		\$	1,100.00	IND COM	(other th	nt Committee nan PTY or SCC)
3 Total no	nmonetary cont	l eriod – unitemized nonmone ributions received this period er here and on the Summar	1.			•	1,100.00	PTY	- Political F - Small Co	e.g., business entity) Party Intributor Committee

FPPC Form 480 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.				Statement covers period from1/20/2013		FORM 460		
					thro	ough2/18/2	013	Page	10 of 12
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			- <u></u> -		<u> </u>			I.D. NUM	
	Pavis-Holmes for Mayor 2013			·				135377	6
CMP campaign paraphernalia/ CNS campaign consultants CTB contribution (explain non CVC civic donations FIL candidate filing/ballot fee	monetary)* s supporting/opposing others (explain)*	MBR member com MTG meetings and OFC office expen PET petition circui PHO phone banks POL polling and s POS postage, deli	munications of appearance ses lating survey resea	ės	RFD SAL TEL TRC TRS	returned contribu campaign worker t.v. or cable airtin candidate travel, staff/spouse travet transfer between voter registration	tions "s' salaries ne and produ lodging, and el, lodging, a committees	action costs meals nd meals of the san	ne candidate/sponsor
	NAME AND ADDRESS OF PAYEE (FCOMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT			AMOUNT PAID
Brandon Enterprises 1434 N Clybourn Ave Su Burbank, Ca 91505	iite B		FND						300.00
Anna Delouch 825 E. Rabbard St Carson, Ca 90746			TRS						147.00
AT&T Charge Universal PO Box Sioux Falls SD,57117	Card		LIT				<u></u>		2,000.00
* Payments that are contri	butions or independent expenditures	must also be summ	arized on	Schedule D.			SUI	BTOTAL\$	2,447.00
Schedule E Summa	ry							•	20,647.89
1. Itemized payments ma	de this period. (Include all Schedule	E subtotals.)					••••••	\$	46.59
2. Unitemized payments	made this period of under \$100	·						\$	10.00
3. Total interest paid this	period on loans. (Enter amount from	Schedule B, Part	1, Column	ı (e).)				\$	20 604 48

20,694.48

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends to Elect Lula Davis-Holmes for Mayor 2013

Friends to Elect Luia Davis-Hollines for Mayor 2013

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

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Office Depot 19100 Harborgate Way Torrance, Ca		OFC		178.65
City of Carson 701 E. Carson St Carson,Ca 90745			Rentall Hall for Jazz Brunch	375.00
Eddie Huang 220715 S Avalon Carson, Ca			Campaing Office Rental	1,000.00
Voter Guide Slate 6285 E. Spring St Suite Long Beach, Ca 90808	202		Voter Slate Mailer	588.21
AT&T Business Service 14575 Presidio Square Houston, Tx 77083	S		Office Phones	288.03
		Cabadula D	SUBTOTAL	\$ 2429.89

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

FPPC Form 460 (January/05)

SCHEDUCE É (CONT.	SCHEDU	أكحظ	(CONT.
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Schedule E (Continuation Sheet) **Payments Made**

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

polling and survey research

professional services (legal, accounting)

Statement covers period **CALIFORNIA FORM** 1/20/2013 from 2/18/2013 through Page_ I.D. NUMBER 1353776

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Elect Lula Davis-Holmes for Mayor 2013

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

CMP campaign paraphernalia/misc. CNS campaign consultants OFC office expenses contribution (explain nonmonetary)* CTB petition circulating PET civic donations CVC phone banks candidate filing/ballot fees FIL

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

LEG legal defense

RAD radio airtime and production costs member communications RFD returned contributions meetings and appearances

SAL campaign workers' salaries t.v. or cable airtime and production costs TEL candidate travel, lodging, and meals TRC

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

transfer between committees of the same candidate/sponsor

voter registration VOT

information technology costs (internet, e-mail) WEB

	nailings	PRT print ads		YVEB IIIIOTTIABOT TECHT	lology costs (internet, e-me	
	NAME AND ADDRESS OF PAYEE (OF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DESCRIPTION OF PAYMENT		AMOUNT PAID
MetroPCS PO Box 5119 Carol Stream, Il 60194			PHO	· •		249.34
Adouki and Associates P.O. Box 3701 Long Bea Long Beach Beach, Ca	ech 90807		SAL			7909.00
Lamberrt Adouki 421 W 33rd Street Long Beach, Ca 90806			CNS			7500.00
Tarket Marketing 22981 California AZORI Mission Viejo, Ca				Robo Call Communication		112.66
						·
		t also he ausmonited on	Sobodule D		SUBTOTAL \$	15,771.00

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

15,771.00

TESPACES BLAND

497 Contribu	ıtion	Report	Amounts may be rounded to w	hole dollars.	RECEIVED	497 CONTRIBUTION REPORT
NAME OF FILER	avis-H	olmes for Carson Mayor 2013	Date of This Filing	2-17-2013 13	Date Stamp FEB 19 AH 11: 20	CALIFORNIA 497
AREA CODE/PHONE N		I.D. NUMBER (if applicable)	2	003	CAD TO MITTING	For Official Use Only
310-617-7563		1353776	Report No.	- 003 - 01	TY OF CARSON	
STREET ADDRESS			☐ Amendme	nt		
959 Gladwick St	•		to Report No.			
CITY		STATE ZIP CO	•	1		
Carson		Ca 90746	No. of Pages			
1. Contributio	n(s)	Received				· · · · · · · · · · · · · · · · · · ·
DATE RECEIVED		FULL NAME, STREET ADDRESS AND ZIP COD (IF COMMITTEE, ALSO ENTER I.D. NO.	DE OF CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF E	LOYER AMOUNT RECEIVED
2-15-2013	91	aste Management 5 L Street Suite 1430 cramento, Ca 95814		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		2,500.00 Check if Loan Provide interest rate
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan % Provide interest rate
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan Provide interest rate
Reason for Amend	ment: _				**Contributor Codes IND - Individual COM - Recipient Com OTH - Other (e.g., bus PTY - Political Party SCC - Small Contribut	i
		·	. '		FPPC Toll-Free Helpline	FPPC Form 497 (March/2011) e: 866/ASK-FPPC (866/275-3772)

497 Contribut	tion Report	t	Amounts	Type or print in ink. s may be rounded to wi	noie dollars 💢 🤼	EGENYED Ty olfrk	497 CON	TRIBUTION REPORT
NAME OF FILER Friends of Lula Da	vis-Holmes for	Carson Mayor 2013		Date of This Filing	2/8/2013 F	Date Stamp [8	CALIFO FOR	
AREA CODE/PHONE NUM		I.D. NUMBER (if applica	ole)			ŧ	For	Official Use Only
310-617-7563		1353776		Report No		OF CARSON		
STREET ADDRESS 959 Gladwick St		STATE	ZIP CODE	Amendment to Report No.				
Carson		Ca	90746	No. of Pages	1			
1. Contribution	n(s) Receive	ed						#
DATE RECEIVED	FL	ILL NAME, STREET ADDRESS A (IF COMMITTEE, ALSO	ND ZIP CODE OF CONT ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUA ENTER OCCUPATION AND (IF SELF-EMPLOYED, ENTER NAME	EMPLOYER	AMOUNT RECEIVED
2/7/2013	P.O. Box 86	evelopment Inc. 5933 s, Ca 90086			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1,250.00 Check if Loan Provide interest rate
					☐ INĐ ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan ———————————————————————————————————
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan ** Provide interest rate
Reason for Amendm	nent					**Contributor Codes IND - Individual COM - Recipient C OTH - Other (e.g. PTY - Political Pa SCC - Small Cont	Committee (oth , business entr irty tributor Commi	ttee
						FPPC Toll-Free Help	FPPC f pline: 866/AS	Form 497 (March/2011) (-FPPC (866/275-3772)



497 Contribut	ion R	eport .	Amounts n	Type or print in ink. nay be rounded to wh	ole dollars.	RECEIVED		ITRIBUTION REPORT
NAME OF FILER	امار من	mes for Carson Mayor 2013		Date of This Filing	2/6/2013 13	FEB -7 AM II: 32	CALIFO FOR	M 491
AREA CODE/PHONE NUM	ABER	I.D. NUMBER (if applicable)		001		For	Official Use Only
310-617-7563		1353776		Report No		Y OF CARSON		
STREET ADDRESS				☐ Amendment	t			
959 Gladwick St	٠		•	to Report No.				
CITY		STATE	ZIP CODE	(explain below)	1			
Carson		Са	90746	No. of Pages _				
1. Contribution	n(s) Re	eceived		•		·	<u> </u>	
DATE RECEIVED		FULL NAME, STREET ADDRESS AN	D ZIP CODE OF CONTR ITER I.D. NUMBER)	IBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND E (IF SELF-EMPLOYED, ENTER NAME O	MPLOYER of Business)	AMOUNT RECEIVED
2/6/2013	VCG 126	C. Sands Real Estate Management, LLC 11 San Vicente Blvd, Suite 1000 Angeles, Ca			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			2,500.00 Check if Loan ** Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		·	☐ Check if Loan ———————————————————————————————————
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		·	Check if Loan
Reason for Amendr	ment:					OTH - Other (e.g., PTY - Political Par SCC - Small Contr	business ent ty ibutor Comm	

Recipi.... Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Lula Davis-Holmes for Mayor 2013



Date Stamp RECEIVED JAN 24 AM 10:59

•	(KIAOL
CALIFORNIA FORM	460
	_

TO DAGE

For Official Use Only

Quarterly Statement

Special Odd-Year Report

Supplemental Preelection

Statement - Attach Form 495

	3		
(Government	Code	Sections	84200-84216.5

Statement	covers period
from	1/1/2013
	1/19/2013
through	1713/2010

I.D. NUMBER

1353776

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

2. Type of Statement:

Preelection Statement

Semi-annual Statement

Termination Statement

(Also file a Form 410 Termination)

3/5/2012

SITY OF SARSON

1. Type of Recipient Com	mittee: All Committees -	Complete Parts 1, 2, 3, and 4.
Officeholder, Candidate Cor State Candidate Election Recall (Also Complete Parl 5)	ntrolled Committee Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)
General Purpose Committee Sponsored Small Contributor Comm Political Party/Central Co	ittee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

Amendment (Explain below)			
Treasurer(s)	<u></u>		
NAME OF TREASURER			
Clifford Cannnon			
MAILING ADDRESS			
19412 Radlett Ave			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-635-5289
NAME OF ASSISTANT TREASURER, IF ANY			
Harry Holmes			
MAILING ADDRESS			
959 Gladwick St			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	Ca	90746	310-617-7563
OPTIONAL: FAX / E-MAIL ADDRESS			

STATE	ZIP CODE	AREA CODE/PHONE
Ca	90746	310-617-7563
STATE	ZIP CODE	AREA CODE/PHONE
	-	
	Ca	Ca 90746 T) NO. AND STREET OR P.O. BOX

4.	Ve	rifi	cat	ion
----	----	------	-----	-----

I have used all reasonable difigence 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.

	1/23/2013	By - Infam Connor
Executed on	Date	Signature of Treasurer or Assistant Treasurer
Executed on	1/23/2013	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05) 866/ASK-FPPC (866/275-3772) State of California

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Lula Davis-Holmes for Mayor 2013 Calendar Year Summary for Candidates Column B Column A CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) General Elections 1,508 1/1 through 6/30 7/1 to Date 14,741 14,741 20. Contributions 16,249 16.249 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 16,249 Made 16.249 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ **Expenditure Limit Summary for State Expenditures Made** 4.571.05 4.571.05 **Candidates** 6. Payments Made Schedule E, Line 4 \$ 0 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 4.571.05 4.571.05 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ Total to Date Date of Election (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 4,571.05 4.571.05 **Current Cash Statement** 0 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B, add 16.249 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 4,571.05 Column A may be negative 11.677.95 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ___ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A		
Monetary Contribution	ns	Received

Type or print in ink.
Amounts may be rounded

	1		
Sc	HED	ULE	Α

Statement covers period

Monetary Contribution		as Received to whole dollars.			from1/1/2	2013	FORM 400
						9/2013	Page of
	NS ON REVERSE						LD. NUMBER
VAME OF FILER Friends of	Tula Davis-Ho	imes for Mayor 2013		•		1	353776
DATE RECEIVED	FULL NAME, STR	EET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D. CALENDAR YEA (JAN. 1 - DEC. 3	R TODATE
1/7/13	Ernestine T 19526 Cam Carson, CA		ZIND COM OTH PTY SCC	Retired	200.00	200.00	
1/7/13	Richard A. 168 W. 226 Carson, CA	th St	ZIND COM OTH PTY SCC	Retired	100.00	100.00)
1/7/13	Eleanor Ma	ack	IND COM OTH PTY	Retired	100.00	100.0	
1/12/13	Frances O. 17611 Che Carson, Ca	stnut Dr	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.0	0
1/16/13	Cliff Canno 19412 Rad Carson, C/	lett Ave	ØIND □COM □OTH □PTY □SCC	Retired	650.00	650.0	0
	<u>.1</u>			SUBTOTAL	1,150.00		
Amount re (include al	II Schedule A s	nod – itemized monetary contributions. ubtotals.)			1,150.00 358.00	IND-1 COM-	butor Codes ndividual Recipient Committee (other than PTY or SCC) Other (e.g., business entity)
		riod – unitemized monetary contribution	s of less than :	\$1UU \$ <u></u>		PTY-	Political Party Small Contributor Committee
Total mone (Add Lines	etary contributi s 1 and 2. Ente	ons received this period. r here and on the Summary Page, Colu	ımn A, Line 1.) TOTAL \$	1,508.00	<u> </u>	FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

				1				SCHE	DULLPART
Schedule B – Part 1 Loans Received		Type or print in ink. Amounts may be rounded to whole dollars.			Statement coverage 1/1/2	ers period 2013	CALIFORNI FORM	700	
						through1/1	9/2013	Page 14	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					-			I.D. NUMBER	
	5 . 	2040						1353776	
Friends of Lula Davis-Holm	ies for Mayor 2	2013			(2)	(d)	(e)	(f)	(g)
FULL NAME, STREET ADDRESS OF LENDER (IF COMMITTEE, ALSO ENTERLI)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAMEOF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIV THIS PERIO	EN CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
		(Marco Bookeco)	FEINOR		☐ PAID				CALENDAR YEAR
Lula Davis For Carson City	Council	Councilwoman			_	14,741	%	s 14,741	s
Committee ID: 1288860		City of Carson			FORGIVEN	1	RATE		PER ELECTION*
959 E. Gladwick St		'	0	14,741			1		
Carson, Ca 90746			s	\$	\$	DATEDUE	\$	DATE INCURRED	-
TO IND COM COTH C	PTY SCC				☐ PAID				CALENDARYEAR
				:	TI-WD				
	-			-	\$	_ \$	RATE	\$	PER ELECTION
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•			s	\$	s		\$	DATE INCURRED	\$
TO IND COM COTH	PTY SCC					DATE DUE		DATE INCORRED	
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			1	1	1_				s
t= Elecu 51.071 El	י מדי ר ו פרר		\$	\$,	DATEDUE		DATE INCURRED	<u> </u>
TO IND COM OTH D	J P 1 1 300	J	SUBTOTALS S	14,741	\$	\$ 14,741			
			· · · · · · · · · · · · · · · · · · ·				(Enter (e) on Schedule E, Line		
Schedule B Summar	y					14 741			
1. Loans received this period	od		***************************************	,,	\$_	14,741			
(Total Column (b) plus u	nitemized loan	s of less than \$100.)						†Contributor Code:	S
'			•		¢	0	ŀ	IND Individual COM Recipient C	ommittee
2. Loans paid or forgiven th	is period			,	···········		-	(other than	PTY or SCC)
(Total Column (c) plus lo	ans under \$100) paid or torgiven.)					ĺ	OTH - Other (e.g.	
(Include loans paid by a	third party that	t are also itemized on Sche	uuic A.)			= 4.4	1	PTY - Political Par	

Enter the net here and on the Summary Page, Column A, Line 2. *Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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

(May be a negative number)

SCC - Small Contributor Committee

Type or print in ink. Statement covers period CALIFORNIA Schedule E Amounts may be rounded **FORM** 1/1/2013 **Payments Made** to whole dollars. from 1/19/2013 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1353776 Friends of Lula Davis-Holmes for Mayor 2013 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals polling and survey research POL fundraising events transfer between committees of the same candidate/sponsor TSF postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* ND VOT voter registration professional services (legal, accounting) legal defense LEG WEB information technology costs (internet, e-mail)

PRT

campaign literature and malings

print ads

	NAME AND ADDRESS OF PAYEE F COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	R	DESCRIPTION OF PAYMENT		AMOUNT PAID
At&t Charge Universal Car P.O Box Sioux Falls, SD 57117-6500	d	CMP				500.00
Mailing Pros 3261 Business Dr Huntington Beach, CA 926	649	LIT			٠	3,162.05
Nationwide Printing 111 W. Dyer RD Santa Ana, Ca		LIT				270.00
* Payments that are contribu	tions or independent expenditures must also be summ	arized on S	chedule D.		SUBTOTAL\$	3,932.05
Schedule E Summary					\$	4,381.05
1. Itemized payments made this period. (Include all Schedule E subtotals.)					\$	190.00
2. Unitemized payments made this period of under \$100						
. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) . Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)					TOTAL \$	4,571.05

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COULD! #	ÈE (CONT.	`
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Schedule E (Continuation Sheet) Payments Made

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

Statement covers period	CALIFORNIA 160
from 1/1/2013	FORM 400
1/19/2013	Page 6 of 6
<u> </u>	I.D. NUMBER
	1353776

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends of Lula Davis-Holines for Mayor 2013

CNS campaign paraphetration. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense	TG meetings and office expension circul phone banks OL politing and s	I appearance: ses ating urvey reseam very and mes	s	RFD SAL TEL TRC TRS	returned contributions campaign workers' salaries t.v. or cable airtime and production co candidate travel, lodging, and meals staff/spouse travel, lodging, and mea transfer between committees of the s voter registration	ls same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR .	DESCRIPTIO	ON OF PAYMENT	AMOUNT PAID
(IF COMMITTEE, ALSO ENTER LD. NUMBER) Tony Jackson			Photograph	ner		125.00
MetròPCS P.O. Box 5119 Carol Stream, IL 60197-5119		PHO				324.00
* Payments that are contributions or independent expenditures must also t	e summarized or	Schedule D.			SUBTOTA	L\$ 449.0

Recipient Committee Campaign Statement Cover Page

SEAM-ANNIAI

Type or print in ink.

					CC	VERPA	2
and al	Date Stamp			IFORNI 001/02	4	160	
	RECEIV	(ED		ORM			
	CITY CL		Page	1	of .	7	
5	FEB -4	AM 9	: 29	For Official	Use	Only	
-chitese	TY OF C	ARS	OH				

(Government Code Sections 84200-84216.5) Date of election if applicable: Statement covers period (Month, Day, Year) 7/1/2014 12/31/2014 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement 4 Officeholder, Candidate Controlled Committee **Ballot Measure Committee** Quarterly Statement O State Candidate Election Committee O Primarily Formed Semi-annual Statement Special Odd-Year Report Controlled Termination Statement Supplemental Preelection Sponsored (Also Complete Part 5) Statement - Attach Form 495 Amendment (Explain below) (Also Complete Part 6) ☐ General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1288860 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Clifford Cannon Lula Davis Holmes for City Council MAILING ADDRESS 19412 Radlett Ave STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CA 90746 310-635-5289 Carson 959 E Gladwick St NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE CITY STATE ZIP CODE CA 90746 310 617-7563 Harry Holmes Carson MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 959 E Gladwick AREA CODE/PHONE STATE ZIP CODE ZIP CODE AREA CODE/PHONE CITY CITY STATE CA 90746 310-617-7563 Carson OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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	1/29/2015	By CKARO Chines						
Executed on	Date	Signature of Treasurer op Assistant Treasurer						
Executed on	1/29/2015	By Aule Dans Hame						
	Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor						
Executed on		BV						
EACOCIOS OF MANAGEMENT	Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent						
Executed on		By necessary and the contract of the contract						
Walter Committee Co. 1 model Committee Committ	Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent						

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1288860 Lula Davis Holmes for City Council Calendar Year Summary for Candidates Column B Column A **Contributions Received** CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 3.045.00 2,900.00 1/1 through 6/30 7/1 to Date -500.00 -500.00 20. Contributions 2.400.00 2,545.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 3.562.00 3,550.00 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 6.107.00 5,950.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ ____ Expenditures Made Expenditure Limit Summary for State 3.200.60 2,612.77 Candidates -0-7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 3,200.60 2.612.77 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ Total to Date Date of Election (mm/dd/yy) 3,562.00 3,550.00 10. Nonmonetary Adjustment Schedule C, Line 3 6,762.60 6,162.77 **Current Cash Statement** 339.17 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ To calculate Column B, add 2.400.00 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last report. Some amounts in 2.612.77 Column A may be negative 126.4 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 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 \$ *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 856/ASK-FPPC

Schedule A Monetary Contributions Received

Lula Davis Holmes for City Council

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A
Statement covers period	CALIFORNIA / CO
from7/1/2014	FORM 40U
through12/31/2014	Page3 of7
	I.D. NUMBER

1288860

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

12/31/2014

through

CUMULATIVE TO DATE PER ELECTION AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR RECEIVED THIS TO DATE DATE OCCUPATION AND EMPLOYER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) **XIND** 150.00 150.00 Chief Battalion 11/19/2014 Ricky Lewis COM LA County Fire Dept 1407 W Veina Потн Los Angeles, CA 90062 PTY SCC **ZIND** Retired 1.000.00 1.000.00 Gema Verdin 9/18/2014 COM 2600 La Crescenta Ave ПОТН Alhambra, CA 91803 PTY □SCC TIND 750 Black Firefighters 750 Stentorians Los Angeles County 11/17/2014 COM Organization 1407 W Vernon Ave OTH Los Angeles, CA 90062 PTY SCC **TIND** 1.000.00 1.000.00 Loan Forgiven 12/31/14 Committee to Elect Mike Gipson ПCOM City of Carson **MIOTH □** PTY

Schedule A Summary		
Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$	2,900.00
2. Amount received this period – unitemized contributions of less than \$100	\$	4.4
3. Total monetary contributions received this period. (Add Lines 1 and 2, Enter here and on the Summary Page, Column A, Line 1.)	L \$	2,900.00

SCC
IND
COM
OTH
PTY
SCC

*Contributor Codes

IND - Individual

2.900.00

SUBTOTALS

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 1

Type or print in ink. Amounts may be rounded

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Statement covers period

oans Received to whole dollars.			from7/1	/2014	FORM 400			
SEE INSTRUCTIONS ON REVERSE				A COMMISSION OF THE PARTY OF TH	through12/	31/2014	Page 4	of
NAME OF FILER	The second secon			***************************************			I.D. NUMBER	
Lula Davis Holmes for City Council							1288860	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Lula Davis-Holmes 959 E. Gladwick	Councilwoman City of Carson			PAID	s 18,750.00	%	\$54,000	CALENDAR YEAR
Carson, CA 90746 ↑ IND □ COM □ OTH □ PTY □ SCC		\$ <u>18,250.00</u>	\$500.00	FORGIVEN \$	DATE DUE	\$	1/11/09 DATE INCURRED	PER ELECTION*
Harry Holmes 959 E Gladwick St	Retired			PAID \$ FORGIVEN	\$3,266	%	\$	CALENDAR YEAR \$ PER ELECTION *
Carson, CA 90746		\$_3,266.00	\$	\$	DATE DUE	\$	DATE INCURRED	\$
Committee to Elect Mike Gipson	Councilman			\$	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION*
TEM IND COM OTH PTY SCC		s1,000.00	s	\$ 1,000.00	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS \$	500.00 \$	1,000.00	\$ 22,016.00	\$		
Schedule B Summary					500.00	(Enter (e) on Schedule E, Line 3)		
I. Loans received this period (Total Column (b) plus unitemized loans		***************************************	***************************************	\$				rgiven or paid by y also must be Schedule A.
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 	paid or forgiven.)			\$	1,000.00		** If required	
Net change this period. (Subtract Line Enter the net here and on the Summary		***************************************		NET \$	-500.00 ay be a negative number)			
† Contributor Codes IND – Individual COM – Recipient Committee (of	ther than PTY or SCC) OTH -	Other PTY-P	olitical Party S	CC – Small Con	tributor Committee	See Bad Cont Very 1100	FPPC For	m 460 (June/01

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

			SCHEDULE C
ſ	Statem	ent covers period	GALIFORNIA A CO
	from	7/1/2014	FORM 40U
	through_	12/31/2014	Page 5 of 7
	The same a second course of the second course of th		I.D. NUMBER
			1288860

NAME OF FILER Lula Davis Holmes for City Council CUMULATIVE TO AMOUNT/ IF AN INDIVIDUAL, ENTER PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) (JAN 1 - DEC 31) CINIC Turkey Giveaway Ralph's Food for Less Market 11/23/14 COM 750.00 750.00 75 gift carsa @ Artesia and Wilmington MOTH \$10ea Carson, CA MPTY □SCC Turkey Giveaway Stub Hub Center 11/23/14 400.00 ПСОМ 400.00 18400 Avalon Blvd 20 gift cards @ MOTH \$20 ea Carson, CA **□PTY** □SCC TIND Albertson Grocery Store Turkey Giveaway 11/23/14 2.000.00 2.000.00 ПСОМ Sepulveda 100 Turkey **MOTH** dinners @ \$20 ea **□PTY ∏SCC** Christmas Food Baskets Giveaway 12/23/14 **SCOM** 400.00 400.00 20 Ham dinners MOTH @ \$20ea **□PTY** MSCC SUBTOTAL \$ 3,550.00 Attach additional information on appropriately labeled continuation sheets.

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule	Section Control of the Control of th
Payments	Made

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

· · · · · · · · · · · · · · · · · · ·	Statemen	t covers period	C 41_1	ORNI		CHEDL 71/5	
ADDITION AND ADDITION ADDITION AND ADDITION AND ADDITION ADDITION AND ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION AND ADDITION A	from	7/1/2014		DRM	4	+0	U
***************************************	through	12/31/2014	Page _	6	. of _	7	_
		23/c:/// ##94/GBA423W3.Com.	I.D. NI	JMBER			***************************************
			12888	60			

				. 12/31/201	4	6 of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		value value	throu	gr	Page	
Lula Davis Holmes for City Council					128886	
	minosationalistasionesis, in the section					
	ommunications and appearance penses reulating nks d survey resea delivery and me	98	RAD RFD SAL TEL TRC TRS: TSF	radio airtime and productions campaign workers' sity. or cable airtime as candidate travel, lodg staff/spouse travel, lo	duction costs s alaries nd production cost ing, and meals adging, and meals mittees of the sar	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
City of Carson 701 E Carson Street Carson, CA 90745	FIL					775.00
Citicard P.O. Box 6500 Sioux Falls, SD 57117	LIT					650.00
National Pen Dept 27501, P.O. Box 5000 Detroit, MI 48255-2745	OFC					297.67
* Payments that are contributions or independent expenditures must also be sun	nmarized on S	chedule D.			SUBTOTAL \$	1,722.67
Schedule E Summary	***************************************					
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)\$					\$	2,612.77
2. Unitemized payments made this period of under \$100	2. Unitermized payments made this period of under \$100\$					0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Pa	irt 1, Column	(e).)			\$	
. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)					2,612.77	

Schedule E	
(Continuation Sheet)	
Payments Made	

candidate filing/ballot fees

independent expenditure supporting/opposing others (explain)*

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

fundraising events

legal defense

FND

IND

LEG

Type or print in ink

phone banks

PRO

POL polling and survey research

SCHEDU	JLE	E(CONT	۲.)

TRC candidate travel, lodging, and meals

VOT voter registration

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Sta from .	atement covers period 7/1/2014	california 460 form				
SEE INSTRUCTIONS ON REVERSE		throu	gh12/31/2014	Page7	of7			
IAME OF FILER				I.D. NUMBER				
Lula Davis Holmes for City Council				1288860				
CODES: If one of the following codes accurate	ely describes the payment, you may enter the code	. Otherwise,	describe the payment.					
WP campaign paraphernalia/misc.	MBR member communications		radio airtime and production	costs				
NS campaign consultants	MTG meetings and appearances		returned contributions					
CTB contribution (explain nonmonetary)*	OFC office expenses		campaign workers' salaries					
CVC civic donations	PFT petition circulating	11-1	ty or cable airlime and pro-	duction costs				

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

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) **DESCRIPTION OF PAYMENT** AMOUNT PAID CODE OR Albertson Grocery Support Turkey Giveaway 890.10 Sepulveda

890.00

SUBTOTAL \$

Campaign Disclosure Statement Summary Page

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

Column A

TOTAL THIS PERIOD

(FROM ATTACHED SCHEDULES)

12,129.55

12,129.55

12,579.55

450.00

731.66

11.524.55

SUMMARY PAGE Statement covers period CALIFORNIA 1/12/2015 FORM from Page ____2 1/17/2015 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

Contributions Received

NAME OF FILER

Lula Davis Holmes for City Council 2015

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

1288860

21. Expenditures Made

Expenditures Made

Current Cash Statement

731.66 731.66 6. Payments Made Schedule E, Line 4 \$ _____ 731.66 731.66

450.00 10. Nonmonetary Adjustment Schedule C, Line 3 1.181.66 1.181.66

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

126.01 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 12.129.55

Nonmonetary Contributions Schedule C, Line 3

5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$

15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$

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

17, LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$

Cash Equivalents and Outstanding Debts

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).

Column B

CALENDAR YEAR

TOTALTODATE

12.129.55

12,129.55

12,579.55

450.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Type or print in ink.

SCHEDULE.	А
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Monetary Contributions Received			is may be rounded whole dollars.	II DIST	ers period 2/2015 7/2015	CALIFORNIA 46 FORM 3 of	
NAME OF FILER	INS ON REVERSE			etta et el est en en en en en en en en en en en en en	9/(#251/FEE)***********************************	I.D. NUA	**************************************
Lula Davis I	Holmes for City Council 2015					128886	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
1/12/2015	Dr Cecilla Jefferson 534 Morehaven DR Carson, CA	MIND COM OTH PTY SCC	Owner of Group Home	100.00	100.00		
1/12/2015	L.J.Jones 808 E Turmont St Carson, CA	IND COM OTH PTY SCC	Retired	100.00	100.00		
1/12/2015	Eric Forsberg 141 Roycroft Ave Long Beach, CA 90803	IND COM OTH PTY SCC	Retired	100.00	100	0.00	
1/12/2015	Glenn Tony Wright 603 E. University Dr #347 Carson, Ca 90746	IND COM OTH PTY SCC	Retired	100.00	100	0.00	
1/12/2015	Emily M Jones 1915 83rd St Los Angeles, CA 90047	□IND □COM □OTH □PTY □SCC	Retired	100.00	100	0.00	
			SUBTOTAL \$	500.00			
1. Amount red	A Summary ceived this period – contributions of \$100 or more. I Schedule A subtotals.)		\$	8,225.55	IND-	3	des t Committee an PTY or SCC)
2. Amount red	ceived this period – unitemized contributions of less th	an \$100	\$	3,904.00	1	- Other - Political F	, i
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	mn A. Line 1.)	TOTAL \$	12,129.55	1		ntributor Committee

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

SCHE	DULE	A ((CONT.)

CALIFORNIA FORM

Statement covers period

1,400.00

SUBTOTAL \$

1/1/2015

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				through 1/1	7/2015	Page_	4	_ of	1_
NAME OF FILER				Annuagy programs (A) for the form of the contract of the contr		I.D. NU	MBER		
Lula Davis-h	lolmes for Carson City Council 2015					12888	360]
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 CALENDAR Y (JAN. 1 - DEC	EAR		ER ELEC TO DAT F REQUI	TE
1/12/2015	Dr LeAndrea Robinson 1870 E. Helmeck St Carson CA 90746	MIND COM OTH PTY SCC	Retired	100.00	100	0.00			
1/12/2015	Diane Thomas 20219 Nestor Ave Carson, CA 90746	MIND COM OTH PTY SCC	Retired	100.00	100	0.00			
1/12/2015	Ernest Butler 20118 Eddington Dr Carson, CA	MIND COM OTH PTY SCC	Retired	100.00	100	0.00			
1/2/2015	R.D. and Carmen Simmons 8945 S Manhattan Pl Los Angeles, CA 90047	MIND COM OTH PTY SCC	REtired	100.00	100	00.00			
1/2/2015	Andrew Gross 4197 Keystone Ave Culver City, CA 90232	IND COM OTH PTY	Real Estate Developer	1,000.00	1,000	0.00	mm an 1957 PV VV VV VIII DEPPARATE	4.	

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period	CAN TEORNIA CONTRA
from 1/1/2015	FORM 40U
through1/17/2015	Page 5 of 9

NAME OF FILER	The state of the s		///////////////////////////////////////	Control of the Contro		I.D. NU	MBER
Lula Davis-l	Holmes for Carson City Council 2015			12888	60		
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN: 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
1/12/2015	Oscar B Ramos 21223 Lynton Ave Carson, CA 90745	MIND COM OTH PTY Scc	Retired	100.00	100).00	
1/12/2015	Ricky Lewis 1004 Thicke Drive Carson, CA 90746	MIND COM OTH PTY SCC	Retired	100,00	100).00	
1/12/2015	Cliff Cannon 19412 Radlett Ave Carson, CA 90746	MIND COM OTH PTY SCC	Retired	100.00	100	0.00	
1/12/2012	Jane Osuna 21207 S. Avalon Sp 144 Carson, CA 90745	MIND □COM □OTH □PTY □SCC	Retired	100.00	100	0.00	
1/12/2015	Robert Lesley 19213 Tillman St Carson, CA 90746	MIND COM OTH PTY SCC	Retired	100.00	100	0.00	
		V0.000	SUBTOTALS	500.00			TO THE RESIDENCE OF THE PROPERTY OF THE PROPER

*Contributor Codes

IND - Individual

COM -- Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE	A	(CONT.)
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Statement covers period

Monetary	Contributions Received	Amounts may to whole o		\$ E C3 1	2015 7/2015	CALI FC Page	FORNIA 460 DRM 460
MAME OF FILER		=		kirana al I Artifilde da e versione en els facces Arcentes per equipe equipe quança que propriedamente termina		I.D. NUI	MBER
Lula Davis F	Iolmws for City Council 2015					12888	360
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
1/12/2015	Kelvin Brown 1397 E Fernrock St Carson, CA 90746	IND COM OTH PTY SCC	Retired	100.00	100	00.0	
1/2/2015	Gilbert Smith 18802 Pepperdine Dr Carson, CA 90746	MIND COM OTH PTY SCC	Retired	100.00	100	0.00	
1/2/2015	Chad Brown 1451 Abbottson St Carson, Ca 90746	IND COM OTH PTY SCC	NFL Official	300.00	300	0.00	
1/6/2015	Friends to Elect Lula Davis-Holmes for Carson Mayor 2013 Id: 1353776	☐IND ☐COM MOTH ☐PTY ☐SCC	Transfer of Campaign Funds	5,275.55	5,275	5.55	
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	5,825.55	oaskiideelikkesiskkiimme menempe een leega pe		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Sched	ule	D	Part	Albania (
Loans	Rec	eiv:	ed	

Type or print in ink.
Amounts may be rounded

Loans Received	Am	ounts may be re to whole dollar			Statement confrom 1/1	vers period 1/2015	CALIFORN FORM	^{VIA} 460
SEE INSTRUCTIONS ON REVERSE MAME OF FILER					through1/	17/2015	Page	of
Lula Davis Holmws for City Council 201	5						1288860	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lula Davis-Holmes 959 E Gladwick St Carson, CA 90746	Councilwoman City of Carson			PAID \$ FORGIVEN	s 18,250	RATE	\$	CALENDAR YEAR \$ PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC		\$18,250	\$	\$	DATE DUE	\$	DATE INCURRED	\$
Harry Holmes 959 E Gladwick St Carson, CA 90746				PAID S FORGIVEN	s 3,266		\$	CALENDAR YEAR S PER ELECTION ***
†□ IND □ COM □ OTH □ PTY □ SCC		\$3,266	\$	\$	DATE DUE	\$	DATE INCURRED	S
				\$FORGIVEN	\$	RATE	\$ areasons a decision to be a secure of the	\$PER ELECTION **
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	S	\$	DATE DUE	5	DATE INCURRED	\$
		SUBTOTALS \$			\$ 21,516	\$		
Schedule B Summary		A CONTRACTOR OF THE PROPERTY O				(Enter (e) on Schedule E, Line 3)	<u></u>	
1. Loans received this period	less than \$100.) paid or forgiven.)			\$	0			
(Include loans paid by a third party that 3. Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.)	·		NET \$	O ny bo a negative number)		And the Control of th	ra ver ver ver ver ver ver ver ver ver ver
† Contributor Codes IND – Individual COM – Recipient Committee (ot	her than PTY or SCC) OTH - (Other PTY-Po	olitical Party SC	CC – Small Cont	ributor Committee		FPPC Fon	m 460 (June/01)

FPFC Toll-Free Helpline: 866/ASK-FPPC

Schedule C Nonmonetary Contributions Received

3. Total nonmonetary contributions received this period.

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

Statem	ent covers period		we in	(II)	JHEUUL
from	1/12/2015		ORM	VII.a.	40
through	1/17/2015	Page_	8	_ of	1
		LD. NUI	VIBER		
		40000			

SEE INSTRUCTIONS ON REVERSE						gh1/17/20	115	Page	8 of
NAME OF FILER	vis Holmes for City Council 2015							LD. NUMB 128886	
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 C GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - E	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
1/10/2015	Herman Decuir 17431 Merimac Ct Carson, CA 90746	□IND □COM □OTH □PTY □SCC		Chickens for Fund Raiser		450.00	d	450.00	
		□IND □COM □OTH □PTY □SCC			THE PERSON NAMED IN COLUMN TO PERSON NAMED I			To constitution of the con	
		□IND □COM □OTH □PTY □SCC			THE REAL PROPERTY AND PROPERTY		and the second of the second o		
		□IND □COM □OTH □PTY □SCC		-	A principle of the state of the				
Attach add	itional information on appropriately labo	eled continuati	on sheets.	SUBTO	TAL \$	450.00			
1. Amount re (Include a	C Summary eceived this period – nonmonetary contributed this period – nonmonetary contributed the contributed this period – unitemized nonmone	**************************************	***************************************			450.00	IND - COM- OTH -		Committee in PTY or SCC)

FPFC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

							SCHEDULE
Schedule E	Type or print Amounts may b			Stateme	nt covers period		
Payments Made	to whole d			from	1/12/2015	FO	ornia 460 rim
SEE INSTRUCTIONS ON REVERSE				through	1/17/2015	Page _	9 of <u>T</u>
NAME OF FILER	and the second of the second o					I.D. NUI	WBER .
Lula Davis Holmes for City Council 2015						128886	30
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/bellot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT 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	munications d appearance ses lating survey resear	es	RAD radio a RFD returne SAL campa TEL t.v. or TRC candid TRS staff/s TSF transfe	sirtime and production of contributions ign workers' salaries cable airtime and producte ate travel, lodging, and pouse travel, lodging, or between committee	duction cost of meals and meals as of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	an kecamana kecamatah di pendah kecaman di pendah pendah pendah pendah pendah pendah pendah pendah pendah pend Pendah pendah	CODE	OR D	ESCRIPTION OF PA	MENT	The Paragraph of Manual Advantage A	AMOUNT PAID
Restaurant Depot 19901 Hamilton Ave Torrance, CA		FND	Food for BQ Fu	und Raiser			548.51
Smart and Final 21600 S Vermont Torrance, CA	左 型	FND	Groceries for F	und Raiser			100.66
* Payments that are contributions or Independent expenditures	mus t also be su mm	arized on S	chedule D.		5	JETOTAL	649.17
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include all So	chedule E subtotal	s.)	0134/114	**********		., \$	649.17

2. Unitemized payments made this period of under \$100\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

							SCHEDULE
Schedule E	Type or print Amounts may b			Stateme	nt covers period		
Payments Made	to whole d			from	1/12/2015	FO	ornia 460 rim
SEE INSTRUCTIONS ON REVERSE				through	1/17/2015	Page _	9 of <u>T</u>
NAME OF FILER	and the second of the second o					I.D. NUI	WBER .
Lula Davis Holmes for City Council 2015						128886	30
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/bellot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT 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	munications d appearance ses lating survey resear	es	RAD radio a RFD returne SAL campa TEL t.v. or TRC candid TRS staff/s TSF transfe	sirtime and production of contributions ign workers' salaries cable airtime and producte ate travel, lodging, and pouse travel, lodging, or between committee	duction cost of meals and meals as of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	an kecamana kecamatah di pendah kecaman di pendah pendah pendah pendah pendah pendah pendah pendah pendah pend Pendah pendah	CODE	OR D	ESCRIPTION OF PA	MENT	The Paragraph of Manual Advantage A	AMOUNT PAID
Restaurant Depot 19901 Hamilton Ave Torrance, CA		FND	Food for BQ Fu	und Raiser			548.51
Smart and Final 21600 S Vermont Torrance, CA	左 型	FND	Groceries for F	und Raiser			100.66
* Payments that are contributions or Independent expenditures	mus t also be su mm	arized on S	chedule D.		5	JETOTAL	649.17
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include all So	chedule E subtotal	s.)	0134/114	**********		., \$	649.17

2. Unitemized payments made this period of under \$100\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

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

RECEIVED CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER				Date of		15 Date Stamp	CALIFO	RNIA 465-
Friends of Lula Davi	is for Carson City C	Council 2015		This Filing	1/15/2015	15 JAN 5 H 6: 0	FOF	
AREA CODE/PHONE NUMB	ER	I.D. NUMBER (if applicab	(e)	-1		CITY OF CARSON		Official Use Only
(310) 617-7683		1288860		Report No		o, oanson		•
STREET ADDRESS				Amendme to Report No.	nt course			
959 Gladwick St					2015-001	n		
CITY		STATE	ZIP CODE	(explain below)	1	and the state of t		
Carson		CA	90746	No. of Pages				
1. Contribution(s	s) Received							THE COLUMN TO SERVICE STATE OF THE COLUMN TO SERVICE STATE STATE OF THE COLUMN TO SERVICE STATE OF THE COLUMN TO SERVICE STATE
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ID ZIP CODE OF CONTRIBL NTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF E	LOYER BUSINESS)	AMOUNT RECEIVED
1/16/2015	Andrew D Gross 4187 Kaystone Av	/e			⊠ IND	Developer		\$1,000.00
	Culver City, CA				☐ OTH ☐ PTY			☐ Check if Loan
	······································				□ scc		······································	Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan
					<u> </u>			Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY			☐ Check if Loan
					☐ scc			Provide interest rate
Reason for Amendmen	t: Correct name of	Filer and id numb	er e e e e e e e e e e e e e e e e e e			**Contributor Codes IND — Individual COM — Recipient Comr OTH — Other (e.g., bus PTY — Political Party SCC — Small Contribut	iness entit	/)

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

497 CONTRIBUTION REPORT

NAME OF FILER		Date of	RE Date Stamp	CALIFORNIA 497
Friends of Lula Davis-Holmes for C	City Council 2015	This Filing	OITY CLEAK	FORM 48/
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 2015-002	te mano mation	For Official Use Only
(310) 617-7683	1288860	Report No.	15 JAN 28 AN 7:23	A company of the second
STREET ADDRESS			CITY OF CARSON	
959 Gladwick St		to Report No.		
CITY	STATE ZIP CODE	(explain below)		New years and the second secon
Carson	CA 90746	No. of Pages		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/27/2015	Nation Wide Environmental Services 11914 Front Street Norwalk, CA 90650	Lula Davis-Holmes, City Council	1,000.00	1,000.00
1/27/2015	Certified Roofing Applications P.O. Box 4103 Whittier, CA 90607	Lula Davis-Holmes, City Council	1,000.00	1,000.00
1/27/2015	Johns Sweeper Repair Inc 11914 Front Street Suite B Norwalk, CA 90645	Lula Davis-Holmes, City Council	1,000.00	1,000.00

Reason for Amendment:

Recipient Committee Campaign Statement (G

2ND PRE-ELECTION Type or print in Info

CALIFORNIA 2001/02

Date Stamp

COVER PAGE

acres Leade	incimina of it of it		* -	FORM
(Government Code Sections 84200-84216.5)	Statement covers period from 1/18/2015	Date of election if applicable: (Month, Day, Year) 15 FEB 24 AR 3/3/2015		Page 1 of 16
SEE INSTRUCTIONS ON REVERSE	through2/14/2015	<u> </u>		TO CONTROL OF THE RESIDENCE OF THE SECOND CONTROL OF THE SECOND CO
1. Type of Recipient Committee: All Committees - Col	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee O Sponsored O Small Contributor Committee	allot Measure Committee) Primarily Formed) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement Arnendment (Explain below)	s _i s _i	uarterly Statement pecial Odd-Year Report upplemental Preelection tatement - Attach Form 495
	. NUMBER 288860	Treasurer(s)	TATANIANATANIANATANIANATANIANATANIANATANIANATANIANATANIANATANIANATANIANATANIANATANIANATANIANATANIANATANIANATAN	sing 416-mix*110/grow egos 355 Modellin Bir Segger Corros to Propose consect Correlation School Consecution Correlation Corred
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	na amban namen namek kwalikaniyiki (28	
Lula Davis-Holmes for Carson City Council 2015		Clifford Cannon		
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		19412 Radlett Ave		
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Carson GA 90746	310-617-7563	Harry Holmes		
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4. Verification				(A) THEOMOLECULAR STATE OF THE SECOND
t have used alt reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my of California that the foregoing is true ar	knowledge the information contained herein and correct.	d in the attache	ed schedules is true and complete. I

dide beneity or beilge	y discipline laws of the case of commercial		
Evenifod on	2/18/2015	Bv	, Cliffing Landers
Executed on	Date	,	Signature of Treasurer or Assistant Treasurer
Executed on	2/18/2015 designation for the contract property and the contract of the contr	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible C
Executed on	Date	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent
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onent or Responsible Officer of Sponsor

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 1/18/2015		CALIFORNIA 460			
through	2/14/2015	Page 2 of 15/6			
1		I.D. NUMBER			

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1288860 Lula Davis-Holmes for Carson City Council 2015 Calendar Year Summary for Candidates Column A Column 8 CALENDAR YEAR Running in Both the State Primary and Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 31.334.55 19,205.00 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0 Loans Received Schedule B, Line 3 20. Contributions 31,205.00 19,205.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 450.00 21. Expenditures 31,784,55 Made 19,205.00 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditure Limit Summary for State** Expenditures Made 8,945.05 8.945.05 Candidates 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 8.945.05 9.676.00 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 5,210.00 5,210.00 Total to Date 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election (mm/dd/yy) 0 10. Nonmonetary Adjustment Schedule C, Line 3 14.155.05 14,155.05 **Current Cash Statement** 11.524.55 To calculate Column B. add 19,205.00 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 from Column B of your last reported in Column B. report. Some amounts in 8.945.05 Column A may be negative 21,784.50 figures that should be 16, ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ __ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule	A	
Monetary	Contributions	Received

Type or print in ink. Amounts may be rounded

SCHEDULE A Statement covers period

monetary continuing received		to whole dollars.		from1/8/2015		FORM		
				through2/1	4/2015	Page	3 of <i>I</i>	/c\$
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	Holmes for City Council 2015					12888	60	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELEC TO DA' (IF REQU	TΕ
2/4/2015	Dianne Thomas 20219 Nestor Ave Carson, CA 90746	MIND COM OTH PTY SCC	Retired	100.00	200	0.00		
2/7/2915	Robert L Lesley 19213 Midtown Ave Carson CA 90746	MIND COM OTH PTY SCC	Retired	250.00	350	00.0		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL:	\$ 350.00			2002201	
Amount re (include al Amount re	A Summary ceived this period – contributions of \$100 or more. If Schedule A subtotals.) ceived this period – unitemized contributions of less th			13,600.00 5605.00	IND- COM OTH PTY	other – Other – Politica	el ent Committee than PTY or S	SCC)
3. Total mono (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.)) TOTAL \$	19,205.00	Marine she district 7-1-777	e programme and an artist of the State Sta	C Form 450	<u> </u>

Type or print in ink.

Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA / CO
from1/18/2015	FORM 400
through <u>2/14/2015</u>	Page 4 of 158 16
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	1288860

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NAME OF FILER

Lula Davis-Holmes for Carson City Council 2015

	Comes for Carson City Council 2010		10: 22:00 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	AMOUNT	CUMULATIVE TO DATE	PER ELECTION
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, ENTERNAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
1/27/2015	Nationwide Environmental Services 11914 Front Street Norwalk, CA 90650	□IND □COM MOTH □PTY □SCC		1,000.00	1,000.00	
1/27/2015	Certified Roofing Applications P.O. Box 4103 Whittier, CA 90607	□IND □COM MOTH □PTY □SCC		1,000.00	1,000.00	
1/27/2015	Johns Sweeper Repair Inc 11914 Front Street Suite B Norwalk, CA 90645	□IND □COM MOTH □PTY □SCC		1,000.00	1,000.00	
1/27/2015	Custom Good 1036 Watson Center Road Carson, Ca 90745	□IND □COM ØOTH □PTY □SCC		750.00	750.00	
1/27/2015	Margurite Carter 18805 Grambing St Carson, CA 90746	MIND COM OTH PTY Scc	Retired	100.00	100.00	
	SUBTOTAL\$ 3,850.00					

"Contributor Codes

IMD - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
Stater	nent covers period	CALIFORNIA A CA
from	1/18/2015	FORM 40U
through _	2/14/2015	Page 5 of £5.16
		I.D. NUMBER

NAME OF FILER						1.0. NUMBER 1288860	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
1/27/2015	Brenda Ramirez 1246 E. 222nd Street Carson, CA 90745	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00	
2/9/2015	Anschutz Southern Calif Sports 18400 S. Avalon Blvd, Suite 100 Carson, CA 90746	□IND □COM ØOTH □PTY □SCC		2,500.00	2,500.	<i>9</i> 9	
2/9/2015	William A. White 1270 Pacific Avenue Laguna, CA 92651	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.	óo	
2/9/2015	Voters for Good Gov. c/o David Gould Co 1270 Wilshire Blvd., Suite 1050 B Los Angeles, CA 90010	☐IND ☐COM ØOTH ☐PTY ☐SCC		1,000.00	1,000.	00	
2/9/2015	Sinanian 18900 Ventura Blvd., Suite 200 Tarzana, CA 91356	□IND □COM ☑OTH □PTY □SCC	· ·	1,000.00	1,000.	00	
SUBTOTAL\$ 5,600.00							

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
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- CORALINO PROPINSI STATE	THE RESERVE THE PROPERTY OF THE PARTY OF THE	I.D. NUMBER

NAME OF FILER Lula Davis-	AME OF FILER Lula Davis-Holmes for Carson City Council 2015 1.D. NUMBER 1288860					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO. 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)
1/18/2015	Frances Haywood 17611 Chestnut Drive Carson, CA 90746	ØIND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100.00	
1/22/2015	Santos Batucal 20209 Annalee Avenue Carson, CA 90746	ØIND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
1/22/2015	Harold & Ernestine Hadley 19526 Campaign Drive Carson, CA 90746	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
1/24/2015	Shelia D. Tresvant 18848 Pepperdine Drive Carson, CA 90746	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	·
1/24/2015	Vivian Hatcher P.O. Box 11563 Carson, CA 90749-1563	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
	SUBTOTAL\$ 600.00					

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

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

		SCHEDOLL A (CONT.)
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from	1/18/2015	FORM 4.00
through	2/14/2015	Page of
	- Investigation - Investigatio	LD NUMBER

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NAME OF FILER

1288860 Lula Davis-Holmes for Carson City Council 2015 PER ELECTION **CUMULATIVE TO DATE** AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR TO DATE CONTRIBUTOR RECEIVED THIS CALENDAR YEAR OCCUPATION AND EMPLOYER DATE (IF COMMITTEE, ALSO ENTER LD. NUMBER) (IF REQUIRED) CODE * **PERIOD** (JAN, 1 - DEC, 31) (IF SELF-EMPLOYED, ENTER NAME RECEIVED OF BUSINESS) **IND** 100.00 100.00 Retired 2/7/2015 Samuel M. Dacus COM 19719 Eddington Drive ПОТН Carson, CA 90746 PTY SCC X IND 100.00 100.00 Retired 2/7/2015 Lawanda M. Staten COM 13011 Daleside Avenue OTH Gardena, CA 90249-1704 PTY SCC **XIND** 100.00 100.00 Retired 2/2/2015 Ionia McDonald COM 1668 E. Cyrene Drive □ OTH Carson, CA 90746 PTY SCC X IND 100.00 100.00 Retired To2/4/2015 Tonvia McCrimmon COM 1010 Horatio Avenue OTH Corona, CA 92882-6150 PTY SCC **X** IND 100.00 100.00 Retired Bobby E. Johnson 1/30/2015 COM 16419 Holmes Pl. OTH Cerritos, CA 90703 PTY SCC 500.00 SUBTOTAL \$

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE A	(CONT.)

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Lula Davis-H	folmes for Carson City Council 2015					12888	6U
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
2/13/2015	Johnn Q. Doung 19320 Harborgate Way Torrance, CA 90501	□IND □COM MOTH □PTY □SCC	Vice President Clear Channel Outdoor Display	1,0000.00	1,000	0.00	
1/28/2015	Harry Wilson	IND COM OTH PTY SCC	Retired	100.00	10	0.00	
2/4/2015	Rosanna Lo 3716 Stockbridge Avenue Los Angeles, CA 90032	MIND COM OTH PTY SCC	Retired	100.00	10	0.00	
2/5/2015	David Davis 4234 American Way Rockland, CA 95677	IND COM OTH PTY	State of California	100.00	10	0.00	
2/7/2015	Delilah L. Harris	⊠ IND COM	Harris & Assoc. Attorney	50000	50	0.00	

at Law

ОТН

□ PTY □ SCC

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

1111 Hillcroft Road

Glendale, CA 91207

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

1,800.00

SUBTOTAL \$

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
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from	1/18/2015	FORM 400
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		I.D. NUMBER
		1288860

Lula Davis-	Holmes for Carson City Council 2015				12888	SOU
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)
2/6/2015	Don Smith 2015 Campaign Carson, CA 90746	☑IND □COM □OTH □PTY □SCC	Retired	500.00	500.00	
2/2/2015	Ideal Metal & Salvage Co. 18700 S. Broadway Garden, CA 90248	☐IND ☐COM ØOTH ☐PTY ☐SCC		100.00	100.00	
2/6/2015	Edward Payne 6158 Wooster Avenue Los Angeles, CA	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
2/3/2015	Dorothy Pendarvis Bamgboye 24418 Gable Ct Diamond Bar, CA 91765-1464	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
2/3/22015	Louis Hooks 1636 E. Fernrock Street Carson, CA 90746	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
			SUBTOTAL	\$ 900.00		

*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

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3. Net change this period. (Subbract Line 2 from Line 1.)

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া. Payments made this period of \$100 or nicre. (Include all Schridt) ু নুচালনাত ed payments made this period of under \$100	款 (C 與南村本 中)	\$74.98
Capital interest paid this period on loans. (Enforcament from Sche	idute B, filet 1, Colomo (e).)	0.700.05
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Lata Davis-Holmas for City Council 2015

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Vesine Alan Sam 2560 E Carson St Carson, CA 90819						253.00
Cristica Gorzales 6321 Olive Ave Long Peach, Ca 96865		PHO		<u></u>		231.00
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Reynaldo Rodríquez 500 E Pupia, St Apt 28 Long Besch, CA 90805

Compton, CA 90221

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Carlos Ortega 1409 Gadota Ave. Unit C Long Scaot, CA 80813		940		263.00
Vito Polesz 1435 E. richarn Ci Long Besch, CA 90513		930		198.00
Calife Khuni 2618 E Spawling St Lang Beach, CA 90807		710		154.00
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de participation de la company

55, P. U. E. 25425			SCHEDULE E (CONT.)
Schedule E	Type or print in ink. Amounts may be rounded	Statement covers period	california 460
Continuation Sheet) Payments Made	to whole dollars.	from1/18/2015	FORM FIOLU
		through 2/15/2015	Page 14 of \$5/6
EE INSTRUCTIONS ON REVERSE			LD. NUMBER

Lula Davis-Holmes for City Council 2015

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications campaign paraphernalia/misc. RFD returned contributions meetings and appearances campaign consultants CNS SAL campaign workers' salaries office expenses contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor TSF independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
Erendira Alatorre 6840 Lewis Ave Long Beach, CA 90805	PHO		253.00
Kevin Flores 1161 E 9th St Long Beach, Ca 90815	РНО		165.00
Juan M Puentes 4306 E Pafero Way Long Beach, CA 90815	РНО		253.00
Kiran Patricia Mataggart 372 Carroll Park East #202 Long Beach, CA 90814	РНО		187.00
MetroPCS 27210 S Vermont Ave Torrance, CA 90502		Telephone Reactivation	361.75

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

NAME OF FILER

SUBTOTAL \$ 1,219.75

1288860

Schedule E (Continuation Sheet) Payments Made

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

MBR member communications

OFC office expenses

MTG meetings and appearances

Statement covers period CALIFORNIA FO)RW 1/18/2015 from 2/15/2015 through I.D. NUMBER 1288860

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

	4	
SEE INSTRUCTIONS ON REVERSE	Leaven	
NAME OF PILER		
144-fair Ch. 1 (rep.)		

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

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

Lula Davis-Holmes for City Council 2015

campaign paraphernalia/misc.

campaign consultants

CTB contribution (explain nonmonetary)* CVC civic donations Fit. candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, del	lating s survey resear ivery and me	TEL tv. or cable airtime and pro- trace travel, lodging, and transfer between committee at, accounting) TRC candidate travel, lodging, a staff/spouse travel, lodging, transfer between committee at, accounting) VOT voter registration WEB information technology costs	duction costs d meals and meals s of the same candidate/sponsor
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Voter Guide Slate 6285 E. Spring St Suite 202 Long Beach, CA 90808			Voter Slate Mailer	1,616.00
Home Depot 740 182nd Street Gardena, CA 90248		OFC		126.78
Eddie Huang 22715 S Avalon Carson, CA			Capaign Office Rental	500.00

FPPC Form 460 (June/01)

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SUBTOTAL \$

Schedula	F		
Accrued	Expenses	(Unpaid	Bills)

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

Statement covers period from 1/18/2015	california 460
through 2/15/2015	Page / 6 of 150/6
	I.D. NUMBER

			through 2/15	5/2015	Page/	16 01 150
see instructions on reverse NAME OF FILER Lula Davis-Holmes for City Council 2015					1.D. NUMBI 1288860	
CODES: If one of the following codes accurately described CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of	ns nces earch messenger services	RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	butions kers' salaries time and produc sl, lodging, and n avel, lodging, an an committees o	tion costs neals d meals of the same	e candidate/sponso
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 PA THIS PERIC (ALSO REPORT)	OD D	(d) OUTSTANDING BALANCE AT CLOS OF THIS PERIOD
Citicard P.O. Box 6500 Sioux Falls,SD 57117	LIT	11,401.00	5,360.00			6,041.0
					WARFING ALL LAND CONTRACTOR WITH THE	
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 11,401.00	5,360.00	\$	\$	6,041.0
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized	accrued expenses under	\$100.)		irred tota	LS \$	5,360.00
2. Total accrued expenses paid this period. (Include all Schoose account expenses of \$100 or more plus total unitemized	edule F, Column (c) subto navments on accrued exp	itals for payments on enses under \$100.)		PAID TOTA	1.5 \$	

accrued expenses of \$100 or more, plus total unitemized payments of

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

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

497 CONTRIBUTION REPORT

NAME OF FILER				Date of	2/10/2015		IFORNIA 497
	avis-Holmes for Cars	*		This Filing	Short 1 West State W 1 1 Ver	· ·	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			Report No	2015-003	15 FEB 10 AM 10: 31	For Official Use Only	
(310) 617-7683		1288860				CITY OF CARSON	
STREET ADDRESS				☐ Amendme		OF CARSUR	
959 Gladwick St				to Report No. (explain below)	B	ILAGAN DAGE	
ČITY		STATE	ZIP CODE	No. of Pages	2	ACTIVITY OF THE PROPERTY OF TH	
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2/9/2015	18400 South Ava				COM		
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an Ormor to	1270 Pacific Ave Laguna Beach, C	alifornia 92651			☐ COM 図 OTH		
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						IND – Individual COM – Recipient Committee (other than PTY or SCC)
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497 CONTRIBUTION REPORT

NAME OF FILER				Date of	TO THE PARTY OF TH	Dafe'Stamo	CALIFORNIA AOT
Friends of Lula Davis-Holmes for Carson City Council 2015			Date of This Filing	2/10/2015	CITY CLERK	FORM 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			2015-003	15 FEB 10 AM 10: 3T	For Official Use Only		
(310) 617-7683		1288860		Report No	2010 000		
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959 Gladwick St				to Report No.		LEGIAMMENT	
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Friends of Lula Davis Holmes for Carson City Council 2015

NAME OF FILER

(310)617-7683 STREET ADDRESS

959 Gladwick St

CITY

Carson

AREA CODE/PHONE NUMBER



I.D. NUMBER (if applicable)

STATE

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ZIP CODE

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se rounded to whole dollars.	P 7.0 - 1 497 CONTRIBUTION REPORT
Date of 2/13/2015 This Filing	CIPAL Stamp CALIFORNIA 497
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Amendment to Report No (explain below)	
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1. Contribution(s) Received

Reason for Amendment: ____

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2/12/2015	John Q. Doung 19320 Harborgate Way Torrance, CA 90501	IND COM OTH PTY SCC	Vice President, Clear Channel Outdoor Display	1,000.00 Check if Loan Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan ———————————————————————————————————
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**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

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497 CONTRIBUTION REPORT

NAME OF FILER Friends of Lula Davis-l	-lolmes for City C	Council 2015		Date of This Filing —	2/24/2015	RECDATE Stamp CITY CLERK	CALIFO FOR	
AREA CODE/PHONE NUMBER (310) 617-7683		I.D. NUMBER (if applicable)	e)	Report No	2015-005 1	5 FEB 24 AM 11: 14	For	Official Use Only
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Friends of Lula Darea Code/Phone NU (310) 617-7683 STREET ADDRESS 959 Gladwick Streety Carson 1. Contributio	1288860 eet STATE ZIP CODE CA 90746		2015-007 15 MAR = 2 "BITY OF C	PM 12: 42	GALIFO FOR	A 10. " 100" A 101
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2/27/2015	Southern California Pipe Trades District Council 16 PAC ID 760715 501 Shatto Place Suite 16 Los Angeles, CA 90020		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC			2,000.00 Check if Loan Provide interest rate
2/27/2015	UA Journeymen & Apprentices Local 250 18355 S. Figueroa Street Gardena, CA 90248		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC			2,000.00 Check if Loan Provide interest rate
2/27/2015	Christopher Townsend Townsend Family Trust 26022 Horseshoe Circle Laguna Hills, CA 92653-6148		☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired		1,000.00 Check if Loan Provide interest rate
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